Date of issue: Friday, 10 November 2023

MEETING:	**CABINET**	
	Councillor Smith	Leader of the Council – Improvement & Recovery, Performance, Governance and Young Futures
	Councillor Chahal	Deputy Leader of the Council – Finance, Council Assets, Procurement and Revenue & Benefits
	Councillor I. Ahmed	Community Cohesion, Public Health, Public Protection, Leisure and Planning
	Councillor Bedi	Environment, Environmental Services, Highways, Housing & Transport
	Councillor Kelly	Education & Children's Services
	Councillor Muvvala	Customer Service, Resident Engagement, Digital, Data & Technology
	Councillor Wright	Adult Social Care, Mental Health & Learning Disabilities
DATE AND TIME:	**MONDAY, 20TH NOVEMBER, 2023 AT 6.30 PM**	
VENUE:	**COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL**	
DEMOCRATIC SERVICES OFFICER: **(for all enquiries)**	**NICHOLAS PONTONE** **07749 709 868**	

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.

STEPHEN BROWN
Chief Executive

AGENDA

PART I

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	Apologies for absence.		
1.	Declarations of Interest	-	-

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

AGENDA ITEM	REPORT TITLE	PAGE	WARD
2.	Minutes of the Meeting held on 16th October 2023	1 - 4	All
3.	**Slough Older People Strategy 2023-26**	5 - 74	All
4.	**Contract Award for the Supply and Installation of Stairlifts**	75 - 92	All
5.	**Children & Young People's Placements Sufficiency Strategy**	93 - 160	All
6.	**Children & Young People's Participation Strategy**	161 - 182	All
7.	**Development of Integrated Family Hubs in existing children's centres**	183 - 208	All
8.	**A4 Safer Roads**	209 - 330	All
9.	ICT & Digital Update	331 - 340	All
10.	Public Sector Equality Duty and Slough Borough Council Equality Objectives	341 - 370	All
11.	**Procurement of Temporary Labour Contract**	371 - 380	All
12.	**Disposal of Site of Former Merry Makers PH, Langley**	To Follow	All
13.	References from Scrutiny	To Follow	All
14.	Exclusion of Press and Public	-	-

It is recommended that the Press and Public be excluded from the meeting during consideration of the item in Part 2 of the Agenda, as it involves the likely disclosure of exempt information relating to the financial and business affairs of any particular person (including the Authority holding the information) as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (amended).

PART II

Press and Public

Attendance and accessibility: You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

Webcasting and recording: The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

Key decisions shown in bold.

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Cabinet – Meeting held on Monday, 16th October, 2023.

Present:-   Councillors Smith (Chair), I. Ahmed, Bedi, Muvvala and Wright

Also present:-   Councillor Manku

Apologies for Absence:-   Councillors Chahal and Kelly

PART 1

47.   **Declarations of Interest**

   No interests were declared.

48.   **Minutes of the Meeting held on 18th September 2023**

   Resolved –   That the minutes of the meeting of the Cabinet held on 18th September 2023 be approved as a correct record.

49.   **Quarterly Improvement and Recovery progress report**

   The Leader of the Council introduced the latest quarterly update report on the progress being made by the Council against the Secretary of State Directions issued in 2021 and the overall council recovery plan.

   The Leader welcomed the report and highlighted the progress made by the new administration since May 2023. The Commissioners 3rd report and Ministerial response had been published on 14th September 2023 and it was noted. A number of areas of positive progress had been reflected in the report although it was recognised the Council needed to sustain, and in some instances accelerate, the pace of delivery. The Cabinet was committed to continuing to work with the Corporate Leadership Team to deliver the new corporate plan, improve services and respond to the Directions. The regular reporting of progress on the recovery plans, and against performance in the report elsewhere on the agenda, was a clear sign of the approach to openness and transparency from the Cabinet.

   The Executive Director, Strategy & Improvement highlighted that the report included a high level 'Directions Progress Summary' which RAG rated the status of the Council's response for each Direction to enable Members to monitor progress and provide the necessary challenge and scrutiny.

   The Leader stated that the Corporate Improvement Scrutiny Committee had considered the Improvement and Recovery Progress report at its meeting held on 26th September 2023 at which he and Deputy Leader had attended to answer Members questions and be held to account on progress. The committee had made a number of comments as set out in paragraph 3.13 of

the report, which included the importance of ensuring action and improvement plans detailed clear outcomes, and these were noted by the Cabinet.

In addition to quarterly reporting to scrutiny, it was proposed that the report be considered by full Council every six months and that the Lead Commissioner and commissioner team be invited to a question and answer session at full Council. This was agreed.

After discussion, the Cabinet welcomed the encouraging progress set out in the report and in the Commissioners 3rd report. The recommendations were agreed.

Resolved –

(a) That the progress made by the Council since the previous report in addressing the Directions of the Secretary of State be noted;

(b) That the next steps to deliver improvement as set out in the action plans and other workstreams that had been developed to address the Directions be agreed;

(c) That the report be referred to full Council for discussion and debate;

(d) That it be agreed that Cabinet refer recovery items to full Council every six months so every member had oversight and involvement in Slough's recovery;

(e) Recommend to Council that it invite the lead commissioner and commissioner team to a question and answer session at full Council.

50.   **Corporate Performance Report**

The Leader of the Council introduced a report on the Corporate Performance report. He highlighted that the Cabinet was determined to take decisions based on evidence and that whilst the levels of performance set out in the report reflected the position inherited by the administration, Lead Members were determined to improve performance and regularly report progress to residents.

The Executive Director, Strategy & Improvement stated that this was the first corporate performance report that the Council had produced for some time. The Council had been set a Direction to improve evidence-based decision making and implementing a robust, transparent and regular corporate performance reporting cycle was an important mechanism to achieve this. The report would be presented to Cabinet on a quarterly basis. The performance measures were aligned to and reported against the relevant priority in the Corporate Plan.

It was noted that of the 59 performance indicators in the report, 17% were rated green, 10% amber and 37% red. A further 29% were monitored for

trends and 7% of the metrics were in development. Lead Members reviewed and asked questions about several individual indicators and Executive Directors responded on the context, progress and further action being taken. These included the number of new Education, Health & Care (EHC) plans issued given the significant backlog that had been built up in previous years. Lead Members were encouraged by the fact that there had been a significant increase in the number of EHC plans issued, although it would take time to address the backlog and bring performance levels up to the required standard.

Members asked about the customer service performance indicators given that it was a high priority for the Cabinet. It was noted that response times were variable as there were significant peaks in activity, for example at times of Council Tax billing. A range of service improvements were being worked on including Telephone Interactive Voice Response (IVR) technology and improved prioritisation of enquiries within the Customer Service Centre. Other metrics discussed included the good performance levels reported in determining planning applications; the processing of benefit claims; and the position regarding recycling rates.

The Cabinet was asked to consider whether to refer the performance data to any other member body of the Council. The Leader proposed and it was agreed to refer the Corporate Performance Report to full Council every six months, starting in November 2023, and that it be considered by scrutiny on a quarterly basis. The performance report would be particularly useful in informing the scrutiny work programme as it would help identify areas and topics for more detailed consideration.

At the conclusion of the discussion the Cabinet noted the report.

Resolved –

(a) That the Council's current performance and mitigating actions as measured by the key performance indicators within the corporate management information report and scorecard be noted.

(b) That the Corporate Performance Report be referred to full Council on a six-monthly basis and to scrutiny on a quarterly basis.

51.   References from Scrutiny

The comments of the Corporate Improvement Scrutiny Committee on the Improvement & Recovery Update were considered and noted during discussion on that item.

There were no other references from scrutiny.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.23 pm)

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Slough Borough Council

REPORT TO:	**Cabinet**
DATE:	**20th November 2023**
SUBJECT:	**Slough Older People Strategy 2023-26**
CHIEF OFFICER:	**Marc Gadsby, Executive Director People Adults**
CONTACT OFFICER:	**Jane Senior, Associate Director People Strategy and Commissioning**
	Vanessa Pugh, Interim Older People & Carers Commissioner
WARD(S):	**All**
PORTFOLIO:	**Cllr Anna Wright, Social Care and Public Health**
KEY DECISION:	**YES**
EXEMPT:	**NO**
DECISION SUBJECT TO CALL IN:	**YES**
APPENDICES:	**Appendix 1 – Equalities Impact Assessment**
	Appendix 2 – Older People Strategy
	Appendix 3 – Older People Strategy Consultation

1 Summary and Recommendations

This report requests approval of the Slough Older People Strategy 2023-26 including an Older People Strategy Action Plan. The Strategy sets out how the Council, working with its partners, will support and encourage Older People to live as independently as possible, for as long as possible, maximising the years spent in good health. To empower Older People to manage their own health and wellbeing and ensure that that right support is known about and available at the right time.

The aim of the strategy is to ensure that Slough is a place where Older People live a long and purposeful life, experiencing good health and achieving a desired quality of life. Importantly, the Strategy seeks to minimise the negative impacts of social isolation and loneliness and seeks to prevent or delay, where possible, a range of Long Term Conditions such as Dementia. Slough's population profile sees a younger population but with 40% of people undiagnosed with Dementia and costs spiralling, focus is given to minimising the future impact. A full analysis of Slough's Dementia challenge is captured by the 2023 Public Health Dementia Prevention Assessment. This will be through a range of initiatives set out within the action plan.

The Strategy has been informed by engagement with Older People through our Co-Production Network and a Commissioning Away Day. The engagement confirmed that Older People wanted a sense of purpose and spoke of social isolation and loneliness and its affects. In addition, Older People, their families and staff at a local care home were asked open questions about their experiences which also underpin this strategy. This was co-designed with support from the Co-Production Network and Health Watch in these "Quality Conversations." Delivery of the action plan contained within the Strategy will be overseen by a new Older People Steering Group comprising older people, the Co-production Network, Council officers and professional stakeholders including representatives from Frimley ICS.

Recommendations:

Cabinet is recommended to:

1. Approve the Slough Older People Strategy 2023-26 set out at Appendix 2.
2. Note that a report will be brought back to Cabinet annually setting out the progress against the Action Plan and recommending any amendments to the Strategy.

Reason:

To ensure that a fit for purpose Slough Older People Strategy with a clear action plan, and deliverables is in place.

Commissioner Review

This strategy is the culmination of a huge amount of work. Its ambitions will be challenging to achieve. The financial situation is less than helpful. Success will rely upon harnessing the energies of staff, managers, partners and the public. Political leadership and a sustained focus on delivery will be very important.

2 **Report**

Publishing the Older People Strategy 2023-26 contributes to the following priorities:

Slough Corporate Plan

A town where residents can live healthier, safer and more independent lives

- Working with partners to target health inequalities and promote well-being.

- Supporting residents to be as independent as possible whilst providing quality services for the most vulnerable.

Staying healthy, remaining independent and living at home for as long as possible are important elements in achieving a good quality of life in older age. For some, this is likely to be more challenging than for others, and multiple factors, including health inequalities,[1] can affect the extent to which this is possible.

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[1] Health inequalities are described the NHS as unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the

Our Corporate Plan sets out a vision for Slough where **residents can live healthier, safer and independent lives** with a key focus upon tackling health inequalities in the borough. This Strategy for Older People describes 8 key priorities to support this vision[2] and to address the particular needs of those who might require additional support. These priorities were borne out of national and local drivers set out in the JSNA and Observatory Data and importantly through consultation with Older People including the Co-Production Network.

Slough Wellbeing Strategy 2022-25

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.

Options considered

Option	Pros	Cons
Option 1 Approve and implement the Older People Strategy 2023-26. **Recommended**	Up to date Older People Strategy in place which is informed by older people engagement. Implementation of an Older People Action Plan to be overseen by a new Older People Steering Group comprising Older People, Carers, the Co-Production Network, Council officers and professional stakeholders and reported through existing Council governance arrangements.	No clear disadvantage to approving and implementing the Strategy.
Option 2 Retain the existing Older People Plan. **Not recommended**	No clear advantage to retaining the existing Older People Plan.	The Older People Plan is out of date and no longer fit purpose. Missed opportunity to implement an effective strategy which is aligned to

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care that is available to them. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health. NHS England » What are healthcare inequalities?

[2] Taken from Slough Adult Social Care Strategy 2023.

		the Corporate Plan and the Slough Wellbeing Strategy and thereby supports the delivery of broader corporate objectives.

Option 1 is recommended.

Background

2.0 The Older People Strategy 2023-26 provides an opportunity to strengthen the Older People offer within the town - based upon evidence and information obtained through engagement. The Strategy sets out 8 key priorities for Older People, aligned to intended Corporate Objectives. The priorities are:

Priority 1: To reduce social isolation and loneliness for Older People
"Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death" according to the National Institute on Aging. This is an issue raised by Older People in Slough through awayday engagement feedback they have told us this is a priority. A robust Dementia Action Plan is required as part of a preventative approach to minimising or delaying Dementia and tackling social isolation.

Priority 2: For Older People to have a continued sense of purpose to live their best life. "Living a life of intention or having a purpose in life, especially as you age, is integral to healthy living and longevity. Many studies have shown that aging with purpose can provide protection against Alzheimer's disease, disabilities, cardiovascular problems, and impairment, and lead to longer, happier lives" according to Maplewood Senior Living. Older People in Slough through engagement feedback have told us this is pivotal to their lives. We also see many Older People actively involved as volunteers e.g for the Co-Production Network continuing to work with purpose and champion securing great services in Slough.

Priority 3: To live more years in good health.
Work with our partners such as Health, the Voluntary & Community Sector and communities themselves to support people with their health and wellbeing. Having a range of appropriate provisions in place including a well-functioning adult social care market is critical here. Often people with a range of Long Term Conditions (LTCs) could evidently have poor health in old age so trying to prevent LTCs in line with the next priority are essential. Mapping the customer journey for Older People and developing a clearer operational pathway to support the Older People priorities in this strategy linked to all priorities are the cornerstones of this strategy.

Priority 4: To work in greater partnership with the NHS and Public Health to prevent Long Term Conditions including the wider determinants of health.
Work with our partners such as Health, the Voluntary & Community Sector, and communities themselves to support people with their health and wellbeing to prevent Long Term Conditions e.g. Stroke, Cardiac Disease, Dementia, etc. Having a personalised, strengths-based approach within adult social care, encouraging independence and utilising assets within people's own communities. These will be

supported by a strong focus on integrating health and social care services to deliver best value and ensure that residents can access high quality provision when this is required.

Priority 5: To tailor Older People Information & Advice on the challenges that affect them e.g. cost of living, fuel costs, food poverty, etc
Not shying away from difficult conversations about critical issues that affect Older People and providing signposting to practical support. For example, use of independent Benefits Checkers for information on income-related benefits, contribution-based benefits, Universal Credit, tax credits, Council Tax Reduction and Carer's Allowance. Listening to Older People's consultation there is a strong desire to not live in such a digital world. SBC needs to look at how accessible standard processes are e.g. Blue Badges which appear to be wholly digital.

Priority 6: To support intergenerational families best care for their loved ones and with respect to cultural differences.
Supporting People to have greater involvement in shaping the care and support they receive. Opportunities to have "asset-based" conversations where individuals look to their family/loved ones/neighbours and wider community for support. Recognising the implications of intergenerational families who have in some cases been made up of 11 or so family members so housing requirements have seen two adjacent properties commissioned to meet their needs. There is an opportunity to use the Quality Conversations approach for gatherings insights into intergenerational families.

Priority 7: To have a choice about where I die through a co-produced end of life pathway.
Opportunities to develop with the support of carers and service users a clear end of life pathway that supports people in Slough to die in the place of their choosing. This often relies on robust co-ordination and transfers of care out of hospital environments. Slough recognises it needs to better develop its end of life pathway drawing together the various components for success. It will best achieve this in a co-produced way through the **new Quality Conversations Model** developed for Oak House **linked to all priorities.**

Priority 8: To have a range of housing options to suit me in later life.
Opportunities for Older People to secure advice and access to a range of accommodation tailored to the needs of Older People**.** This is best achieved through a Housing Strategy developed with partners with particular attention to intergenerational families.

Further detailed information concerning each of these priorities is found in the Strategy.

The Strategy contains an "Older People Action Plan" setting out a range of initiatives which will be implemented to deliver against the priorities. These include mapping the customer journey and developing a clearer set of operational pathways for Older People especially in key areas such as End of Life Care. One of the key elements of the action plan is to take a targeted approach to preventing Long Term Conditions across health and social care; to tackle social isolation and loneliness, to ensure longer life provides a quality of life and Older People has a sense of purpose staying well connected to their communities. This Strategy links very closely with the Carers Strategy 2023-2026 to ensure that their needs can be met as we often find Carers play an important role in the adult social care economy especially for Older People

and their caring can prevent the cared for person moving into expensive residential care.

The Action Plan will be overseen through a new Older People Steering Group comprising of Older People, Carers, the Council and its partners with responsibility for delivering against the strategy resting with the People Strategy and Commissioning Team.

The Strategy has been shaped by diverse engagement with Older People. This included an awayday with the People Strategy and Commissioning Team in August 2023 and some targeted qualitative "Quality Conversations" with service users, family members and staff at one of our largest commissioned local residential and nursing homes. This was to find out what everyone felt about the home, their lives there and an overview from families along with what it was like to work there. This softer approach was enhanced through Health Watch and our Co-Production Network being part of the Quality Conversations both volunteers and professionals providing rich intelligence about what is important to Older People in Slough. Some of the consistent themes emerging from the engagement were the issues around isolation/loneliness, to provide more accessible information (not just digital) and about the current issues e.g. cost of living, fuel crisis, cost of utilities, etc. Linked to the Carers Strategy the importance of preventing carer breakdown e.g. through respite and short breaks and being able to access the right support at the right time. Full information concerning feedback from the engagement, including cross-referencing back to the Strategy, is contained at Appendix 1 to the Strategy.

3.   Implications of the Recommendation

3.1   Financial implications

Whilst there are no financial implications directly relating to the publication of the Older People Strategy, it is intended that implementation of the action plan will deliver cost efficiencies to the Council and deliver on our best value duties. Like other Adult Social Care service users this will be through promoting independence (for example through increasing the use of assistive technology), progressing integration (for example through the establishment of a more robust customer journey across health and social care) and to prepare more effectively to meet the needs of Older People with more complex needs such as Dementia (for example by early planning with Public Health through the developing Public Health Dementia Prevention Needs Assessment to target early identification of those with dementia to add life to years). Cost efficiencies will be confirmed against each of the relevant workstreams of the new the Older People Steering Group takes shape. Progress will be reported into Cabinet on an annual basis.

The current total budget for 2023/24 for Adult Social Care & Public Health is a net budget of £27.8m.

	£m
Gross Expenditure	55.4
Income	(27.6)
Net Expenditure	27.8

The gross expenditure budget includes £42.9m (78%) which is expended on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The remainder of the budget funds frontline services and operational costs.

3.1 Legal implications

The Care Act 2014 contains duties to actively promote wellbeing and independence and to provide services, facilities or resources to prevent, delay or reduce the need for care and support. This prevention duty is distinct from the assessment and meeting eligible needs duties.

3.2.3 The Care and Support Statutory Guidance refers to the prevention and promoting wellbeing duties as aimed as individuals with no current particular health or care and support needs. Universal services include, but should not be limited to information and advice. Services can include supporting safer neighbourhoods, promotion of healthy and active lifestyles, reducing loneliness or isolation and encouraging early discussion in families. Priority 1 is focused on reducing loneliness or isolation and Priority 2 and 3 on a sense of purpose and good health.

3.2.4 Effective intermediate and reablement services are also referred to in the Guidance as key to delaying the need for care and support services. These are services often provided at the point of leaving hospital for a limited period of time and are excluded from personal budgets. They are an effective way of preventing needs escalating and supporting individuals to maintain or regain the ability to live independently. There is a key action on ensuring reablement services are delivering value for money and meeting the needs of the population.

3.2.5 The Guidance refers to the need for strategies and plans to be aligned with other Council strategies and to take account of local differences. This requires the following principles to be met:
- involvement of local people who use the services and representative organisations,
- ensuring services are available at the right time in a range of formats and channels, meeting the needs of distinct groups,
- being clear, comprehensive and impartial,
- being consistent, accurate and up to date,
- being based on detailed analysis,
- directing people to sources of further information,
- being used to inform future planning,
- ensuring appropriate quality assurance and review, including customer feedback to make sure the Council learns from experience and continuously improves.

3.2.6 The Older People Strategy has been produced following consultation and engagement with Older People and it will be reviewed periodically to ensure it continues to meet the needs of the population and focuses limited resources in the right areas. Information consultation and engagement which has taken place is contained both within the Older People Strategy and its appendix. It is proposed that the annual review is brought back to Cabinet with an update on progress against the Action Plan and recommendations for any changes to the Strategy.

3.2.7 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. The Older People Strategy places an emphasis upon Older People health and wellbeing. It is proposed that the annual review is brought back to Cabinet with an update on progress against the Action Plan and recommendations for any changes to the Strategy.

3.3   Risk management implications

3.3.1   Overall, the risks associated with approving the Slough Older People Strategy are set out below.

Risk	Assessment of Risk	Mitigation	Residual Risk
Insufficient staffing resource to implement the Older People Action Plan within the strategy.	Medium	Recruitment to any vacant posts and staff retention endeavours. Cross-council approach as necessary to support implementation of elements of the Older People Action Plan. Acknowledgement that progress might be negatively impacted if staffing resource is affected.	Low / Medium
Unwillingness of partners to engage with and support the strategy and implementation of the action plan.	Medium	Ongoing engagement through formal partnerships arrangement including the Health and Social Care Partnership Board and East Berkshire Directors meetings, and reporting through established governance arrangements eg the Slough Wellbeing Board.	Low / Medium
Insufficient budget to support any commissioning intentions arising out of the Older People Action Plan.	High	Budget availability to be confirmed in advance of commencement of any particular commissioning project. Ensuring best value considerations. Robust analysis as part of project of effectiveness and efficiency of any existing current supply.	Medium

3.4   Environmental implications

There are no environmental implications

3.5   Equality implications

Approval and implementation of the Older People Strategy should have a positive impact in regard to protected characteristics. of age and is tailored to supporting residents from different ethnicities and faiths. Many Older People self care or care for a loved one. It is intended that the Strategy will have a positive impact upon their lives by supporting individuals to manage their own health and wellbeing needs and to access the right support at the right time. This applies to Older People of any sexual orientation, including Older People who are married or in a civil partnership.

The Strategy sets out a particular commitment to understand how people in Slough can have more choice about where they die in order that their preferences can be met. This will be enabled through a co-produced End of Life Pathway. A full Equalities Impact Assessment is set out at Appendix 1.

4.   Background Papers

        None

Equality Impact Assessment

Directorate: People Strategy & Commissioning People (Adults)		
Service: Older People Strategy 2023-26		
Name of Officer/s completing assessment: Vanessa Pugh		
Date of Assessment: 13/9/23		
Name of service/function or policy being assessed: Older People		

1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing? The Strategy sets out how the Council, working with its partners, will support and encourage carers to manage their own health and wellbeing, and ensure that that right support is known about and available at the right time. The aim of the Strategy is to ensure that Slough is a place Older People can live their best live and where we intervene early to reduce or delay the development of a range of Long Term Conditions e.g Stroke, Cardiac Disease, Dementia, Diabetes, etc.
2.	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. Delivery of the Older People Action Plan contained within the Strategy will be overseen by a new Older People Steering Group comprising of Older People, Carers, the Co-Production Network, Council officers and other professional stakeholders including representatives from Frimley ICS. It is intended that reporting will take place into the Slough Wellbeing Board.
3.	Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. The Strategy affects Older People in Slough.

Characteristic	Positive , Negative, Neutral or	Rationale for Assessment

		Unknown Impact	
	Age	Positive	Older people. It is intended that the Strategy will have a positive impact upon their lives by supporting individuals to manage their own health and wellbeing needs and to access the right support at the right time.
	Disability	Positive	Some Older People will have a disability. The Strategy therefore directly benefits disabled people as it seeks to address and prevent a range of Long Term Conditions and work in an integrated away across the NHS and Social Care e.g development of the Integrated Community Hubs to sign post people for opportunities in the community.
	Gender Reassignment:	Positive	The Strategy will benefit all Older People including those who have undertaken gender reassignment.
	Marriage and Civil Partnership:	Positive	Many Older People support a partner. The Strategy is likely to have a benefit upon those who are married or in a civil partnership as it will support Older People within their caring roles.
	Pregnancy and maternity:	Positive/ Neutral	N/A
	Race:	Positive	The Strategy sets out to inclusively understand the difficulties which Older People from black and minority ethnic people can experience. The Strategy should have a positive benefit.
	Religion and Belief:	Positive	Older People of any religion and belief should benefit from the Strategy.
	Sexual orientation:	Positive	Older People of any sexual orientation should benefit from the Strategy.
	Other:	Positive	

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. Better support to individuals across all equalities categories to enable Older People to receive the right support at the right time.

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). There has been a range of engagement activities to support the development of the Strategy including the Priorities. The Strategy contains a commitment to gather further information on the needs of Older People from diverse communities in order that we understand the needs of e.g. intergenerational families in Slough.
7.	Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved? The Strategy has been shaped by engagement with Older People. Implementation of the Older People Action Plan will be overseen by a new Older People Steering Group comprising of Older People, Carers, the Co-Production Network, Council Officers, and other professional stakeholders including representatives from Frimley ICS.
8.	Have you considered the impact the policy might have on local community relations? A demonstrable commitment to delivering the strategy should have a positive impact upon community relations.
9.	What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact? There are no identified negatives.
10.	What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. Implementation of the Older People Action Plan Oversight by a new Older People Steering Group It is also proposed that progress against the Older People Action Plan is reported through the Slough Wellbeing Board.

What course of action does this EIA suggest you take? More than one of the following may apply	✓	Action Plan and
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 will 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).		

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

Name: Vanessa Pugh
Signed: ……………………………………………(Person completing the EIA)

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

Date: 13th September 2023

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Older People Strategy 2023 – 2026

Slough Borough Council v3

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1 Executive Summary

Staying healthy, remaining independent and living at home for as long as possible are important elements in achieving a good quality of life in older age. For some this is likely to be more challenging than for others, and multiple factors, including health inequalities,[1] can affect the extent to which this is possible.

Our Corporate Plan sets out a vision for Slough where ***residents can live healthier, safer and independent lives*** with a key focus upon tackling health inequalities in the borough. This Strategy for Older People describes several key priorities to support this vision[2] and to address the needs of those who might require additional support. These priorities were borne out of national and local drivers set out in the JSNA and Observatory Data and most importantly through consultation with Older People including the Co-Production Network and residents, family and staff at Oak House Care Home in Wexham, Slough. These priorities include:

> **Priority 1: To reduce social isolation and loneliness for Older People**
> "Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death**" according to the National Institute on Aging. This is an issue raised by Older People in Slough through awayday engagement feedback they have told us this is a priority. A robust Dementia Action Plan is required as part of a preventative approach to minimising or delaying Dementia and tackling social isolation to sit alongside the developing Public Health Dementia Needs Assessment.

> **Priority 2: For Older People to have a continued sense of purpose to live their best life.** "Living a life of intention or having a purpose in life, especially as you age, is integral to healthy living and longevity. Many studies have shown that aging with purpose can provide protection against Alzheimer's disease, disabilities, cardiovascular problems, and impairment, and lead to longer, happier lives" according to Maplewood Senior Living. Older People in Slough through engagement feedback have told us this is pivotal to their lives. We also see many Older People actively involved as volunteers e.g., for the Co-Production Network continuing to work with purpose and champion securing great services in Slough.

> **Priority 3: To live more years in good health.**
> Work with our partners such as Health, the Voluntary & Community Sector and communities themselves to support people with their health and wellbeing. Having a

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[1] Health inequalities are described the NHS as unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health. NHS England » What are healthcare inequalities?

[2] Taken from Slough Adult Social Care Strategy 2023.

range of appropriate provisions in place including a well-functioning adult social care market is critical here. Often people with a range of Long Term Conditions (LTCs) could evidently have poor health in old age so trying to prevent LTCs in line with the next priority are essential. There is a strong correlation between people with multiple long term conditions (MLTCs) and social care needs – this should be treated as a specific cluster of combined health and care outcomes. [Clustering by multiple long-term conditions and social care needs: a cross-sectional study among 10 026 older adults in England | Journal of Epidemiology & Community Health (bmj.com)](#) Mapping the customer journey for Older People and developing a clearer operational pathway to support the Older People priorities in this strategy linked to all priorities are the cornerstones of this strategy.

Priority 4: To work in greater partnership with the NHS and Public Health to prevent Long Term Conditions including the wider determinants of health.
Work with our partners such as Health, the Voluntary & Community Sector, and communities themselves to support people with their health and wellbeing to prevent Long Term Conditions e.g., Stroke, Cardiac Disease, Dementia, etc. Having a personalised, strengths-based approach within adult social care, encouraging independence and utilising assets within people's own communities. These will be supported by a strong focus on integrating health and social care services to deliver best value and ensure that residents can access high quality provision when this is required. As part of this work PH have been developing a dementia prevention needs assessment (in early Sep. 22)

Priority 5: To tailor Older People Information & Advice on the challenges that affect them e.g., cost of living, fuel costs, food poverty, etc
Not shying away from difficult conversations about critical issues that affect Older People and providing signposting to practical support. For example, use of independent Benefits Checkers for information on income-related benefits, contribution-based benefits, Universal Credit, tax credits, Council Tax Reduction and Carer's Allowance. Listening to Older People's consultation there is a strong desire to not live in such a digital world. SBC needs to look at how accessible standard processes are e.g., Blue Badges which appear to be wholly digital.

Priority 6: To support intergenerational families best care for their loved ones and with respect to cultural differences.
Supporting People to have greater involvement in shaping the care and support they receive. Opportunities to have "asset-based" conversations where individuals look to their family/loved ones/neighbours and wider community for support. Recognising the implications of intergenerational families who have in some cases been made up of 11 or so family members so housing requirements have seen two adjacent properties commissioned to meet their needs. There is an opportunity to use the Quality Conversations approach for gatherings insights into intergenerational families.

Priority 7: To have a choice about where I die through a co-produced end of life pathway.

Opportunities to develop with the support of carers and service users a clear end of life pathway that supports people in Slough to die in the place of their choosing. This often relies on robust co-ordination and transfers of care out of hospital environments. Slough recognises it needs to better develop its end of life pathway drawing together the various components for success. It will best achieve this in a co-produced way through the **new Quality Conversations Model** developed for Oak House **linked to all priorities.** As part of a life-course approach we should link up the entire lifespan pathway including: live well / age well and die well as the risks tend to be cumulative and increase with age.

Priority 8: To have a range of housing options to suit me in later life.
Opportunities for Older People to secure advice and access to a range of accommodation tailored to the needs of Older People**.** This is best achieved through a Housing Strategy developed with partners with particular attention to intergenerational families and developing dementia friendly places.

These 8 priorities were crystallised from a long list of Older People priorities gathered during consultation. The long list is stated below and will be part of our thinking moving forwards:

- To reduce social isolation and loneliness for Older People.
- For Older People to have a continued sense of purpose to live their best life.
- As a vision to ensure co-production underpins all our commissioning intentions for older people.
- To live more years in good health. The focus should be on 'healthy life expectancy' or adding life to years not only years to life.
- To work in greater partnership with the NHS and Public Health to prevent Long Term Conditions including the wider determinants of health.
- To tailor Older People Information & Advice on the challenges that affect them e.g. cost of living, fuel costs, food poverty, etc
- To support intergenerational families best care for their loved ones and with respect to cultural differences.
- To encourage Older People to self-care using options available in the community.
- To communicate with the people of Slough through various media, appreciating "digital" is only one avenue.
- To have a choice about where I die through a co-produced end of life pathway.
- To have a range of housing options to suit me in later life.
- Assessing the population needs in terms of the number and requirements to develop new care homes locally (residential and nursing homes) as well as 'extra care housing'.
- To develop a preventative approach to independence through technological interventions.
- Supporting older people to remain active, healthy and well.
- To help older people make the right lifestyle choices.
- To ensure falls prevention activities are available for older people to minimise the chance of falls.

The 8 priorities chosen all relate to these ambitions and are effectively a crystallised version.

1.1 How will we achieve our 8 priorities?

In delivering these Older People priorities Slough have developed robust ways of working that embrace collaboration and support positive engagement and codesign of services for all client groups including Older People. Specifically, the work around the Co-Production Network (CPN):

The co-production network was first established in 2019 and comprises members of the local community who want to make a difference in Slough, along with senior staff from Frimley ICB and the Council.

The co-production network is active in a wide range of projects. These have included:

- Recruitment of senior level staff.
- Virtual enter and view visits during the pandemic.
- Re-design of information so that it is more user-friendly.
- Workforce development – the production of videos and information under the Proud to Care initiative. It is acknowledged that the care workforce since the Pandemic has depleted.
- Tender evaluation
- Voluntary and Community Sector Grant Funding - Bid Assessments.
- In addition, members of the network participate in several key forums including the Health and Social Care Partnership Board.

Beyond this in September 2023 Slough developed a customer facing initiative called "Quality Conversations" to assess from a resident/family/staff perspective through open conversations just how positive/negative the services are that they receive. The first trial of this model took place in September 2023 at a local care home and the model forms a toolkit in or it can be used moving forwards for a range of services. The trial involved Health Watch and the Co-Production Network and was warmly received by the care home/staff/residents/family.

The power of I Statements

Through the consultation for this Strategy a range of statements were made about what was important to Older People. There is a correlation here and strong thread with the priorities set out in this strategy:

1. I would like to tell my story once.
2. I would like to take a short break from caring.
3. I want to have friends whatever my age.
4. I want to be able to have a sense of purpose.
5. I want to continue to do exercise and stay active.
6. I want to comment and improve on local services through co-production.
7. I want a Direct Payment to give me independence and choice.
8. I want to live a long, healthy life.
9. I would like technologies to help me live at home.

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10. I would like a home for life.
11. I would prefer to die at home.

These I statements represent what is important to Older People in Slough and will be embedded in all of our approaches to Older People.

This Strategy forms part of the following suite of strategies and toolkits (in various stages of approval as at November 23):

Slough Corporate Plan 2023 - 26
Slough Health & Wellbeing Strategy
Slough Strategic Commissioning Framework
Slough Market Position Statement
Slough Health and Social Care Plan 2020
Slough Adult Social Care Strategy 2023 -26
Slough Prevention Strategy 2023 - 28
Slough Carers Strategy 2023 -26
Slough Learning Disabilities Strategy 2023-28
Slough Autism Strategy 2023 – 28
Slough Equalities in Commissioning Statement 2023
Working Together Toolkit

2 Population Profile

The census of 2021 showed that Slough is the third most densely populated of the South East's 64 local authority areas, with around 35 people living on each football pitch-sized area of land.[3]

In 2021 Slough's population was 158.5K with 80K women and 78.5K men.[4] Older people aged 65 and over comprised 10% of the population, with 67% within the 15-64 category and 24% of the population aged under 15.
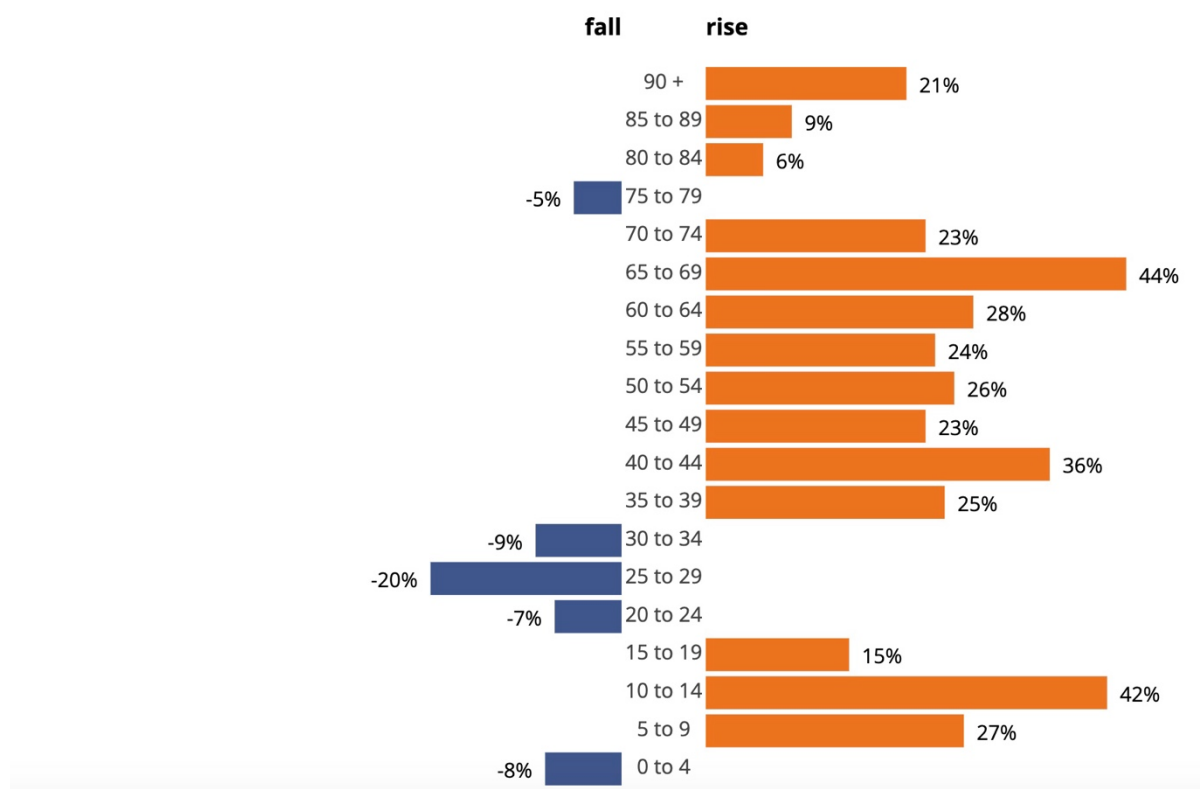
The population of Slough is diverse with 36% of the population being White, 47% being Asian and 8% being Black with the remainder of the population being made up of people of other ethnicities or mixed heritage.

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[3] ONS Data 2021
[4] Population - UTLA | Slough | Report Builder for ArcGIS (berkshireobservatory.co.uk)

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Overall, the population of Slough increased by 13.0%, between 2011 and 2021 with an increase of 19.3% in the population aged 65 and over. The increase in complexity of need is more important for Slough than the slow increase in older age population that is expected to be more significant after 2035.

Population change (%) by age group in Slough, 2011 to 2021

	fall	**rise**	
90 +		21%
85 to 89		9%
80 to 84		6%
75 to 79	-5%	
70 to 74		23%
65 to 69		44%
60 to 64		28%
55 to 59		24%
50 to 54		26%
45 to 49		23%
40 to 44		36%
35 to 39		25%
30 to 34	-9%	
25 to 29	-20%	
20 to 24	-7%	
15 to 19		15%
10 to 14		42%
5 to 9		27%
0 to 4	-8%	

3 Older Adults in need of Social and Healthcare Support

Slough ranked 117th in the 2022 indices of deprivation out of 151 Local Authorities[5].
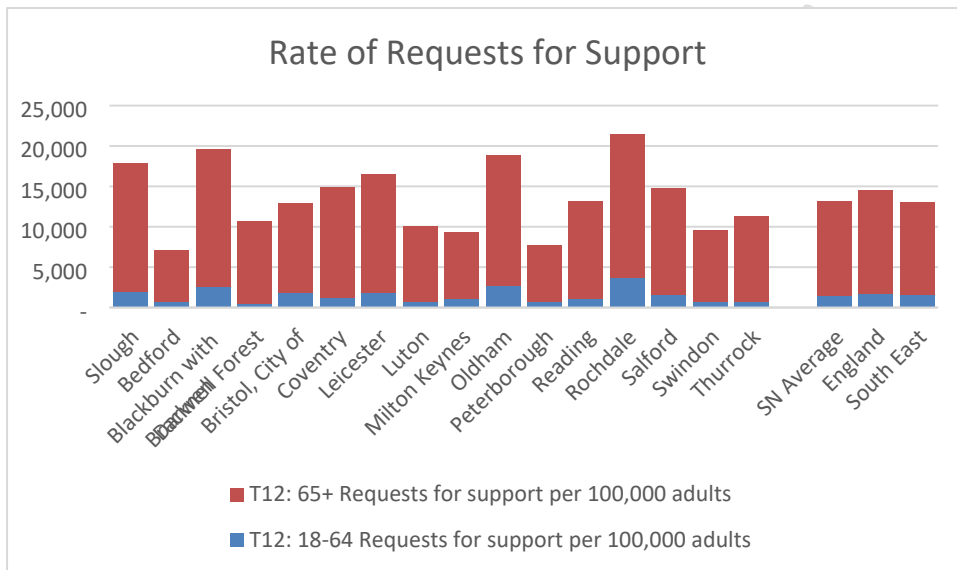
30,240 households in Slough (57.7%) are deprived in one or more dimension (compared to 51.6% in England). This is a decrease of 8% from 2011, when it was 65.1%. Slough ranks 8th in barriers to housing and services and 24th for income deprivation affecting older people.

The link between deprivation and challenging housing conditions with poor health is particularly true in Slough. Life expectancy is significantly below the national average and women on average can expect to live the last 24 years of their life in poor health (compared to 20 years on average in England), while men can expect to live the last 18 years of life in poor health (compared to 16 years in England). Key health and wellbeing challenges for older adults in the borough include, smoking, physical inactivity, diabetes, TB, mental health issues and early deaths from cardiovascular disease.

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[5] 1 – most deprived, 151 – least deprived

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Slough has higher demand for support services for the over 65's than the national average and a higher average spend. The increase in demand and thereby in spend is due to an increasing older population and an increase in complexity of need. The Projecting Older People Population Information System predicts that the population of those aged 65 and over will increase by 50% by 2040.

There is significantly higher demand for support for older people in Slough than the national average, the South East average and among our statistical neighbours.

Rate of Requests for Support

T12: 65+ Requests for support per 100,000 adults
T12: 18-64 Requests for support per 100,000 adults

Slough also has a higher number of clients accessing long-term support, against statistical neighbours, England and South-East averages.

Client accessing long-term support

Rate of Long-Term Support 65+ per 100k Adults
Rate of Long-Term Support 18 - 64 per 100k Adults
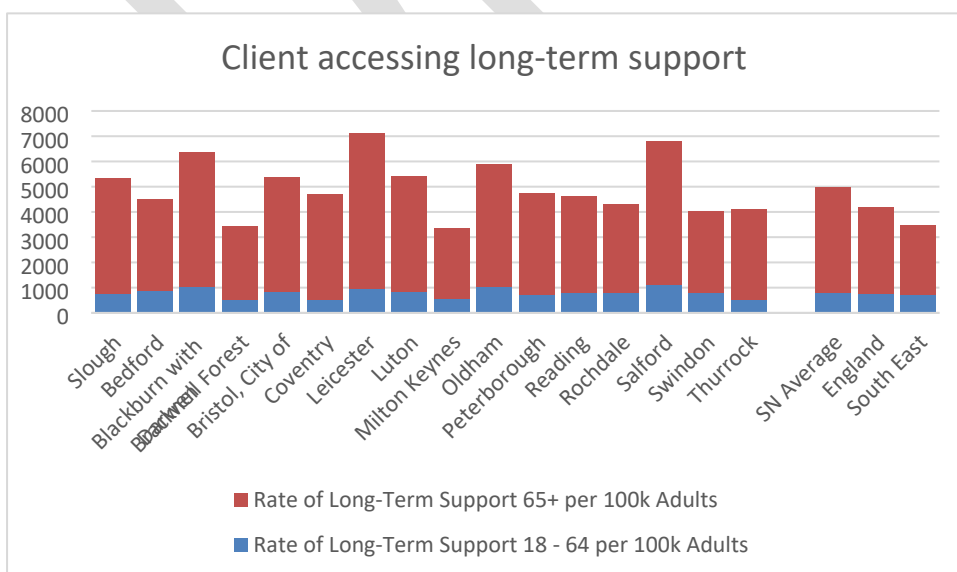
4 Population Projections

In Slough, the older persons population (aged 65+) is forecast to increase by 16.5% from 2019 to 2025, and 33.2% from 2019 to 2030. In addition to this, the number of older adults in England with medium or high dependency (measured in terms of intervals of care needed) will increase from 1.3m in 2015 to 1.6m in 2035, 1.06m of these people will require high dependency – 24 hour care.

14% of the population are over the age of 65. This is predicted to increase by 16.5% from 2019 to 2025, and by 33% from 2019 to 2030. This is likely to increase pressure upon limited budgets for adult social care.

What does the Joints Strategic Needs Assessment (JSNA) say about Adults in Slough?

Information taken from the "Berkshire East Joint Strategic Needs Assessment: Slough Summary" February 2023

Slough has a population of 158,495 and has increased by over 13% over the last 10 years. Slough's population is one of the youngest in England with nearly 28% of the population aged under 18, compared to 21% nationally. While the proportion of working-aged adults in Slough is higher (63%) than England's (61%), the proportion of people aged 65 and over is significantly lower at only 10% of the population. People aged 65 and over make-up 18% of the population nationally (Office for National Statistics 2023). As it stands the proportion of 65+ locally is 8% below the national average. In that context, it's very important to correctly estimate any increase projections for the next 5 -10 or 15 years

Comparators

Slough is in the 5th most deprived decile of local authorities in England. As deprivation is such an important factor for health and life outcomes, the 5th most deprived decile group figures have been used as the main comparator group in the JSNA.

As a snapshot from the JSNA we know the following about Adults in Slough:

People: Adults

Health Behaviours in adults

15% of Slough adults were smokers in 2021, which is approximately 17,204 people.

62% of adults in Slough were overweight or obese in 2020/21, which is approximately 71,112 people.

49% of adults in Slough were classified as physically active (150+ minutes activity per week) in 2020/21.

38% were physically inactive (<30 minutes activity per week).

50% of Slough adults met the recommended 5-a-day fruit and vegetable portions per day in 2019/20.

Approximately 1.4% of adults in Slough are alcohol dependent. **90%** of these were not in treatment in 2020/21.

33% (34) of Slough adults in treatment for alcohol misuse successfully completed treatment in 2020. This was significantly better than the comparator group.

6% (22) of opiate users and **39%** (40) of non-opiate users also successfully completed treatment in 2020.

Cancer screening

Slough's cancer screening coverage is significantly worse than England and the 5th most deprived decile comparator group for all 3 national screening programmes.

Cancer screening coverage (2022)
Slough's coverage (top bar) is compared to the least deprived decile's coverage (bottom bar)

	Slough	Comparator
Breast cancer (aged 53 to 70)	61.0%	62.2%
Cervical cancer (aged 25 to 49)	62.5%	66.7%
Cervical cancer (aged 50 to 64)	73.0%	73.9%
Bowel cancer (aged 60 to 74)	59.3%	68.0%

# 5   System Pressures

THE COST OF DEMENTIA

Despite Slough having a younger population profile, there are still major pressures, none more so than around 40% of people with Dementia in Slough are without a formal diagnosis. The market cost for Dementia out grows most other Long Term Conditions and set to double by 2050.

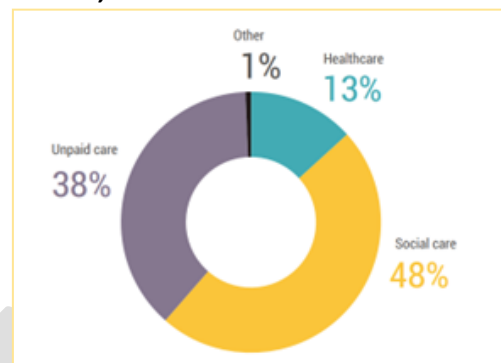
The Costs of Dementia Summary

- The total cost of care for people with **dementia in the UK is £34.7billion** (an average **annual cost of £32,250 per person** with dementia) and is expected to double by 2050.
- This is set to rise sharply over the next two decades, to £94.1billion in 2040.
- These costs are made up of healthcare costs (costs to the NHS), social care costs (costs of homecare and residential care), and costs of unpaid care (provided by family members).
- The largest proportion of this cost, 45%, is social care, which totals £15.7billion.
- Social care costs are set to nearly triple over the next two decades, to £45.4billion by 2040**.**
- At the community level, the cost of caring for individuals with dementia is like cancer, and greater than heart disease and stroke.

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> ▪ Two-thirds of this cost is currently being paid by people with dementia and their families.

Breakdown of total costs of dementia care in the UK, 2019
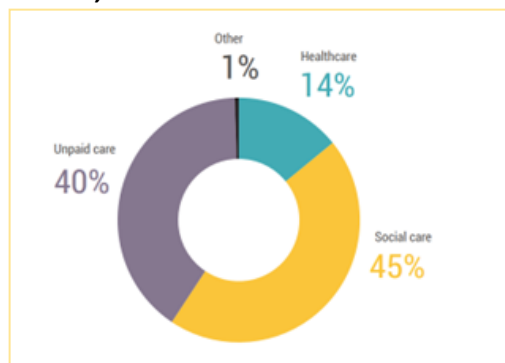
Breakdown of total costs of dementia care in the UK, 2040

Reference from: [What are the costs of dementia care in the UK? | Alzheimer's Society](#)
There will be other pressures, but this seems to be an important one to project ahead given the financials and the associated massive increase in market capacity required in Slough.

Prevalence of dementia in Slough in relation to the National and Berkshire levels

*According to the Dementia PH Needs Assessment 2023 "The estimated prevalence of dementia at a national level is 0.8%. **Local authorities in Berkshire**; Windsor and Maidenhead has the highest estimated prevalence of dementia (0.9%), Bracknell Forest 0.6% and **Slough have the lowest prevalence (0.4%)**. [1]"*
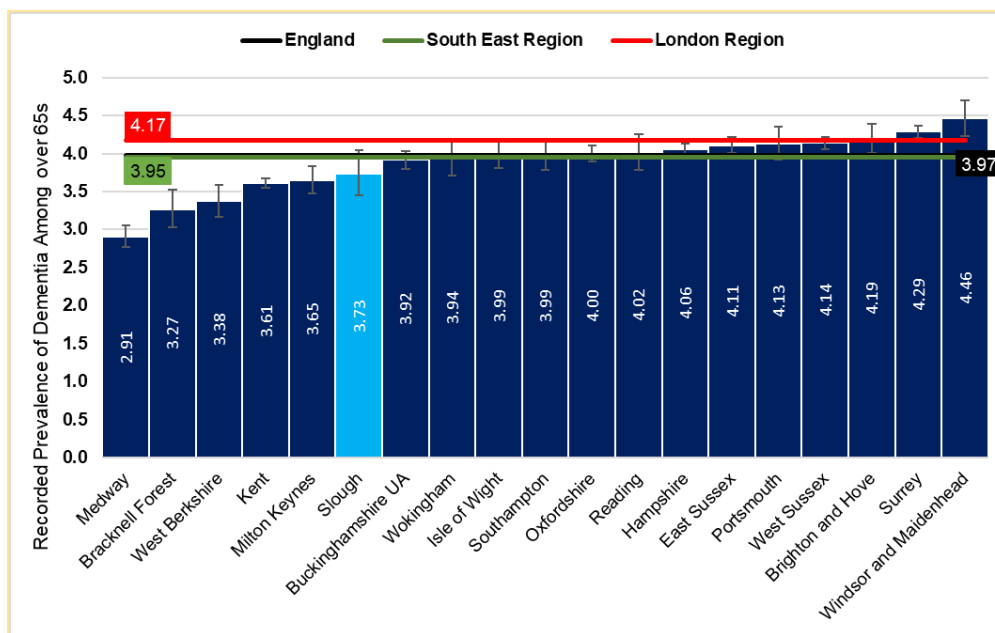
***According to Slough Public Health needs assessment 2018-2019**: [2]*

- ▪ *Total population of 14,615 people aged 65+ in Slough, 5,575 residents (or 4%) were recorded as having dementia.*

Diagnosis
- ▪ *Estimated dementia diagnosis rate of the 65+ in 2019 in Slough was at 598 (64.9%) better that of the region at 65.6% and that of England 68.7%*

1. *Oxford Consultants for Social Inclusion 2023*
2. *Slough Public Health Dementia Needs Assessment 2017/18 (saved on the PH shared drive)*
3. *Slough Market Position Statement 2020-2023 www.slough.gov.uk*

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Chart: Recorded Prevalence of Dementia Among over 65s

Legend: England — South East Region — London Region

London Region: 4.17
South East Region: 3.95
England: 3.97

Values by area:
- Medway: 2.91
- Bracknell Forest: 3.27
- West Berkshire: 3.38
- Kent: 3.61
- Milton Keynes: 3.65
- Slough: 3.73
- Buckinghamshire UA: 3.92
- Wokingham: 3.94
- Isle of Wight: 3.99
- Southampton: 3.99
- Oxfordshire: 4.00
- Reading: 4.02
- Hampshire: 4.06
- East Sussex: 4.11
- Portsmouth: 4.13
- West Sussex: 4.14
- Brighton and Hove: 4.19
- Surrey: 4.29
- Windsor and Maidenhead: 4.46

6   Tackling Slough's Priorities

6.1   Priority 1: To Reduce Social Isolation and Loneliness for Older People

Slough like other towns and cities across the UK is faced with Older People living alone. This often follows the inevitable loss of a spouse/loved ones as we grow older. Living alone in older age can affect both physical and mental health and this needs to be combatted and address. As Older People as they become older can see a decrease in health and sometimes mobility which means Older People can live in social isolation and are often lonely.

The Slough the PH Dementia Prevention Needs Assessment 2023 resonates with the importance of this priority.

Social isolation and loneliness are both added risk factors to Dementia.

The Berkshire JSNA 2023 reports: **Social isolation** is the lack of relationships with others and that have little to no social support or contact. It is associated with risk, even if people don't feel lonely.

Loneliness is feeling alone or disconnected from others. It is feeling like you do not have meaningful or close relationships or a sense of belonging. It reflects the difference between a person's actual and desired level of connection. This means that even a person with a lot of friends can feel lonely.

Social Isolation and loneliness are increasingly being recognised as a priority public health challenge and policy issue for older people as it can have a serious impact on their physical and mental health and quality of life. Loneliness and social isolation, however, are not just issues for older people but for all age groups. Certain risk factors increase the chances of

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severe and lasting loneliness including young/older adults, low income adults, people living alone, those with long term health conditions and disability, minority ethnic groups and LGBTQ+.

Equally, the **Public Health Dementia Prevention Statement 2023** states:

There is strong evidence that many adults aged 50 and older are socially isolated or lonely – putting their health at risk.

- Social isolation significantly increased a person's risk of premature death - rivalling smoking, obesity, and physical inactivity. Social isolation was associated with about a 50% increased risk of dementia.
- **One-third of people with mild-to-moderate dementia experience loneliness**. 30% are moderately lonely and 5% are severely lonely, reports one of the first major studies to look at the issue. These figures are comparable to the general population of older people.
- People with dementia who live alone, and who experience social isolation, depression and lower quality of life are more likely to feel lonely. Some researchers found no association between loneliness and dementia-specific factors.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
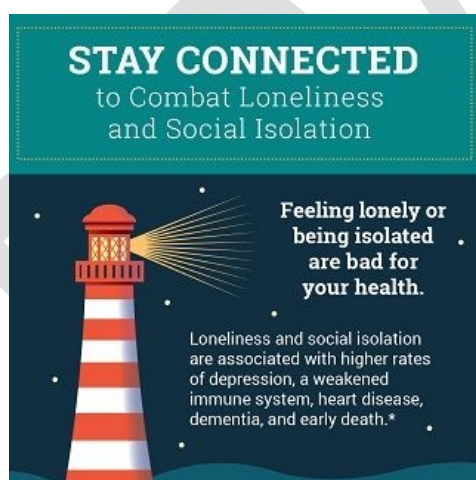
References:
Summary report: The State of Ageing 2022 | Centre for Ageing Better (ageing-better.org.uk)
Social isolation linked to lower brain volume and higher dementia risk - Alzheimer's Research UK
Loneliness and Social Isolation Linked to Serious Health Conditions (cdc.gov

Equally, Older People can struggle with their independence in manage daily living tasks and evidently become isolated and alone. If they cannot live alone, it may ultimately result in them living in a residential/nursing home with people they are not related to or for who they are likely to have formed friendships with beforehand. The isolation may have

diminished to some degree as there is company, but it is likely to take time to develop trust with staff and fellow residents.

Slough is mindful of it's role in supporting health and well-being in the borough. Consultation was key here – a need to empower Older People to go to A&E at the right time (they don't want to cause a fuss).

There are a range of housing options beyond care homes such as Extra Care housing where people have their own independent flats (with any care going in) and shared accommodation such as a lounge for socialising – tv, board games, quizzes, etc. This type of accommodation is normally "tenancy" based (rent or alternatively Shared Ownership related) and means people have given up their own home to live there. This kind of setting is often helpful in Older People developing new friendship networks, reducing loneliness, and maintaining a level of independence. Slough has two established Extra Care provision namely The Pines and Northampton Place and very much see the opportunities and advantages in minimising loneliness and isolation for Older People in Slough. There is a wider priority 8 in this strategy about increasing the housing options for Older People in Slough.

6.1.1 Extra Care services and advantages

- On site restaurant supplying hot meals 7 days a week.
- Regular social care activities for those who wish to join in.
- Communal cleaning and garden maintenance.
- All properties are linked to a 24 hour alarm system, to respond to emergency situations.
- A team of carers give support and assistance with personal needs as part of a formalised care package.
- Emergency care is available through the night. All care is assessed on an individual basis.
- An estate manager working on site.
- You are living at home not in a home.
- You have your own front door and decide who comes in.
- Couples and friends can stay together.
- There is a mix of able and less able older people.
- 24 hour care services are available if you need them.
- You get support to keep your independence.
- You have control over your finances.
- There is a small shop on site.
- There is a hairdressers shop with a visiting hairdresser.
- There is a mobile chiropody service every six weeks.

Working with the Voluntary & Community Sector there are an array of non-statutory opportunities to support.

Slough operates several universal services which are available to anyone in the borough to support their health and wellbeing to keep active, mentally and physically This includes

libraries, parks and a number of new leisure centres – with a wide range of facilities and activities available – including gyms, swimming pools, fitness classes and swimming lessons for children and adults. Older People want to undertake a range of activities including sitting down exercise. An opportunity to support Older People consider better lifestyle choices to manage their wellbeing.

In addition to this the Council and its partners commission or operate several services to support residents to stay fit and healthy and achieve a good quality of life. As part of this strategy there is an ambition to create a new Older People Steering Group to oversee this strategy. This means holding SBC and its partners to account in delivering on the priorities and actions set out in the Older People Action Plan.

One of the benefits of the new Older People Steering Group would to be securing a range of Older People who may able to link us with other Older Peoples groups in the community. They may also be able to set up a network of Older People to help in combatting any social isolation or loneliness in the group, most probably in an indirect way. It is likely there will be opportunities through the new Community Connectors to make the links and develop the VCS Community Sector further.

6.2 Priority 2 For Older People to have a continued sense of purpose to live their best life

It doesn't matter what age a person is, the importance of having a sense of purpose is key. It effects how we feel about life, how it shapes who we are, our self-esteem, etc.

It will shape a person's mental health and wellbeing. It's in this context Slough Borough Council recognises the importance of linking with its partners in the NHS, Public Health and the Community & Voluntary Service to make a difference. Late in life Older People may wish to seek employment – voluntary or private sector as part of a new life, in retirement to meet new friends and use their skills and experience. Beyond this there will be opportunities to attend voluntary sector clubs and societies to engage in Slough with people of all ages to share conversations, get involved in a range of pass times and to add value to any of these opportunities.

There are the Slough Integrated Community Hubs who have designated Community Connectors to help link people to areas of interest in terms of e.g. leisure centres, clubs and the like as well as information about their rights, public services, etc. These are explained in this Strategy under Priority 4. Many of these opportunities will enable Older People to interact with others, thus combatting social isolation as well as potentially opening horizons and providing renewed interests. People want to tell their story once Coordination of care, get hospital appointments on one day rather than over several days.

In addition, SBC aims to promote choice and independence for Older People through the following:

Personal Budgets and Direct Payments - the road to empowerment, choice and a sense of purpose

The Council is committed to helping people to live independently with more choice and control over the care and support they receive.

Promoting wellbeing is not always about the Council meeting needs directly. It is just as important for us to provide people with the information they need to take control of their care and support and choose the options that are right for them.

The Council provides information to everyone eligible to receive social care support, about the indicative cost of their care and they are supported to make decisions about how they spend that money; this is called 'self-directed support'.

Direct Payments is one way in which self-directed support can help individuals to have greater control of how they receive the help they need, allowing the individual to buy the service directly or to employ a personal assistant instead of the council arranging services on behalf of the individual. In doing so they are often able to employ family or friends from their own cultural and religious background with specific language skills. Older People asked for this strategy to improve the direct payment offer and to look at how to make it easier for people to access or to get an authorised person to act on their behalf.

During 2022/23 over 165 Carers one-off payments, 425 service user direct payments were administered allowing 590 people to purchase care and support to meet their needs as appropriate to their protected characteristics.

Slough currently has the second highest percentage of community direct payments across the South-East.

The Council is committed to maintaining and increasing the number of people who can access Direct Payments. Equally looking at wider opportunities such as ISF and pooling of Direct Payments between those sharing similar interests. This might be welcomed by Older People who e.g. may like to club together to go for lunch or visit an attraction together.

6.3 Priority 3: To live more years in good health.

Slough Borough Council recognises with the wonders of modern medicine and what its needs analysis tells us about people living longer is seen as a positive thing. The evidence suggest that: "Technological advances – from the applied use of genomics, to the use of video consultations with a GP – offer real opportunities to improve health care." [Advances in health care technology offer huge potential to improve the NHS but are no 'silver bullet'](#)

Advanced sensors, health data and AI algorithms will empower healthcare professionals to develop precision diagnoses, personalized treatment, tailored health management and

effective monitoring, all without a hospital visit. The hospital will come to you; care will be everywhere. **How will new technologies benefit ageing and longevity? | World Economic Forum (weforum.org)**

However, due to a range of Long Term Conditions many Older People suffer at the expense of the quality of that life which can be impaired. Older People can lack the quality in these later years so the importance here is to maximise the quality of their experiences in these later years. Slough Borough Council wants everyone to live an as active and healthy lifestyle as possible, making best use of local facilities.

The Council operates, commissions or implements plans with partners for a range of services which are designed to deliver the right level of support to residents at the right time. This can range from lower levels of intervention to enable Older People to stay independent within their own homes for longer through to residential and nursing care when these become necessary. It is clear people aspire to having a Single Assessment and to tell their story once. Older People have been clear, they want accessible ways of interacting with SBC, not just digital options. Carers Leads have talked about their workloads and how much of this must be to complete e.g. Blue Badge applications for carers who are Older People and not so familiar with Information Technology. In that sense disempowering Older People. However, increasingly there are many ways Slough empowers Older People to manage their own life including health:

6.3.1 Maintaining positive psychological health

Any resident in Slough aged 17 and over can access talking therapies in Slough operated by Berkshire Healthcare Foundation Trust. One of the biggest factors that Older People face in terms of their wellbeing is being alone and social isolated which may dramatically have an impact on their overall health. This can be for a range of difficulties including:

- work stress
- sleep
- coping with a physical health problem
- obsession and compulsions
- trauma-related stress
- relationships
- stress
- motivation or low confidence
- frustration about not living up to own expectations.
- excessive worry or panic attacks
- phobias
- depression.

The types of therapies offered include:

- Cognitive Behaviour Therapy (CBT), Computerised CBT and 'guided self-help.' These help people make changes in the 'here and now' to improve how they feel and resolve

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problems. Therapists help individuals to understand the nature of their difficulties and agree set goals to work on to overcome them.

- Stress Less workshops and wellness courses
- Counselling for depression – including relationship difficulties.

6.3.2 Assistive Technology

- Assistive technology is one of the tools available to Older People to remain more independently at home with the help of gadgets and gizmos to allow their health to be monitored and their safety assured. This is helpful for family and are designed to be as non-intrusive for the older person as possible.
- The Council currently operates the Careline service to provide monitoring, protection and support to people remotely, typically, via a device connected to a telecommunications network. A device (a pendant or pull cord) which sets off an alarm when the user needs assistance, such as a fall, enables the person to live independently with greater confidence that they can call for help when they need it and provides professional assurance, they have implemented a considered way to mitigate risk.
- Our strategy is to connect modern assistive technology into the heart of our adult social care and support services in an integrated way. The benefits of Assistive Technology are wide ranging, from giving independence to people by supporting them to complete daily tasks, to acting as a communication method for people who need emergency help.
- In the latter part of 2023, SBC are undertaking an Assistive Technology diagnostic to see how we can enhance our use of digital technology to better support individuals living at home.
- The Careline service is also transferring to an existing provider to ensure that a working service is available with a switchover from analogue to digital telephony services.

6.3.3 Domiciliary Care

- Domiciliary Care plays an essential role within the local health and social care system. Care workers provide care and support to individuals with assessed needs within their own homes, to enable them to stay independent for longer. Our strategy is to commissions services which deliver care and support activities, administration of medication, helping people with transfers (for example from bed to chair), helping with washing, dressing and toileting and other forms of personal care. Our local domiciliary care providers enable people to return home after a hospital stay, thus ensuring that hospital discharge takes place on time and that individuals do not need to stay in hospital longer than necessary. There is a need to empower Older People to go to A&E at the right time, in case of serious episodes e.g. heart attack, stroke, etc.

- Local authorities are required, under s5 of the Care Act 2014, to ensure a diverse and sustainable market to meet eligible assessed care needs including care at home for those who require it. This includes provision of directly commissioned care as well as provision for those in receipt of Direct Payments and self-funders.
- The Council currently contracts 27 providers registered with the Care Quality Commission to deliver domiciliary care services within the borough and the current commissioning strategy is to periodically undertake procurements via the Adult Social Care Dynamic Purchasing system. Despite market and demand pressures we have been able to maintain a sufficiency and diversity of supply (in keeping with Section 5 of the Care Act 2014), secured at competitive prices.

6.4 Priority 4: To work in greater partnership with the NHS and Public Health to prevent Long Term Conditions including the wider determinants of health.

One of the greatest challenges faced is supporting people across the NHS and Social Care are those that have a range of Long Term Conditions (LTCs). Often people have more than one condition which are referred to as "co-morbidities." There is often a pattern, if you have Cardiac Disease, you may also have Diabetes. In which case it requires careful medicines management to ensure people with LTCs are given consistent advice on e.g. medication to avoid unnecessary hospital admissions. In Slough there is a model of support around "anticipatory care" which follows and pre-plans with those who have a family history of LTCs. In doing so many of these are preventable through lifestyle changes. This potentially increases the quality of life for those who have a family history and at best prevents or delays them having an LTC.

6.4.1 A Spotlight on Dementia as a pillar of this Older People Strategy

In Slough one of the biggest local and national challenges is around those with Dementia (see statistics earlier in this strategy). There has been a significant prevention needs assessment for those with Dementia developed by the Public Health Team as referred to earlier in this strategy. The present and future demand of Dementia in the borough is well understood, albeit some people, up to 40%, are out there with Dementia but it's undiagnosed. This strategy shows the trends and impact from the PH Dementia Needs Assessment along with information shown here, helps give a focus on Dementia acting as one of the pillars of this Strategy. A pillar that shines a light on one of the biggest priorities for this strategy.

Nationally there is a wealth of interest around Dementia. According to Slough's PH Dementia Prevention Assessment "Building on ambitions of outlined in 2015, the Prime

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Minister's Challenge on Dementia 2020 reaffirmed the nation's commitment to carers and people with dementia and established a range of new goals for dementia care from diagnosis through end of life.

In addition to creating supportive and inclusive environments, the challenge emphasizes the need to develop research, raise awareness, and coordinate care with a trained workforce.

Furthermore, the NHS Five Year Forward View, recognises dementia as a priority area with a specific aim to diagnose more people with dementia earlier to allow treatment to help slow the progression of the disease.

To achieve this, the NHS Five Year Forward view aims to provide a consistent standard of care for patients and to support clinicians or advisors, with proper care plans developed in partnership with patients and families.

Locally the Executive Summary in the PH Dementia Needs Assessment 2023 states:

PH Dementia Needs Assessment 2023 Summary

- Dementia is a clinical syndrome (group of symptoms) characterised by difficulties with one or more areas of mental function. The condition affects around 944,000 people across the UK (2021) and the numbers are set to rise to over a 1.1 million by 2030. The total cost of care for people with dementia in the UK is £34.7billion (an average annual cost of £32,250 per person with dementia) and is expected to double by 2050. The local dementia healthcare cost is projected to increase by over 70% in 2030 as compared to 2019.
- In Slough, the current levels of dementia prevalence are lower than SE and England average, due to our borough's youngest population age (33.9 years). However, the expected dementia prevalence is estimated to be higher than the recorded prevalence and is increasing among older adults aged 65 and over. It is also estimated that around 40% of people living with dementia are still undiagnosed, while emergency admissions are higher than both SE and England average – an indication of a higher need for dementia acute care services locally.
- Several modifiable risk factors for dementia have been identified and some of them are known as 'early-life risks', such as less education, affecting cognitive reserve; while midlife, and later-life risk factors tend to influence cognitive reserve and triggering of neuropathological developments. In Slough some of these risks including smoking, physical inactivity, excess drinking and poor dietary habits are more prevalent and of real concern. We have an Integrated Health & Wellbeing Service contract run by the Solution for Health that offers various evidence-based interventions to tackle these lifestyle risks factors.
- There are several dementia care services locally including the Slough Memory Clinic supporting GP practices and an important pillar of the local dementia care pathway; and the Alzheimer's society that operate across East Berkshire offering various forms of dementia support. However, local stakeholders view is that there are not enough services locally as well as capacity and funding issues.
- This needs assessment will serve as a baseline document that will support the second phase of this work with main objective to support the dementia care

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> model/pathway locally. Continuing to work in close collaboration with all key partners and stakeholders locally is important as part of monitoring and evaluating our work. A dementia care task & finish group is proposed to take forward this work and develop a dementia action plan for Slough.

6.4.2 What resources are in place in Slough to support the preventative agenda for Long Term Conditions?

6.4.2.1 Integrated Wellbeing Hub

To support residents to maintain their health and wellbeing, the Council commissions Solutions for Health to deliver an Integrated Wellbeing Hub. This provides a single point of contact for a range of preventative services, including:

- NHS Health Checks
- Falls prevention.
- Cardio vascular disease risk assessment
- Smoking Cessation
- Weight Management
- Alcohol Brief Intervention – the need to have a preventative approach to alcohol consumption for Older People.

The current contract sees the hub extended by 1 year to 5th September 2024 with an option for 1 final year's extension if required.

6.4.2.2 The Voluntary and Community Sector

The Council has recommissioned the voluntary and community sector to deliver activity in Slough for the next five years (2023 – 2028). Funding (through the Better Care Fund and Public Health) covers several important areas, including infrastructure, a volunteering and matching service and a directory of services – providing up to date information on all the voluntary and community groups operating in Slough. The importance of a service directory - knitting clubs, joined up personal budgets. Equally, for support for Social Prescribing – GPs having the info to prescribe voluntary sector opportunities.

6.4.2.3 Stroke Support Services

The Council commission The Stroke Recovery Service (SRS) to support older adults who have suffered a stroke to rebuild their lives after stroke. The impacts of stroke often last a lifetime and we know that people's needs change over time. It is critical that people affected by stroke receive the support they need in the long-term to rebuild their lives and lead the best

life possible. The Stroke Recovery Service ensures that people affected by stroke receive the vital input and support they need.

6.4.2.4 Better Care Fund

The Better Care Fund's (BCF) central aim is to support the delivery of integrated health and social care for the population of Slough. Our shared priorities were agreed and published in the Health and Social Care Plan (2020-21) which is our place-based strategy.

The Plan was developed with a range partners, including Primary Care Networks, Community and Acute Trusts and the community and voluntary sector. Co-ordination of Care is critical to ensure time and resources are used most effectively. Equally, we need a single record of care build on the "connected care" project medical management accessible across health and social care. It is recognised that Connected Care needs to be more comprehensive in its access e.g. to adult social care providers. More specifically in terms of the Voluntary Sector, a Service Directory of voluntary sector opportunities.

Our vision for being integrated is for the local delivery of a broad range of health and social care services to operate seamlessly, regardless of organisational boundaries. Working across a complex health and social care economy we continue to develop a proactive approach to the provision of health and social care and support in the community.

Priorities for our BCF programme in Slough include:

- Better Access to Care
- More integrated and pre-emptive service offers.
- Use of locality-based models including step-down capacity and respite provision
- Improved outcomes for mental health
- Improved outcomes for frailty
- Responding to changing demands and needs post covid-19.

The plan is to develop, promote and maintain independence for not just for older people, but the whole borough to prevent admissions to acute care, care homes and reliance on health and social care service in the future. This approach is achieved through:

- **Prevention and promoting self-care** through information and advice.

- **Connecting individuals to their communities** to reduce the need to present in institutional settings.

- When support is needed, **delivering care in a seamless and integrated way.**

As part of the response to the NHS long term plan the **Ageing Well** Programme is being led across the Frimley ICB and delivered at pace. Some of the highlights include:

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- **Urgent Care Response** providing 2 hr crisis response to people in need of urgent supporting running 8am-8pm Monday -Friday
- **Establishing Virtual Wards** providing medical care and treatment to people in their own home in need of enhanced clinical support.
- **Enhanced Healthcare** to care Homes to enable homes to provide high quality care in care home settings and avoiding admission to hospital.
- **Anticipatory Care Planning** to do proactive case finding of people with frailty risk factors, co-morbidities to provide early intervention and support to maximise independence and remain at home for longer. The key importance of the prevention of Long Term Conditions E.g. Diabetes, Heart Disease, Strokes etc through integrated working with health and other partners. Loneliness can be a bigger killer than any Long Term Condition and that needs careful consideration.
- **Falls forum and prevention work** through Slough BCF funds a Falls Free 4 Life service delivered by Solutions for Health to complete comprehensive falls risk assessment and classes to improve postural stability. In terms of wider prevention work there is a need to look at early identification of "at risk groups."

The Council will continue to work with its partners though place-based mechanisms to support further integrated services. An opportunity for greater Integration with health both at a local level e.g. with GPs and more broadly at ICB level.

In terms of hospital admissions preventative work in the community could revolve around better medicines management especially for those with co-morbidities. Ensuring advice responds to all their medication/conditions as this could reduce unnecessary admissions to hospital.

An opportunity to look at the key worker role – NHS/Social Care, badge is less relevant, it requires skills that span both partners. Co-location of workers across NHS and social care is key to the success of any integration plans.

Prevention starts at the front door. **The ASC Front Door Project**

The Front Door Project is a central feature of a new preventative approach towards delivering adult social care in Slough. Key elements of the project include:

- Ensuring a timely response when seeking support from Adult Social Care.

- Implementing an asset and strength-based approach to enable people to identify their strengths and allow them to stay as independent as possible.

- Diverting from adult social care by take of alternative community-based support as appropriate.

6.4.2.5 Community Equipment Services

The Berkshire Community Equipment Service (BCES) provides a variety of equipment for adults, children and young people with long term conditions and disabilities. Following an assessment from a qualified practitioner equipment is provided on loan from the local authority. The service is currently commissioned on a joint basis between 6 local authorities and Integrated Care Systems across Berkshire.

6.5 Priority 5: To tailor Older People Information & Advice on the challenges that affect them e.g. cost of living, fuel costs, food poverty, etc.

Information and Advice in Slough is predominantly sitting between the Councils Community Team as an activity and the Voluntary and Community Sector. From July 2023, the Council has be funding Community Connector roles within Adult Social Care to help residents (who do not need social care) to access the range of voluntary and community sector services available in the town. There is much merit and opportunity in co-commissioning with Public Health especially in terms of a preventative approach and the wider determinants of health.

Advice and Information

The Council also commissions Citizens Advice East Berkshire to provide free, up to date advice and information for Slough residents on several key areas. This includes:

- Housing
- Adult Social Care
- Legal Relationships
- Benefits and Tax Credits
- Signposting to VCS
- Cost of Living

Fuel Poverty

A household is fuel poor if they are living in a property with
an energy efficiency rating of band D or below and are left with a residual
income below the official poverty line once they have spent the required
amount to heat their home. Evidence shows that living in cold homes is
associated with poor health outcomes and an increased risk of morbidity and
mortality for all age groups (Office for Health Improvement and Disparities
2022) In 2020, 5,180 households in Slough were fuel poor.
Given the pressure on the economy in the UK because of e.g. the war in Ukraine and the
possible impact of Brexit, most people has felt the impact on their cost of living. Inflation
has spiralled to e.g. near 20% inflation on food meaning the average weekly shop has been
unaffordable for most. There has also been the huge hike in the price of petrol which has

affected everyone in terms of the cost of going to work, going about their business. Some people will have stopped using their car or sold it.

There was also the massive increase in the cost of utilities primarily gas and electricity which along with the other cost of living pressures will inevitably mean people lose their mortgages or become unintendedly homeless.

The Boost Team exists in Slough that assist in checking e.g. benefits entitlements to ensure people are aware of all the benefits they can claim at this time. We want to support everyone to be as self-reliant as possible.

The new Older People Steering Group to review the requirements with the wider older people population in Slough. This is to assist the Front Door having as much relevant information as possible to support Older People to self-care.

This activity may need one-off events e.g. Carers Rights Day in November is one such event that deals with the complex issues arounds rights of carers. The Council to pro-actively help carers often many who are Older People navigate their rights.

6.6 Priority 6: To support intergenerational families best care for their loved ones and with respect to cultural differences.

At a broader level the Council has a commitment to ensuring that Older People are adequately supported often in their caring roles. From July 2023 carers services have been transferred back into the Council. The service will undertake carers assessments and facilitate and coordinate access to several carers support groups in the community. A focus of the new service will be to implement the **Slough Carers Strategy 2023-26**, including developing partnerships arrangements between the Council and Carers. An established Direct Payments team facilitates one off payments to carers who are eligible. The Slough Carers Strategy dovetails with this strategy and add strength to both offers.

In terms of intergenerational families several carers might be supporting kin in the same household. There may be added complexity to these arrangements and the need for wider support. It is important not to make any assumptions about intergenerational families, rather greater collaboration with families and through a range of cultural groups developed organically in Slough.

It is important we are mindful of associated housing options which are shaped by the size of intergenerational families which are culturally predominant in Slough. It can see families of e.g. 10 or more living together with several generations. It means with limited housing stock and inflationary challenges this is a pressure point in Slough. There are opportunities for Adult Social Care and Housing to work more closely on a joint housing strategy for social housing and beyond.

It needs some tailored engagement with these intergenerational families likely through a range of existing cultural groups that are linked to wider social care activities. We will deploy our new engagement model "Quality Conversations" that sees very open dialogue

between SBC and service users/family members and, as appropriate, staff. Our first experienced was at Oak House care home in Wexham and we worked collaboratively with Health Watch and the Co-Production Network. An action to develop a Quality Conversation for intergenerational families in Slough is included in the Older People Action Plan at the end of this Strategy.

It is important to assess what do they need to live independently, are they accessing support as family carers, there may be younger carers involved too and each carer requires support. As above with the new Slough Carers Strategy 2023-26 we need to ensure we support these diverse needs to minimise the risk of carer breakdown through a range of support. It is important that all SBC carer interventions are available to any carer, but particularly intergenerational family carers given the level of independence they are sustaining. If SBC had to pay for this care, if there weren't any willing family carers, SBC could see costs spiral and as such celebrate such intergenerational family carers for the fabulous work they do in self-caring in the community.

Arising from the Quality Conversation will be a standalone Intergenerational Family Action Plan to meet the needs of this community. This fits with wider work in the borough to examine housing options for all client groups to include intergenerational families and Older People.

6.7 Priority 7: To have a choice about where I die through a co-produced end of life pathway.

Our end of life approach is to work in partnership to support end of life of care, which rests across social care and health, to deliver a range of interventions through the reablement team, as well as in hospices and hospital settings.

We have developed services to enable older adults to die at home where this is their wish through the provision of Advance Care Plans, involvement of family, will making facilities etc. We can provide domiciliary care payments and deliver end of life support services in older adults where this is requested.

We also commission hospice care through The Thames Valley Hospice, Phillis Tuckwell Hospice in Surrey and end of life virtual ward beds through the local community service.

Hospital at Home is underpinned by close partnership working across health and social care and through integrated community teams. Implementation should be led by the integrated care system (ICS) and delivered by appropriate secondary care, community health services and primary care working collaboratively.

However, the end of life opportunities are, in part, fragmented and in conjunction with NHS and other partners, there is a real opportunity to develop a co-produced end of life care pathway for key decisions about where people choose to die, often at home and away from hospital. Now it is disjointed in that various professionals e.g. Re-ablement Service deliver end of life care and there is a Continuing Health Care fast track for supporting individuals'

journeys in the NHS. There is a chance to develop a golden thread and ensure better co-ordination of End of life Care in Slough.

We are continuously seeking to find ways to strengthen our approach towards co-production and will be considering ways to do this over 23/24 and beyond. We need for co-production of Older People in Slough, beyond the established Co-Production Network so everyone who wants to can have a say. How can the CPN help us to co-produce the End of Life Pathway in Slough? How can a wider set of volunteers be commissioned to review services including Health Watch volunteers too?

Where possible working with partners to establish peoples choice of where they would like to die is important. People often prefer to die at home and away from hospital and it takes a great deal of co-ordination and working in partnership to realise such wishes.

6.8 Priority 8 To have a range of housing options to suit me in later life.

There are opportunities for Older People to secure advice and access to a range of accommodation tailored to meet the needs of Older People. Some of these opportunities have been set out when the strategy looked at the priority 1 "To reduce social isolation and loneliness for Older People" as its critical to look at with this lens to ensure that social interactions are carefully considered with any housing opportunities made available. Building social resilience is likely to add positive years to life too.

There is the opportunity to craft a strategic vision about what housing needs look like for Slough which would need to be co-produced with Older People and their support networks.

From that Slough may revitalise its approach through a Housing Needs Options Panel where housing, operations and commissioning can come together to ensure they future proof opportunities, minimise voids, maintain lists of suitable housing and ensure intelligence gained so far is acted upon where it makes sense to do so or to programme for the future. In the past housing providers have been curtailed in e.g. developing supported housing as Slough could not commit to block and voids. Evidently risks will be sitting with the housing providers. Work is underway to have developmental meetings with housing providers to talk about need and demand and explore new ways of working together.

Within the mix of the strategic housing vision, housing colleagues can help plan on the mix of tenure, the type and numbers so that we don't have under or over supply of housing resources. It needs to take on board the increasing higher acuity of Older People and those with Dementia to ensure appropriate settings that give a level of independence, social interaction and safety.

Many Older People remain independent in their own/rented homes – with a partner or alone but as the years progress and often following loss of a loved one, there is a need to consider other housing options. Care homes – residential and nursing for higher acuity but

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where there is a level of independence there are several independent housing options to consider.

Housing colleagues have been consulted in relation to housing matters affecting Older People. The biggest challenge in relation to Older People accommodation is the lack of supported housing especially for those with complex needs and complex hospital discharge. There is limited interim "step down" accommodation in order they can go through a period of reablement as well as move on post rehabilitation especially those with neuro, MH Substance Misuse, etc. Equally there are numbers of Older People who don't meet the threshold but need a pathway to independent living. Equally there are some challenges around the willingness of some landlords to adapt their properties to ensure they are fit for purpose. Housing recognise the importance of securing the right kind of properties to reflect the numbers of intergenerational families in the borough.

Where there have been "void" cost for Older People this is where there is several 1 bed properties that are less in demand for Older People. One of the key improvements Housing are keen to be part of is some clear pathways to help pull all the issues and challenges together and to have clarity on flow, ownership and accountabilities.

On a wider note there have been challenges in future proofing substance misuse accommodation and ensuring a best fit with those that live there already especially in general needs setting.

6.8.1 Residential and Nursing Care

The Council commissions both residential and nursing care for older adults across the borough with some care being 'spot purchased' in neighbouring boroughs due to the small footprint of the Slough Borough Council area. The Council is committed to providing the best quality care with a focus on patient and family involvement, providing a 'home' environment with activities and innovative delivery of a stimulating environment for all older adults including best practice care for EMI and dementia patients. This is none less so evidenced at Oak House, Wexham which was subject to a Quality Conversation review in September 2023 as described earlier in this strategy.

Our strategy is to review how we commission and deliver all older adults nursing and residential care with less reliance on 'spot purchasing.' Over 2023-24 we will be commissioning more block contracted beds, particularly for those older adults with challenging dementia behaviours and those older adults between 55 and 65 where short-term nursing care is required.

6.8.2 Extra Care

Extra Care services were picked up under priority 1 and play a vital role within the Health and Care system, not only by delivering care to people aged 55 and over who are assessed as requiring it, but also by averting the need for individuals to move into more expensive residential care. Extra care balances independent living with an enhanced sense of security where service users receive support to manage their tenancies.

There are two extra care schemes in the borough with 126 properties across the two schemes.

The Council has recently commissioned the care and support elements across the schemes, with a new provider taking on the operation in September 2023. Aside of the two extra care schemes in Slough there are several other options:

6.8.3 Private Rental /Social Housing

Under Section 106 regulations planners must build a range of social housing as part of any new development along with other social housing (with affordable social rents). There is also private landlords who charge market rate rentals which may be less affordable to those in receipt of services.

Sheltered Housing

Supported Living Flats/bungalows

Older People Shared Ownership

Retirement villages

Share Home Options

Immediate step down from hospital

If Older People are having problems with their current home, the NHS suggest they can use the "Housing Options for Older People online tool".

Beyond these more independent housing options there are broadly more traditional residential and nursing care homes providing regulated care for higher acuity service users. Slough commissions from a range of care homes in the borough, the largest provision being Oak House in the Wexham Area which has 120 beds. Self-funders may purchase their care directly from a care home if they don't meet the Local Authority/NHS thresholds. There are a range of regulated care homes in Slough in terms of e.g. small family homes and larger homes with a different offer. Slough work with the homes to quality assure their offer and to encourage providers to continuously improve. We welcome ideas for change, improvement and to hear when things are good. These will go forward for review by our Older People Steering Group.

The Co-Production Network who review Slough Provision from a carer/user perspective do so for services across the board from a qualitative perspective. This can give positive assurance to those using services that there are these unregulated spot checks and a look beyond regulated assurance. In doing so the Co-Production Network build up a bank of views and experiences in which to assist Slough BC to co-design services using all this rich intelligence. Slough BC would encourage others in receipt of service to volunteer for quality

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assurance reviews of our services so it can widen the net of reviewers having a say from a range of perspectives.

One of the significant pressures in future years will be meeting the housing and support needs of those with Dementia in Slough. It can be a complex journey with Dementia varying from early onset to complex Dementia that requires bespoke nursing needs. We will want to continue to better understand the condition and welcome more recent research and possible medication that could slow down the condition. Slough will keep up to date with research in order Slough can adapt its offer around Dementia. Slough has a resource around Dementia through the Public Health Dementia Needs Assessment developed in 2023 providing an evidence base for Dementia in Slough.

6.8.4 Disabled Facilities Grant

In 2023 the Council implemented a new Housing Assistance Policy. This sets out the Council's approach towards utilising the Disabled Facilities Grant to support the delivery of adaptations in the homes of older and disabled residents in Slough. This helps people to remain living independently, confidently safely and with dignity in their own homes. Housing assistance can help to reduce the impact of a disabling environment and therefore maximise independence.

There are significant opportunities for Adults Care to strategic plan with Housing and look at areas of interest e.g. shared lives, Housing Allocation Panel, Future proof housing, managing voids, matching vacancies, etc.

6.8.5 Reablement Service

The Council currently operates a registered reablement service, remodelled in 2022. The aims of the service are to support individuals to regain skills and independence following a stay in hospital. Services are provided free of charge for a six week period and the focus is upon minimising any long term requirements for adult social care. The service also takes referrals from the community to prevent hospital admission.

7 Action Plan

This Slough Older Peoples Commissioning Strategy 2023/26 provides a vision for the next 3 years. An Older People Steering Group comprised of older people and professional stakeholders will oversee the delivery of the strategy and the action plan. The Action Plan contains action plans and deliverables and these will be reviewed by the Steering Group, once convened. Further stretch targets will be also be included to ensure continuous improvement.

	Actions	What we will work on to achieve these actions	How we will know if we are being successful.[6]
1	To continuously improve Slough meeting the needs of its diverse older people's population.	To develop **more engagement opportunities for Older People** beyond the Co-Production Network to enable a stronger voice and to hold SBC and partners to account for the delivery of this strategy. To partner with Healthwatch with the Enter & View visits. To include the **new Quality Conversations Model** developed for Oak House **linked to all priorities.**	Creation and effectiveness of a new Older People Steering Group to hold SBC and partners to account for this Older People Action Plan by January 2024. Measures: As contained in this Older People Action Plan are delivered. Outcomes Framework.
2	To see continuous improvements for Older People through **a new customer journey**. Older People being adequately supported in the borough.	Mapping the **customer journey** for Older People and developing **a clearer operational pathway** to support the Older People priorities in this strategy **linked to all priorities. Putting the Older Person at the centre of everything that we do.**	The development of a customer journey and operational pathway for Older People for Slough by 30th September 2024.A co-design exercise with Operations and Commissioning which is co-produced with Carers and Service Users.

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[6] Actions and timeframes will be reviewed once the Older People Strategy Steering Group has been convened and will be subject to the availability of staffing resource.

			Measures: Feedback from the range of Older People Groups across Slough. Feedback from the CPN, new Older People Steering Group (once developed) and the new Hubs etc.
3	**To support the dementia care model/pathway** locally. Continuing to work in close collaboration with all key partners and stakeholders locally is important as part of monitoring and evaluating our work.	A **dementia care task & finish group** is proposed to take forward this work and develop a standalone **Dementia Action Plan for Slough.** Dementia is the pillar of this strategy. **Linked to priority 1 & 4.**	**A robust Dementia Action Plan** by January 2025 as part of a preventative approach to minimising or delaying Dementia and **tackling social isolation linked to priority 1**. Measures: A range of associated KPIs in line with the Public Health Prevention Needs Assessment.
4	To re-develop **an End of Life Pathway**.	To ensure all the elements of the pathway are joined up to help **people die in the place of their choice** **Linked to Priority 7.**	A robust End of Lifeway co-produced with Older People with targets for change by April 2025. Measures: KPIs to be developed. But, to include qualitative feedback from family members and professional stakeholders.
5	To develop a new **Older People Steering Group**	To monitor and **hold partners to account for this Older People Strategy and Action Plan** to ensure positive outcomes for Older People **linked to all priorities.**	To convene an Older People Steering Group by January 2024. Measure by the deliverables and outcomes achieved through this Older People Action Plan.
6	**To develop new housing options for Older People**	An Older People housing options project group is required to map out a range of housing options to help e.g. **minimise social isolation linked to priority 1 and 8.**	**New Housing Options for Older People** are prescribed in Slough's Local Housing Strategy reflecting the demographics e.g. larger intergenerational families at one end and a mix of tenure that would equally see

| | | | accommodation for students at the other end.

Measures: KPIs as included within the Local Housing Strategy. Work to commence with the Housing Department in Spring 2024. |
|---|---|---|---|
| 7 | **To engage with intergenerational families** | To have a specific **Quality Conversation exercise** with **intergenerational families** around their caring role. **This is linked to priority 6 and 8.** | Use of the **Quality Conversation toolkit** to undertake a Quality Conversation exercise to finding out the needs of intergenerational families by 30th September 2024. The outcome will be **a standalone Intergenerational Family Action Plan** to meet the needs of this community. |
| 8 | **To see improvements in the VCS** delivering services for older people in accordance with the service specification | Implementation of the VCS Commissioning Plans. With less day care what other day opportunities could be developed to enrich the lives of Older People.

Embedding Community Connectors into Hospital Social Work Teams and at the ASC Front Door

Linked to priority 2 & 4. | Contract Monitoring Satisfactory delivery against KPIs set out within the service specification recognising the developmental approach 85% of those OPs diverted at the front door are referred into a VCS offer by 31st August 2024. |
| 9 | **Integrated Wellbeing Hub.**

Align smoking cessation services with those across East Berkshire | Implementation of Commissioning Plans in time and to budget.

Co-production of service design.

Hub extended by 1 year to 5th September 2024 with an option for 1 final year's extension if required. | New services already commissioned in time for existing contract expiry ie by September 2025.

Measures: Improvements in PHOF and ASCOF Indicators. Customer satisfaction KPIs included within specification. |

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		Linked to priority 4.	
10	To **embed a personalised, strength-based approach** into our practice.	**Implementation of the ASC Transformation Programme linked to priority 4.**	50% more personalised approaches as demonstrated in the Contact and Referral Data collated as part of the ASC Balanced Scorecard by 30th August 2024

Measures: Satisfaction Survey |
| 11 | Embed the **ASC Front Door Projec**t | Project Group established under the **ASC Transformation Programme.**

Linked to priority 4. | Increased access by the Front Door to preventative services including the VCS by 75% by August 30th, 2024.

25% reduction in the number of people receiving Adult Social Care by 30th August 2024. |
| 12 | **Community Equipment** | **Recommission** our **Community Equipment** Services in 2024. **Linked to priority 4.** | Service delivering as reported to Cabinet in November 22 and in accordance with the specification.

Reduced demand for adult social services by 25% by 30th August 2024. |
| 13 | **Assistive Technology** | **Facilitate an assistive technology diagnostic** to understand how the Council can make best use of technology to support independence especially for Older People. **Linked to priority 3.** | Diagnostic concluded on time and to budget.

Plans in place to develop the **Assistive Technology Offer** by end of 2024.

Measures: KPIs established as part of developmental work. |
| 14 | **Reablement review** | **A review of the reablement service** to ensure that is delivering against stated aims and | Review undertaken and next steps agreed by 31st December 2024 |

		achieving value for money.	ASC Transformation Programme.
15	**Domiciliary Care**	Recommissioning of domiciliary care as well as replacement care. Contracts for unregulated as well as CQC regulated care. **Linked to priority 3.**	Services in place and care market for domiciliary are functioning effectively. KPIs in contracts.

Measures: CQC rating reported regularly into DLT. |
| 16 | **Extra Care** | **Full implementation of new contract** for extra care services. **Focus on reducing isolation** and **bringing the community in** e.g. hairdresser, exercise classes to the setting. Encourage the voluntary sector to visit and for activities to happen on/off site. | Measures: Contract delivering against KPIs.

Satisfaction survey: Resident satisfaction what ambitions are there for 75% of tenants satisfied? |
| 17 | **Residential and Nursing Care** | Expand provision where there are current gaps. This includes nursing and respite care. Care Home Market Retender increasing the number of block contracts. | Recommissioning of block contracts to expand the number of arrangements.

Adequate provision in place to meet demand. Progression of the **Market Position Statement** (due to be presented to Cabinet in Autumn / Winter 2023/24) |
| 18 | **Stroke Support Services** | From 2024 onwards the Stroke Association Recovery service will be commissioned as a single ICB wide service being led by Frimley ICB.

Linked to priority 4. | New services in place.

Measures: From 2024 onwards, KPIs within service specification delivered. KPIs relate to outcomes to: Improve the confidence of stroke survivors Reduce social isolation, Increase choice and independence. Embed healthy lifestyles. Increasing the numbers returning |

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			to employment after a stroke.
19	Developing current **Information and Advice**	Boost Team exists in Slough that assist in checking e.g. benefits entitlements to ensure people are aware of all the benefits they can claim at this time. We want to support everyone to be as self-reliant as possible. **Linked to priority 5**	SBC records all the signposting and advice given to evaluate the impact and make use of any rescue funds available from some voluntary sector organisations are targeted appropriately. Making sure Older People can guide this ambition through the Older People Steering Group. Listening to Older People's desire **to not live in such a digital world** e.g. renewing a Blue Badge can only be secured on-line in Slough. This frustrates Older People and means more reliance on family/friends/voluntary sector to do this on their behalf i.e. doesn't assist Older People to self-care.
20	**Developing a Housing Strategy for Older People**	To ensure that we continue to look at new and independent housing options for Older People. Looking at Slough's makeup looking to support models for inter-generational families. Additionally options for step down from hospital so Older People can regain skills and convalesce. **Linked to priorities 1, 6 & 8.**	To develop in partnership with housing **a Housing Strategy for Older People.** To ensure that over the next 10 years or more we have enough housing to meet the needs of Older People in Slough. Links to Housing Department and conversations taking place over 2024.
21	**Co-production**	Developmental planning around co-production to continuously strengthen	Members of the co-production network feel as though co-production is effective in the borough.

		the approach. **Linked to all priorities.**	Quantify the numbers of engagements, things that have changed consequently? What could we measure in a meaningful way? Qualitative assessment and feedback.
22.	**Recommissioning of DP Support Services**	This appertains to the **Pre-Payment Card** Service. Live project in 2023. **Linked to priority 2**	A **Framework in place by March 2024**. Will assist Older People manage their DP and provide greater transparency for SBC.
23.	**Promotion of ISFs** with service users/providers as part of a continued promotion of the DP scheme.	**Easy read leaflet** developed for promoting the offer. A revitalised approach to increase the numbers of those pooling together to have an ISF. **Linked to priority 2.**	Continuous Improvement with developments **across client groups.**
24	**Addressing Social Isolation.**	Capture data from Community Connectors, social workers, service users and family members to guide future commissioning activity and small grant programme in the town. **Linked to priority 1.**	Gather further data to inform activity to address social isolation. Feed into the small grant programme for the VCS where additional funding of services tackling social isolation would be beneficial. Measures: Outcome from small grants programme.

8 APPENDIX 1

CONSULTATION FEEDBACK

SBC Away Day for People (Adults) Strategy and Commissioning Team and Members of the Co-production Network 26th July 2023

An Away Day for the People (Adults) Strategy and Commissioning Team and Members of the Co-production Network was held on 26 July 2023. The following views were obtained, through consultation, to inform this Older Peoples' Commissioning Strategy and there is a hyper link to where the consultation has added to this Strategy (see "Go to Section):

Theme	Feedback	Minimum Inclusion in Strategy (Page Number)
Loneliness & Social Isolation	Addressing loneliness and isolation that's a big need	Go to section
	Conflict between keeping people at home and take up of domiciliary care which could increase loneliness	Action Plan
	Be good to include generational groups	Go to section
	Combatting Loneliness – bigger killer than some of the Long Term Conditions	Go to section
	Social Isolation – big effect on well-being.	Go to section
Keeping active	We need to get people active	Go to section
	Sitting down exercises	Go to section
	Reablement / physio /rehab Rehab support to improve independence, not as care replacement	Go to section
	Rehab support reduces the need for long-term support reduces hospital readmission	Go to section
	Rehab need to support people to do the tasks	Go to section

Prevention	Frailty aspect is linked to force. How do we include falls prevention support?	Go to section
	Look at early identification of "at risk groups"	Go to section
	Voluntary Sector – service directory - knitting clubs, joined up personal budgets	Go to section
	Social Prescribing – GPs having the info to prescribe voluntary sector opportunities.	Go to section
	Health inequalities	Go to section
Life Style Choices	Are there lifestyle changes low hanging fruit?	Go to section
	Talking groups, quality of care is important. Individual needs to take into consideration, food, exercise nutrition	Go to section
	Alcohol strategy for Older People	Go to section
Information & Advice	Understanding finance, and how expensive is	Go to section
	Integrated customer insights – a single repository	Noted
Resources/VFM	There is a lack of resources - no Days centres so we need to link people into groups	Go to section

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	Please asset-based conversations	Go to section
	Manage the market	Go to section
	Co-Production – underpins all	Go to section
	Broader consultation	Go to section
	Care workforce since the Pandemic – depleted, need a local workforce plan.	Noted
	Co-location of workers across NHS and social care	Go to section
Integration	Coordination of care, get hospital appointments on one day rather than over several days	Go to section
	We need a single record of care build on the connected care project medical management	Go to section
	Prevention of Long Term Conditions working with health e.g. Diabetes, Heart Disease, Strokes etc integrated working with health.	Go to section
	Prevention of LTCs	Go to section
	LTCs – health profile for Slough – preventable – strokes, cardiac, diabetes, dementia.	Go to section
	Integration with health – local level e.g. with GPs and more broadly at ICB level	Go to section

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	Joint risk stratification of the most complex cases fits with Slough's approach to Anticipatory Care	Go to section
	Step down from hospital	Go to section
	Co-commissioning with Public Health.	Go to section
	Medicines Management – to avoid unnecessary admissions.	Go to section
	Integration : Key workers – NHS/Social Care, badge is less relevant	Go to section
	Health & Wellbeing Board – working across partnerships - fire, police, community safety.	Go to section
Direct Payments	How to improve the direct payment offer how to make it easier for people to access or to get an authorised person to act on their behalf	Go to section
	Personal Budgets, Direct Payments and ISFs?	Go to section
Assistive Technology/Telehealth and DFG	Need a plan within the strategy	Go to section
Housing	Strategic Planning with Housing - shared lives, Housing Allocation Panel, Future proof housing, managing voids, matching.	Go to section

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	Bring back, sheltered housing wardens	Noted
End of Life	Quality of life in final years of life – wonders of modern medicine mean people live longer, at what price, at what level of quality of life?	[Go to section](#)
	Die in place of choice (often not hospital) – need an end of life pathway that gives choices.	[Go to section](#)
	Will you need an end of life pathway supporting people to have choice in where they live their last days	[Go to section](#)
Self Care	Need to support, prevention and improves independence from formal services	[Go to section](#)
	Single Assessment - tell your story once.	[Go to section](#)
Miscellaneous	AI – use of AI in gathering data and showing trends.	Noted
	Reablement and Home Care (contracts 27 providers and DPS)	Noted
	First contact is important it's shapes the relationship going forwards	Noted

	Full conversations about critical issues e.g. tackling poverty, cost of living, fuel etc	
	This might be too exhausting for some older people dependent on the tests	Noted
	Beyond CPN, need to engage with wider population of Older People.	Noted
	How to empower Older People to go to A&E at the right time (they don't want to cause a fuss)	

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APPENDIX TO OLDER PEOPLE STRATEGY

CONSULTATION FEEDBACK

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Slough Borough Council

Report To:	Cabinet
Date:	Monday 20th November 2023
Subject:	Contract Award for the Supply and Installation of Stairlifts
Lead Member:	Cllr Wright- Adult Social Care, Mental Health and Learning Disabilities
	Cllr Kelly – Education & Children's Services
Chief Officer:	Marc Gadsby - Executive Director - People – Adults
Contact Officer:	Jane Senior - Associate Director People Strategy and Commissioning Vicky Tutty - Group Manager People Strategy
Ward(s):	All
Key Decision:	YES
Exempt:	Part exempt – Appendix 2 is 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 Equalities Impact Assessment Appendix 2 **EXEMPT** Pricing

1. Summary and Recommendations

This report seeks approval to award a contract for the supply and installation of stairlifts. The contract will be for a period of three years plus two optional extensions of one year each subject to satisfactory performance. This will be via direct award to Handicare Accessibility Limited through the Eastern Shires Purchasing Organisation (ESPO) Framework Agreement and will commence in January 2024. The contract will be funded through the Disabled Facilities Grant with a total contract value of up to £1M over the potential 5-year contract term.

Recommendations:

Cabinet is recommended to:

1. Approve the award of the contract to Handicare Accessibility Limited for the supply and installation of stairlifts funded through the Disabled Facilities Grant (DFG) for a period of three years plus two optional extensions of one year, subject to satisfactory performance through the ESPO Framework. The total value of this contract will be up to £1M over the potential 5-year contract term.

2. Delegate authority to the Executive Director for People (Adults) in consultation with the Section 151 Officer and the Lead Member for Health, Social Care and Wellbeing to enter into the contract with Handicare Accessibility Limited.

Reason:

To ensure that stairlifts can be installed in a timely fashion for those who are eligible, in keeping with the Council's statutory duties and Housing Assistance Policy 2022-27.

Commissioner Review

The Commissioners are content with the recommendations in this report.

2. Report

Introductory paragraph

In September 2023, Cabinet approved the procurement forward plan, including authority to commence procurement for this contract.

This report sets out the results of the direct award and evaluation process and recommends contract award to the successful supplier to supply and install stairlifts.

This provision of stairlifts contributes to the following objectives contained with the Slough Corporate Plan 2023-27:

> **A town where residents can live healthier, safer and more independent lives**
>
> The increase in adaptations completed will assist more people to live more independently at home.

Options considered

The provision of stairlifts via the DFG is a statutory function, the Council has to make provision for this service.

Options	Pros	Cons
Option 1 Single procurement exercise for each stairlift as per current arrangements. **Not recommended**	No clear advantage to retaining current arrangements.	- Current arrangements lead to delays and waiting lists. - Current arrangements have led to complaints. - Higher costs of purchasing stairlifts on a spot basis - Inefficient use of officer time. - Does not address waiting time concerns raised within the Public Interest Report by the Local Government and Social Care Ombudsman (LGSCO) published on 13th September 2022. *'Ms X complained the Council has delayed in providing a disabled facilities grant (DFG) for a stairlift at her property. As a result Ms X has been unable to access the first floor of her property independently for over a year.'*

Option 2 Utilise the call off option through the ESPO Framework for the supply and installation of stairlifts through a direct award to a sole supplier **Recommended**	• Streamline the service which will result in reduced waiting lists and waiting times. • Efficient installation times • Lower cost per stairlift installed (efficiency savings) • Reduced work pressure for Occupational Therapist Team (OTs) and DFG team • This will ensure that the Council is compliant with a key recommendation included in the public interest report written by the local ombudsman.	• Due to the efficiency realised through this contractual arrangement, the supply and installation of stairlifts is likely to increase demand and spend (see risk section).
Option 3 Open Tender Not recommended	• Opportunity to test the market.	• A framework is already in place which has competitive prices and regular benchmarking is carried out to ensure the prices are competitive. • The Framework ensures providers are meeting national quality standards for stairlifts.

		• Additional time upon council resources to put together a procurement exercise.

Option 2 is considered the most suitable option for securing efficient supply and installation of stairlifts.

Background

2.2 In November 2022, Cabinet approved the new Housing Assistance Policy (HAP) detailing the Disabled Facilities Grant (DFG) options that an individual can receive. One of the key aspects of the policy was in fast tracking certain types of equipment, such as stairlifts. This report is for approval to have a sole provider to supply and install the stairlifts to improve the service and decrease waiting times.

2.3 A recommendation from the Public Interest Report and Cabinet Report was to review the policy taking account of new non-statutory guidance. Selecting a sole supplier to supply and install stairlifts will have a positive impact on the waiting times for residents who have been assessed as needing a stairlift.

2.4 In September 2022 a Public Interest Report by the Local Government and Social Care Ombudsman (LGSCO) was written regarding a complaint made to Slough Borough Council Adult Social Care, Independent Living Team (DFG Team). This complaint was upheld and one of the recommendations from the report was to immediately end the DFG Minor works waiting list and process applications for all those on the waiting list in line with the statutory timeframes. Stairlifts come under Minor works and this contract will bring the stairlift waiting times within the statutory timeframes. Summary of the complaint below:

> **Local Government and Social Care Ombudsman Investigation into Complaint about Slough Borough Council (Reference Number 21 017 018)**
>
> Mrs X complained the Council had delayed in providing a disabled facilities grant (DFG) for a stairlift at her property. As a result Mrs X had been unable to access the first floor of her property independently for over a year.

Approval to go out to tender

2.5 The authority to commence procurement for this contract was sought via the procurement forward plan which was approved by Cabinet on 18th September 2023.

The Procurement Process

2.6 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.

2.7 Slough Borough Council signed up to a National Framework for the provision of Stairlifts, Step lifts, Vertical through-floor stairlifts, and Hoists managed by the Eastern Shires Purchasing Organisation (ESPO). Procurement through this framework agreement is a fully compliant public procurement route and it is available to all local authorities in England to use at no charge to the authority. All suppliers on the framework meet the required quality standards and vetting process.

Provider Engagement

2.8 From the framework only two suppliers/manufacturers were able to provide this service to Slough.

2.9 The Group manager for Occupational Therapist and the Independent Living Team alongside the Adult's Commissioner met with both Handicare Accessibility Limited and Supplier B to provide information on the requirements of the service and expected outcomes and KPIs.

2.10 As Handicare Accessibility Limited was unknown to the Council, a workshop was held to demonstrate the equipment that would be installed and supplied. This was not required of Supplier B as they are known to the Council.

Approval to award

2.11 Advice sought from Procurement is that we can utilise the call off option through the ESPO Framework for the supply and installation of stairlifts through a direct award to a sole supplier.

2.12 This will be a direct award, as the prices are published and the reason for selection is based on the provider being the most economical advantageous supplier.

2.13 The Pricing schedule on the Framework is showing Handicare Accessibility Limited as being the most economical advantageous supplier. Please see Exempt Appendix 2 for further detail on pricing.

2.14 Whilst the procurement was authorised via the Procurement forward plan approval is being sought from Cabinet to contract award.

Preparation for the next stage

2.15 Further to approval of the recommendation to award the contract, commissioners will work with the successful supplier to finalise the KPIs and enter into a contractual agreement.

Contract Monitoring

2.16 Adult Social Care will continue to monitor the usage of the budget and DFG through regular budget monitoring meetings to ensure that sufficient funds are available to meet the Council's statutory duty to provide DFGs. Adult Social Care will be monitoring the demand and budget and will prioritise urgent cases to deliver and install within 4 weeks.

2.17 The contract will be managed by the OT manager and Independent Living Team who will meet with the provider quarterly to review performance against the KPIs and budget management. The provider will send through weekly installation reports to the OT manager.

2.18 The KPI metrics will be mainly based on response times as quoted within the ESPO Framework, this will ensure all stairlifts are supplied and installed within 20 working days of quote being approved. The KPIs will include initial contact to made with client within 72 hours of referral. The performance rate will be set at 95% of cases within agreed timeframes. This will be monitored through the monthly install reports and quarterly monitoring reports. The Council will include clauses within the contract to ensure that the necessary steps can be taken if the provider does not deliver to due to poor performance, such as ending the contract.

3 Implications of the Recommendation

3.1 Financial implications

3.1.1 The agreed budget for the whole Disabled Facilities Grant (DFG) this year 2023-24 is £1,412,000 including £272,000 of slippage from 2022-23, with slippage representing 19% of the funding available for 2023-24. This budget is included within the Capital Programme and is funded by the Department of Levelling up, Housing and Communities within the Better Care Fund budget. At this stage we do not have details of the 2024-25 allocation from government, although it is expected that there will be no change from the 2023-24 allocation. This funding is ring-fenced for funding adaptions for eligible residents. This includes all the works and adaptions provided through this grant, The budget for stairlifts contract will be coming from the overall DFG budget.

3.1.2 The project will be fully delivered through the DFG Capital Programme with no cost implications for the General Fund.

3.1.3 There is potential for the level of spend to exceed the contract sum, dependent upon the volume of applications and would be met from the DFG, Historically, the DFG has demonstrated a material underspend against the funding allocation as demonstrated by the 2022-23 slippage, therefore, there

may be scope for increased demand to be contained within the overall funding available. If demand outstrips available funding for the year, demand will have to be met by compensatory saving in Adult Social Care.

3.1.4 All cases within the DFG service will be spilt into works, major works and minor works, the stairlifts will be part of the minor works caseload and will be in chronological order of receipt of enquiry, however urgent cases would be prioritised and all caseloads will need to be met from approved budgets

3.1.5 The prices from the stairlifts on the EPSO Framework are competitive, and the costs are lower than the DFG service purchasing them on an individual basis; this may result in the Council being able to support more residents with the same budget. The Council will be purchasing stairlifts as and when the client has been assessed and the provider has gone to visit the client and property. The provider will supply a quote for the supply and installation as sometimes minor adjustments or electrical/plumbing works may need to take place in order for the stairlift to be installed and used safely this would be included in the quote.

3.1.6 Mandatory DFG will be subject to a means test in accordance with the regulations made under The Housing Grants, Construction and Regeneration 1996 Act, as amended. This will include stairlifts. The Council will review the income collection processes to ensure that contributions are being properly levied and collected.

3.1.7 In cases where Adult Social Care clients who refuse the equipment due to their required contributions but are assessed and deemed high risk, the Housing Assistance policy allows the Council to consider levying the charge. This will be on a case-by-case basis at the discretion of the Council's Director of Adult Social Care whilst ensuring all expenditure is within approved budgets.

3.1.8 Adult Social Care budget holders will continue to monitor and manage usage of the grant on a regular basis.

3.1.9 The contract sum is £200,000 per annum, total contract value of £1,000,000, over 5 years.

Contract length would be 3 years including two 1-year extensions (3+1+1)

The current spend from 1st April to September 23 is £133,745 this also included the backlog of cases from the previous year. The backlog was build-up of cases and now with the introduction of a new policy and team structure the process is streamline.

3.2   Legal implications

The Housing Grants, Construction and Regeneration Act 1996 (the 1996 Act) places a statutory duty on Local Authorities to help qualifying disabled people for home adaptations. These works (called eligible works) must be considered "necessary and appropriate" to meet their needs and "reasonable and practical" regarding the age and condition of the property. These are called Disabled Facilities Grants (DFGs).

3.2.2   As well as these mandatory grants, Local Authorities also have the general power under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (the RRO) to develop local Housing Assistance Policies which give assistance for home repairs, improvements, and adaptations for the purpose of improving living conditions for residents.

3.2.3   Local authorities have a duty to support and meet the needs of disabled residents living within their borough. The responsibilities for adult social care are set out:

- for adults in the Care Act 2014

requires local authorities to identify, provide and arrange services, facilities and resources to prevent, delay or reduce the needs of individuals either for care or support. This includes the adaptation of properties

- for children in Part 3 of the Children Act 1989,

- section 2 of the chronically Sick and Disabled Person's Act 1970.

places a duty to assist disabled children and young people 'in arranging for the carrying out of any works of adaptation in their home or the provision of any additional facilities designed to secure their greater safety, comfort or convenience' (Section 2). This duty arises where the authority has assessed the need for the specific adaptations.

3.2.4   Funding for this assistance is provided via ring fenced funding through the Better Care Fund (BCF) which combines money from health and social care budgets to deliver health and care services. Use of ringfenced DFG funds must only be used for the specific purpose of funding adaptations for disabled people who qualify for a Disabled Facilities Grant made under the 1996 Act or the RRO.

3.2.5   Procurement via the Eastern Shires Purchasing Organisation (ESPO) National Framework for the provision of Stairlifts, Step lifts, Vertical through-floor stairlifts, and Hoists is a lawful procurement route under regulation 33 of The Public Contracts Regulations 2015. The Framework is current, the Council is identified as a potential contracting party, the supplies and installation works are in scope under the Framework, and Procurement have assured that the council has complied with the Framework rules for a direct award contract all off. Therefore the council can enter into the contract with Handicare Accessibility Limited.

3.3   Risk management implications

The table below sets out the risks associated with the proposed course of action and the mitigating actions.

Risk	Probability	Impact	Mitigation
Cost of lifts increase	Low	Medium	Costs on the Framework will be fixed for the duration of the contract term
Increased demand on the DFG service for stairlifts.	Medium	Medium	Demand is client-led so could increase. There are mechanisms within the legislation to support budget management if demand outstrips available funding. (non-urgent case could take up to 36 weeks. These timescales are part of the government guidance to local authorities) Source: Disabled Facilities Grant - Frequently Asked Questions (foundations.uk.com). Adult Social Care will continue to monitor usage of the grant through regular budget monitoring to ensure that sufficient funds are available to meet the Council's statutory duty to provide DFGs. Section 9 of the HAP advises how the Council can manage the budgetary control of the Grant.
Reduced demand	Low	Medium	Reduction in demand for lifts could increase care package requirements, therefore the overall impact on the Council could be more significant.
Poor performance outcomes	Low	Medium	Regular contract monitoring will ensure delivery of required KPIs. There will be clauses in the contract terms and conditions covering breaches and under-performance.

3.4   Environmental implications

3.4.1 There are no environmental implications.

3.4.2   Stairlifts can only be recycled with the permission of the resident. In these cases if a client passes away or moves into a different care setting, the stairlift can be re-used. The Council can re-use the equipment with another client, the provider will only charge for safely dismantling the stairlift and again for installation and any new parts if necessary. The purchase of the stairlift includes 5-year warranty and service costs.

3.5   Equality implications

3.5.1 An Initial Equalities Impact Assessment (Appendix 1) highlights that there is no adverse impact on the nine protected characteristics, the recent monitoring shows that the main recipients of stairlifts are those adults and children with disabilities, frail older people (over 85) and women are over-represented in the user group, so a streamlined service provision will particularly benefit these groups. The proposed decision will advance equality of opportunity by permitting residents with disabilities or physical limitations

due to age to live a more independent life and have full access to their property.

3.5.2 The HAP policy includes types of assistance support elements to support clients who are assessed and deemed high risk but refuse the equipment due to the client needing to pay a means-tested contribution. This will be on a case-by-case basis.

3.6   Procurement implications

3.6.1 Slough used a national framework to direct award with a supplier, which meets procurement regulations as the framework has fixed prices for each provider and allows Slough to find the best and most economical supplier who can supply and install in Slough.

Date	Milestone Detail
02/10/2023	Sign up to the ESPO Framework
02/10/2023	Discussions with approved Stairlift suppliers
22/11/2023	Complete Tender Evaluation award (Direct Award)
08/01/2024	Contract start

3.7   Workforce implications

3.7.1   There are no workforce implications

3.8   Property implications

3.8.1   There are no property implications

4.   Background Papers

None.

Appendix 1: Equality Impact Assessment

Directorate: People Strategy & Commissioning People (Adults)	
Service: People (Adults) / Adult Social Care	
Name of Officer/s completing assessment: Ashfaq Hussain	
Date of Assessment: 25/09/2023	
Name of service/function or policy being assessed: Disabled Facilities Grant (DFG) Stairlift contract	
1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing? The purpose of this Equality Impact Needs Assessment is to assess the possible effects of Slough Borough Council introducing a sole supplier for stairlifts to be supplied and installed. This contract is solely for residents living in private housing and housing associations. The Council process for residents wanting to apply for stairlifts has not changed, the main purpose of the contract is to streamline the procurement aspect of finding a provider to supply and install stairlifts. The process is to gather three quotes from similar providers and evidence why the team has selected the provider to install the stairlift, this is mainly around value for money. This process is very time consuming and previously the lead times for stairlifts were up to one year. With the introduction of selecting a sole supplier this will reduce the waiting times. The outcome will be that residents would be getting their stairlifts within a reasonable time frame and within government guideline times. This contract will not negatively impact on any group of people from a protected characteristic. In addition, there are levels of support that can also be offered (subject to funding and budget availability) to help assist residents who require a stairlift and is deemed to be high risk but does not continue as they may have to pay contributions towards the stairlifts.
2.	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. The delivery of this service will be carried out by the Independent Living Team (ILT) and Long-Term Occupational Therapy (OT) teams within Adult Social Care. The OT team will assess each individual and recommend if they are eligible for the grants. The OT team alongside the ILT team will work and oversee the work until completion. The OT team will make sure the stairlift work is completed to the OT recommendations.

| 3. | Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. |

Recipients of the DFG could potentially comprise all equality groups, but particularly those with a disability and those who are elderly.

Adults and Children (anyone who is eligible for the disabled facility grant)

We currently do not hold large amounts of data of people requesting stairlifts through the Disability facility grant, however the information below is from residents who have had a stairlift installed over the last 6 months.

Age:

Age Range	Residents
18 to 24	0
25 to 34	0
35 to 44	1
45 to 54	0
55 to 64	1
65 to 74	6
75 to 85	3
85+	11
Total	25

Disability:

Client Category	Total
Carer	0
Dementia	0
Learning Disability	0
Mental Illness	0
Other Vulnerability	4

Physical Disability	4
Physically Frail/Temporary Ill	17
Visual Impairment	0
Grand Total	25

Gender Reassignment: We currently do not hold this information on our system.

Marriage and Civil Partnership: We currently do not hold this information on our system.

Pregnancy and maternity: We currently do not hold this information on our system.

Race:

Ethnicity	number of residents
Any other ethnic group	0
Black African	0
Black Caribbean	0
Indian	6
Not yet obtained	3
Pakistani	7
White British	7
White European	2

Religion and Belief:

Religion	Residents
Not disclosed	0
Christian	9
Church of England	0
Hindu	0
Methodist	0

Muslim	7
None	0
Protestant	0
Sikh	6

Sex:

Gender	Number of residents
F	17
M	8

Sexual orientation: We currently do not hold this information on our system.

Care Experienced: We currently do not hold this information on our system.

From the list above the residents who will benefit from this will be older residents who are Physically Frail. The new contract will decrease the waiting times and streamline the service.

We do not currently hold data on information and reason why residents were not successful or reason why the residents never went ahead with the application. The data we currently have is from the installation list and we are adapting to the system capture more information.

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. There will be no negative impact. The introduction of the new contract will reduce waiting times and the prices are fixed on the Framework which will reduce the cost of stairlift which means the resident who are accessed has fully chargeable will pay less. This will have a positive impact on older residents, as they are the main client group who request stairlifts and it will reduce waiting times.
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. However, some residents do not go ahead with installing a stairlift due to they have to pay contributions towards the stairlift. Within the Housing assistance policy there is flexibility for Slough to pay the full costs of the stairlift if resident is deemed high risk.

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).	
	The data used is from the current installation list of stairlifts from April 2023 to end of August 2023 (6 months)	
	This contract will address the faults and injustice in the Local Government and Social Care Ombudsman's Investigation into a complaint about Slough Borough Council (Reference Number: 21 017 018)	
	Mrs X complained the Council had delayed in providing a disabled facilities grant (DFG) for a stairlift at her property. As a result Mrs X had been unable to access the first floor of her property independently for over a year.	
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?	
	This was included in the new policy and cabinet report engagement, part of the new policy was a sole stairlift provider.	
	Engaged with teams who will be implementing the new way of working, Long Term OT team and ILT team, reported to the senior leadership team, Children's First and councillors.	
	The policy was reported to the Better Care Fund Group which includes Clinical Commissioning Group (CCG) and the Health and Social care partnership board.	
	In October 2022 the policy will also be discussed at the Coproduction network, which is made up of residents, if any points are raised, we will take into consideration.	
	The Independent Living Team will promote and advertise the benefits of the new policy to local residents and relevant agencies.	
8.	Have you considered the impact the policy might have on local community relations?	
	There will be no negative impact. The introduction of a Housing assistance policy does not alter existing processes and mandatory DFGs remain statutory. The new policy will improve services for the residents.	

		Slough Borough Council has already changed the way the waiting list is recorded to urgent and non-urgent cases and removal of the current points system. This will ensure residents who are assessed as high risk will go onto urgent with high priority and everyone else will be added in chronological order.
	9.	What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact? We have already put changes in places which is changing how cases are on the waiting list to urgent and non-urgent. Using the Searchlight system, run by the department of working and pensions (DWP) to help cut down financial means testing assessment times by identifying people who are in receipt of benefits and are on passport benefits and will not be required to pay contributions. This will streamline the process and will reduce the waiting lists. Changing the way, we procure stairlifts this will also help reduce waiting times for installations.
	10.	What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. We intend to carry out internal consultation with the teams and resident surveys upon completion of receiving the work. We are planning to start gathering more data on residents who are eligible, however opt out and the reasons for this, will also see how the new policy has impacted the waiting times and if other client groups have started to benefit from this. We will arrange a 1-year review of the policy and see the impact and take learning adapt the policy from this. (The new policy was introduced in November 2022) This review has not currently taken place.

		✓	**Action Plan and**
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 will 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).			

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
Review new ways of working.	All vulnerable groups		To improve pathways of accessing the DFG schemes. Cut down waiting times from assessment to installation.	Surveys after each grant implementation KPIs		

Name: Ashfaq Hussain
Signed: …………………………………………………… (Person completing the EIA)
Name: Christine Ford………………
Signed: …………………………………………………(Policy Lead if not same as above)
Date: 04th October 2023

Slough Borough Council

REPORT TO:	**Cabinet**
DATE:	**20th November 2023**
SUBJECT:	**Approval of Children and Young People's Placement Sufficiency Strategy**
CHIEF OFFICER:	**Sue Butcher, Executive Director of Children's Services. Chief Executive of Slough Children First**
CONTACT OFFICER:	**Ben Short, Director of Operations Slough Children First**
WARD(S):	**All**
PORTFOLIO:	**Councillor Kelly – Lead Member Children's Services**
KEY DECISION:	**YES**
EXEMPT:	**NO**
DECISION SUBJECT TO CALL IN:	**YES**
APPENDICES:	**Appendix 1 - Children and Young People's Placements Sufficiency Strategy**
	Appendix 2 - EIA

1. Summary and Recommendations

1.1. The Council has a duty to ensure that its children in care have suitable accommodation within the local authority's area that meets the needs of its children.

1.2. The Children and Young People's Placement Sufficiency Strategy sets out the intention to achieve good quality and value accommodation through five key priorities which are set out below. It is important to recognise that the sufficiency of accommodation for children who are looked after and those who are care experienced is a challenge across England for all local authorities in the context of a rising number of children being looked after from 64 per 10'000 in 2018 to 70 in 2022. This rise coincides with several national challenges including the cost of living and inflationary pressure in relation to the cost of children's placements. Additionally, Slough has faced significant pressure arising from the placement of unaccompanied asylum-seeking children (UASC) and a resulting increase in care experienced young people who are entitled to support.

1.3. In order to deliver the Children and Young People's Placement Sufficiency Strategy, the following 5 key areas have been identified.

> 1. Strengthening Early Help and developing' Edge of Care' and reunification support.

2. Fostering Recruitment and Retention and developing options for children to exit residential care.
3. Ensuring robust commissioning arrangements
4. Achieving permanence for children at the earliest opportunity
5. Providing care experienced young people with a variety of placement options and support to independence.

Recommendation:

1.4.   To approve the Children & Young People's Placement Sufficiency Strategy at Appendix 1.

Reason:

1.5.   The Council is required to set out its strategic intentions with regards to sufficiency in accordance with Section 22G of the Children Act 1989 and in line with the 2010 Statutory guidance *Securing Sufficient Accommodation for Looked-After Children.*

1.6.   The Sufficiency Strategy supports the delivery of the Slough Children First Business and Improvement Plan.

Commissioner Review:

"A significant amount of careful work has gone into producing the Sufficiency Strategy. The financial model works on an invest to save basis. The costs and immediacy of the charges are certain whereas the savings are contingent upon a number of factors. Accordingly, Slough's S151 officer will need to monitor the implementation of the proposed projects diligently to ensure that the strategy remains within budget. Members will wish to be kept regularly updated as the strategy is rolled out."

2. Report – Introduction

2.1.   The Children and Young People's Placement Sufficiency Strategy sets out the strategic vision for how the Council and Slough Children First will ensure that children and young people who are looked after, and those who are care experienced will be provided with suitable places to live.

2.2.   The strategy sets a clear focus on supporting children and young people to remain at home with support where this is safe and appropriate to do so (edge of care) in favour of admitting children into cared for arrangements. However, when children and young people do need to be looked after the strategy places a focus on achieving permanence at the earliest opportunity to prevent drift and delay for children. It also sets out the intention to ensure that children receive good quality accommodation whilst also looking for good value for public money. It will achieve this by providing local accommodation in fostering homes where possible, and by setting up a 'Resilience' Fostering option to support children to live with foster carers rather than in residential accommodation by providing specialist fostering options and support to those carers.

2.3.   Where children do require residential accommodation, it is SCF's intention to scope and explore the feasibility of creating our own internal residential home(s). This is to ensure high quality care for our children looked after and care experienced young people who have experienced complex trauma, to ensure they receive the optimum care, remain close to home whilst maintaining family contact, education,

friendships, and links to their communities. This is in recognition of the current reliance of high-cost residential placements, mainly at more than 20 miles, where care and outcomes for children are variable, in a competitive and saturated provider market.

2.4. Underpinning much of the strategy is a need to strengthen and improve commissioning arrangements and provide engagement to shape the local market. This will support better value homes for children looked after and will underpin the ambition to provide local good quality homes for care experienced young people.

2.5. The sufficiency strategy will be delivered through a Sufficiency Board reporting to the SCF Executive Group and is shaped by the Slough Children First Business and Improvement Plan.

2.6. The following options were considered:

Option	Pros	Cons	Recommendation
Option 1: Approval of Sufficiency Strategy	• Strategic approach to providing high quality/value for money homes for children looked after (CLA) and care experienced young people (CEYP). • Intensive support to prevent children coming into care and to reunify children home; reducing the number children looked after. • Reducing reliance on high cost/spot purchase provision; presenting savings to the accommodation budget. • Reducing the number of children in residential care and placed at a distance from Slough. • Creating more homes for CLA in Slough, remaining close to home/communities, and reducing reliance on external, high-cost provision • Meet our statutory responsibilities/duty relating to sufficiency planning • Sets a clear direction and expectation on all	• Initial upfront investment in specific areas of activity required, with savings achieved in the medium (6-12m) to longer term (12m+). • Challenge in identifying additional financial resource when SCB/SCF are required to identify financial savings. • Risk in ability to recruit therapeutic foster carers in a competitive market.	**Recommended**

	Departments about the importance of our children and the planning needed to best meet their needs and reduce spend.		
Option 2: Do not approve the Sufficiency Strategy	• Business as usual approach - no financial investment required, and no additional officer resource required to deliver workstreams/projects.	• The Council will need to revise the sufficiency strategy and present this at a later date building in delay. • Continued spending on higher cost accommodation provision without agreement to move to the Business and Improvement Plan objectives. • Delayed opportunity to provide evidence based, intensive support to prevent more children coming into care and returning home • Increased cost of placements as a result of lack of strategic plan. • Inability to place children in most appropriate accommodation in-borough, leading to continued reliance on out of borough accommodation.	**Not recommended**

3. Background

3.1. The Children and Young People's Placement Sufficiency Strategy (appendix 1) provides a comprehensive overview of demand and accommodation needs in relation to our looked after and care experienced young people, Whilst in line with national indicators, there has been an increase in the number of children looked after in part led by the number of children requiring accommodation as a result of fleeing their country of origin (UASC), This demand in looked after children then transfers to demand for accommodation support for children who are care experienced placing demand on the local housing market as well as a need to provide suitable accommodation, often in supported accommodation options.

3.2.   Whilst Slough's numbers of looked after children are slightly below national indicators, there has been an increase from **49 per 10, 000 in 2017/18** to **58.4 per 10, 000 in 22/23** (an increase of 19%). It therefore remains important that plans continue to support children to remain living within their family (edge of care) as well as providing suitable and best value accommodation when there is no other option. The strategy relies on commitment from partners in health and also colleagues within the Council, such as Housing, to work alongside SCF to provide accommodation options for care experienced young people to move into their own homes when they are ready in support of their readiness for independence, and which is often better value for the Council and SCF.

3.3.   In summary, the strategic priorities to respond to the Sufficiency Strategy are:

3.4.   **Strengthen Early Help. Develop Edge of Care and reunification**

3.4.1. SCF is working with the partnership to develop our wider approach to early help, intervention and prevention services. As a service SCF will provide more intensive 'targeted' support, including multi-disciplinary interventions, to vulnerable individuals and families to prevent escalation.   Officers will also develop   the support offer for those children and families with significant need to provide practical help early on to reduce family breakdown.

3.4.2. For children judged to be at the edge of care SCF intends to develop a range of intensive support to prevent the necessity for long term care. This provision will consider the potential of a short period of accommodation with a clear objective to return home following intense work within an agreed time frame (edge of care). The edge of care definition will extend to include children and young people returning home from care. It will be expected that all plans for children in this circumstance will include a provision from the edge of care service in recognition that children in the early stages of reunification remain vulnerable to further disruption. The wrap around support will seek to prevent the 'revolving door.'

3.5.   **Key priorities**

3.5.1. Provide proportionate early help and edge of care services that will support families to make changes and sustained improvements in their lives, preventing their situation from worsening further to the point that they require specialist services or intervention, for example their child/ children being taken into care.

3.5.2. Create an edge of care resource to support children and families to stay together and to support the successful reunification of children from care arrangements back home.

3.5.3. Seek to resist all admissions to care for children aged 15+ years in recognition of compelling research that care solutions do not positively impact upon this cohort unless there are significant and critical child protection issues to address.

3.5.4. Support re-unification of children to their family homes. This will enable a positive impact and reduce the numbers of children in the 8-13 age group who have 'return home' plans.

3.6. Fostering Recruitment & Retention

3.6.1. SCF will revise our communication and marketing strategy for the recruitment of foster carers and adopt an ambitious and targeted approach to increase the number of in-house carers.   This will also include the potential to further develop collaborative approaches with neighbouring boroughs, and the creative use of media.

3.6.2. We will also develop a fostering model specifically focused for children with more complex needs with the intention of preventing the need for placement in residential care, or to support children 'stepping-out' of residential care.

3.7. Key priorities

3.7.1. Increase the number of 'in house' specialist care foster placements to meet the needs of sibling groups; children over the age of 10 including adolescents with more complex needs and / or high levels of safeguarding concerns; and children with disabilities.

3.7.2. Ensure foster carers reflect the diversity of the looked after population.

3.7.3. Increase training and development opportunities for foster carers to strengthen their skill set and to support them to care for children with more complex needs.

3.7.4. Ensure assessments of connected persons are timely and robust and that children, young people and their carers receive appropriate support.

3.7.5. Reduce, where possible, the number of agency foster placements purchased by increasing and maximising the use of our internal capacity.

3.7.6. Develop and put in place a 'step-forward/ Resilience' fostering model to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care.

3.7.7. Re-brand our fostering service to create a clear vision and imagery to support our recruitment. 'Our Slough Family.'

3.8. Provide a robust commissioning approach and reduce use of out of area placements.

3.8.1. 26% of children looked after are placed more than 20 miles from the borough. Most of these placements are commissioned fostering and residential placements which have been steadily increasing over the past 3 years.

3.8.2. SCF will introduce a robust commissioning framework for all provision types; to improve arrangements with local providers to meet the needs of children looked after and decrease reliance on placements beyond 20 miles. The council will significantly reduce its reliance on spot purchased provision.

3.8.3. SCF will aim to provide homes for children and young people in Slough and its local area (within 20 miles) to ensure they are not isolated from their friends and family and ensure they have access to services and networks to improve their outcomes. If a child must be placed out of the borough, officers will ensure they are not disadvantaged and have the same chances as all our children and young people.

3.9. **Key priorities**

3.9.1. Work in close partnership with local providers to re-shape the market and increase the availability of all placement types for Slough children at the point of need.

3.9.2. Improve the commissioning and contract monitoring of all care placements through an External Placements Panel and tracking process.

3.9.3. Work with independent residential care providers to improve standards of care.

3.9.4. Work with health partners and providers to develop a range of appropriate services that ensures that the emotional and mental health needs of children and young people are met appropriately.

3.9.5. Review Continuing Health Care contribution for all children in care.

3.9.6. Reduce the number of residential placements purchased, and to develop and increase the number of highly skilled resilient foster placements, through closer working with local providers across the mixed economy of council and independent service providers.

3.10. **Ensure that we achieve permanence for our children**

3.10.1.   Where possible all our children must be in homes which will provide them with long-term placement stability, and where appropriate to leave care, return home or seeking legal permanence via other arrangements such as special guardianship. This is described this as achieving permanence for that child. Although it is sometimes necessary to move a child to provide them with a home more suited to their individual needs our aim is to minimise the number of times each child moves home as this can be very disruptive. To achieve permanence, it

is essential that all our teams work effectively together to support each child in their home ensuring high quality of care attuned to their individual needs.

3.10.2.   Permanence can be achieved in several ways, not simply through adoption, for example a child can move to a special guardian or be matched for long term fostering. Each of these options gives the chance for the child to achieve stability and achieve their potential. Officers will:

- ➢ Review and redesign the placement finding service.
- ➢ Strengthen our assessment of connected carers at the point of viability. (review of Reg. 24 process)
- ➢ Implement a new centralised Permanency Monitoring Group.
- ➢ Review stability meeting process in practice.
- ➢ Ensure transition planning arrangements with adults' services are robust and provide early identification of need.

3.11. **Providing young people who are leaving care with a variety of placement choices and support to independence.**

3.11.1.   There is a need to further develop effective partnerships with housing providers across the borough and a joint strategy for the provision of cost effective, safe, and good quality housing for care experienced young people, as well as increase the range of supported accommodation options to develop their skills for successful transition into adult life and independence.

3.11.2.   There is also a need to develop out of borough options for those who are unable to remain in the borough and for those who have settled outside of Slough.

3.12. **Key priorities**

3.12.1.   Develop a Care Leavers Strategy to include commissioning intentions, in partnership with housing providers; and to improve the range of supported accommodation to support independence, as well as improving the quality of shared accommodation for care leavers.

3.12.2.   Support and encourage young people to remain in their placements at least until the age of 17 ½ or until they are ready to move on. For a number this will mean 'staying put' with their foster carer. At the other end of the spectrum, it is anticipated that there will be a small cohort of young people for whom earlier transition to supported accommodation is in their best interests.

3.12.3.   Ensure transition planning for children with complex needs commences at 16 or before and involves partnership working with the adult services.

3.12.4.   Develop our 'Staying Close' offer for children moving to independence from residential care.

3.12.5.   Undertake market warming and look for opportunities to support access to private let homes for care experienced young people recognising that access to social housing is limited at this time. This will include the provision of a 'protected' time period where those people can re access the homeless route if problems arise.

3.13. Edge of care

3.13.1.   The priority of the strategy must be to support our looked after children and care experienced young people to be able to access the right home for them at the right time. However, in a nationally challenging financial environment and in a competitive provider market, the strategy has a clear focus on prevention of the need to become looked after by providing support to a family at the earliest opportunity to prevent care admissions unless they are absolutely necessary. To do this, some investment and focus is needed to provide edge of care which supports cost-avoidance. We also widen the definition of edge of care to support reunification and therefore also look to support children to return home when it is appropriate and safe to do so, which also supports savings in some children's placement costs which we model below. This was identified as a high priority within the Mutual Ventures report and is identified within the SCF Business and Improvement Plan.

3.13.2.   The initial investment in an edge of care resource described above would be £304K, for staffing, including on-costs. The annual cost difference between the average residential placement and external fostering placement is £200k,635. Based on this cost, 1.5 children being reunified in this circumstance would cover the cost of the edge of care service.

3.14. Therapeutic/ Resilience Fostering

3.14.1.   SCF has identified a 'Step-forward/ Resilience' fostering model is needed to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care. This would provide foster carers who are skilled and experienced in supporting children with more complex needs, providing therapeutic support to prevent escalation to children requiring residential care. The model would require the recruitment of experienced foster carers or professionals, undertaking a successful fostering assessment, being paid at a higher rate, and receiving wrap around therapeutic support from a specialist team.

3.14.2.   *Example delivery model:*

- Therapeutic Fostering Support team consisting of a Senior Social Worker, Clinician and Family Support Worker to provide support, guidance, training and supervision to therapeutic foster carers, support and guided intervention with children cared for, ensuring delivery of the therapeutic model to support children with complex presentation, preventing step-up to residential care.
- The model would require the recruitment of 5 therapeutic foster carer households. The initial investment of a therapeutic fostering team as described above would cost £17K, for staffing, including on-costs. In addition, at least 5 foster carers would need

to be recruited and paid at a higher fostering allowance of £750 pw. However, an external therapeutic foster care placement costs on average £1500, creating a £750 saving per week.

3.15. **Independent accommodation – focus on Unaccompanied Asylum-Seeking Children**

3.15.1.   The sufficiency strategy identifies the need to seek opportunities to support our care experienced young people to access private let homes, recognising that access to social housing is limited at this time. Of our care experienced young people we currently have 30 adults (18+) who are seeking asylum and consequently have no recourse to public funds (NRPF), and therefore all housing and living costs are met by SCF. This model would require significant time investment from colleagues within the Council to work with private landlords, alongside SCF, to encourage and enable the private sector to provide homes for our care experienced young people, in this example, UASC.

3.15.2.   To provide appropriate and safe accommodation for these young people their needs are met by procuring homes with external semi-independent providers. Of these young people many have adequate independent living skills to live independently but have no access to social housing pending the outcome of their asylum applications.

3.15.3.   The External Placement Panel has identified a number of these young people (9) who would be able to live in shared accommodation, if private rentals were available. Therefore, SCF will seek to identify such options with independent semi-accommodation providers (satellite properties with floating support) and private social landlords.

3.15.4.   Example Delivery Model:

- By seeking legal and contractual agreements with private social landlords, with SCF as guarantor, a number of 2/3 bedroom properties could be identified in Slough for our young people as shared accommodation.
- An estimate of shared housing costs has been calculated at £230. per person per week (e.g., 3-bedroom house). As an example, if this were achieved for 3 young people with NRPF an annual saving of £75K could be achieved.

3.16. **Internal Childrens Residential Home model**

3.16.1.   The Sufficiency Strategy identifies Slough Childrens First's intention to scope the potential of creating our own internal residential home(s). Whilst the number of children requiring homes in residential settings decreased between 2021 and 2023, from 25 to 16 respectively, as of March 2023 there was an increase of a further 4 children requiring homes in residential settings (20). Predominantly, this is due to children's complex needs, based on their experiences of trauma and a lack of market availability/skill/experience to meet these needs in foster care

settings. Hence, the proposal above to scope a therapeutic fostering model to prevent escalation.

3.16.2.   However, there are children who do require care and accommodation delivered through a residential setting. Most of our children being cared for in residential homes are placed at more than 20 miles and are generally high cost (average £5,500 pw). Further, the quality of care is variable and the impact one would deem appropriate to improve children's lives and impact their recovery, not always of a high standard.

3.16.3.   Example Delivery Models:

- Following the development and scoping of the model of delivery, for example, number of homes, target group, size of home, purpose, each example option detailed below would require initial investment, regarding:
  - Capital outlay - planning, premises, building works, conversion, refurbishment, furnishings costs etc.
  - Staffing costs – Salaries and on-costs for a Registered Manager, Deputy Manager, Residential care staff (numbers to be determined), business support.
  - Running costs – Utilities, repairs, maintenance etc.
- Each option would present an invest to save/cost avoidance model in the medium to longer term.

3.16.4.   To explore existing internal SBC housing/building stock, conducting feasibility studies and surveys regarding conversion and adaptations to become a children's residential home. To explore the current Registered Manager of the Short Breaks Breakaway Service seeking dual registration (Ofsted) to manage and oversee a new residential home; this would require the recruitment of a new staff team.

3.16.5.   Given that the above is an intention to scope the feasibility of all options, specific and accurate costings are not available at this stage. However, we know that initial set up and outlay could range from £200k to £500k dependent upon building premises and adaptations required. Staffing a residential home could range between £450k to £700k per annum dependent upon model implemented. The average cost of seeking an external children's residential placement pa is £286k, therefore requiring at least a 2-bed home to make this financially viable. However, the impact for a child would be considerable as SCF, as the Corporate Parent would be able to develop a model of best practice to achieve optimum outcomes for our children, identify the right children and matching and keep children near home in Slough, providing their education and maintaining family contact.

3.16.6.   This model is still very much in its infancy and any proposals to progress options will be the subject of a further business case setting out any capital requirements if needed in the future.

3.17. **Timeframe to delivery**

3.17.1.   The following provides a high-level timeframe for delivery relating to the invest to save and cost avoidance models highlighted above.

3.17.2.   The Sufficiency Board will be established in December 2023; 5 project workstreams relating to the 5 key areas of sufficiency planning will be established in tandem, reporting to the board monthly.

3.17.3.   Edge of Care Team -
- The Edge of Care Team scope and delivery model will be developed by the end of December 2023.
- The Edge of Care team will be established and functioning as of April/May 2024 to deliver during the financial year 2024/25.

3.17.4.   Resilience Fostering:
- The Resilience Fostering scope and delivery model will be developed by the end of December 2023.
- Targeted therapeutic foster care recruitment and campaign and team recruitment will commence January 2024.

3.17.5.   Scope establishing an internal Residential Childrens Home:
- SCF in partnership with SBC to consider and/identify any internal housing/building stock options for consideration of feasibility/conversion by end of December 2023.
- Business case to be developed and presented through the Council's Governance/Financial framework for consideration/approval by end of April 2024.

4. Implications of the Recommendation

4.1. *Financial implications*

4.1.1. The proposals in the sufficiency strategy are covered within the business plan agreed by Cabinet in September as part of the overall contract sum between Slough Borough Council and Slough Children First.

4.1.2. The Edge of care model will fund itself, with savings in placement costs through reunification home, or avoidance into care, paying for any additional staffing costs of the team.

4.1.3. The Therapeutic fostering model again will be funded through longer term placement savings and placement stability, with upfront costs of marketing and recruitment funded through current posts held vacant to cover the lead in time to go –live of the model.

4.1.4. Due to increasing numbers of Care Experience young people, particularly from the Asylum-seeking cohort, Slough Children First envisage growth in the requirement for placement costs. Some of our young adults have no recourse to public funds and rely on us as corporate parents for financial support but are capable of independent living. Through collaborative work with housing colleagues, it is envisaged that these increasing costs can be contained within the contract sum, by identifying and negotiating for private rented accommodation for those young adults who are more independent and just require accommodation options.

4.2. *Legal implications*

4.2.1. The Children Act 1989, s.22G contains a general duty to take steps that secure, as far as reasonably practicable, the provision of accommodation within the Council's area and meeting the needs of looked after children. In taking steps to secure this outcome, the Council must have regard to the benefit of having a number of accommodation providers in their area that is sufficient to secure that outcome and a range of accommodation in their area capable of meeting different needs that is sufficient to secure the outcome. Accommodation providers means local authority foster carers and children's homes.

4.2.2. The statutory guidance refers to best practice commissioning arrangements including the need for individual assessment and care planning, a commissioning decision based on the right decision at the right time, a strategic needs assessment to inform commissioning strategies, collaboration between partners, including options to pool budgets and securing services through a range of procurement and other commissioning mechanisms and avoiding the use of spot purchasing.

4.2.3. The Children and Social Work Act 2017 set out the corporate parenting principles that the Council must have regard to when conducting its functions. These include acting in the best interests and promoting the health and wellbeing of looked after children and care experienced children, helping these children and young people to gain access to services, ensuring these children are safe and have stable home lives and preparing them for adulthood and independent living. The strategy has particular relevance in that we seek to support children to remain at home or to return home from care where it is safe and appropriate to do so. The strategy will also support the procurement and provision of accommodation for care experienced young people. The strategy requires SCF and Council Departments to work closely together to ensure that young people can access a home which will lead to a better service for care experienced young people and also deliver cost reductions for SCF.

4.3. *Risk management implications*

4.3.1. There are risks that the company will not achieve the savings as identified. This will be mitigated by implementing a Sufficiency Board which will retain oversight of the delivery of each priority under a workstream lead. The Board will be chaired by the Director of Operations and will report to the Executive Group (SLT) on a quarterly basis. The cost implications identified have been highlighted as priority areas within the Business and Improvement Plan and will therefore be reviewed as part of the Council and company contractual management.

4.4. *Environmental implications*

4.4.1. None

4.5. *Equality implications*

4.5.1. The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by or under this Act;

b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

4.5.2. The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services.

4.5.3. High quality and cost-effective children's services are critical to supporting both the Council and SCF to meet their equality duties, particularly in relation to advancing equality of opportunity by way of reducing inequalities that exist between certain groups of vulnerable children and their families and the wider population.

4.6. **Procurement implications**

4.6.1. There are no procurement implications from this proposal. However, it should be noted that priority 3 focuses on improving our commissioning arrangements and relationships with the provider market to access better value homes for children in care and those who are care experienced.

5. Background Papers

None

Children and Young People's Placement Sufficiency Strategy 2023-26

Contents

Introduction

The Sufficiency Duty (Section 22G of the Children Act 1989) requires all Local Authorities (LAs) to take strategic actions to secure, so far as is reasonably practicable, sufficient accommodation for children in their care within their local authority area, and for those children who require accommodation to promote their welfare; that meets their needs.

Whilst, the Sufficiency Duty lies with each Local Authority (LA), it is recognised that the duty is most effective by working in co-operation with our partners. Moreover, Section 10 of the Children Act 2004, places a duty on LAs to 'make arrangements to promote co-operation with its relevant partners', to improve the wellbeing of children in their local authority area. Each of the statutory relevant partners, determined under Section 10, are also 'required to co-operate with the local authority in making those arrangements. Therefore, the duty placed on LAs to secure sufficient accommodation for the children in their local authority area should be undertaken within this context, of both planning and co-operation duties.

The Children Act 2004 defines sufficiency as "a whole system approach which delivers early intervention and preventative work to help support children and their families where possible, as well as providing better services for children if they do become looked after. For those who are looked after, LAs and partners should seek to secure several providers and a range of services, with the aim of meeting the wide-ranging needs of looked after children."

In 2010, the 'Statutory Guidance for the Sufficiency Duty' was issued. The guidance is explicit in the duties to act strategically to address gaps in provision by ensuring that they include, relevant commissioning strategies and their plans for meeting the sufficiency duty, for children in their local area. Slough Children First and Slough Borough Council are committed to ensuring our sufficiency duties are fulfilled, in addition to our collective responsibilities, alongside partners to be the best Corporate Parents we can be and that children in Slough are provided with **the right home, in the right place, at the right time.**

Vision

The sufficiency strategy aligns with SBC's Corporate Plan in which children are a stated priority, SCF's Business and Improvement Plan and the emerging Corporate Parenting Strategy. SCF's vision is that all children in Slough will be:

<div align="center">Happy, Safe and Loved, Thriving</div>

When providing a service for our children and young people in care we should always challenge ourselves by asking, 'would this be good enough for my child?'.

It is our responsibility to make sure that children and young people for whom we are responsible feel safe and secure, have stability in their lives, and that they are supported to achieve their full potential and fulfil their ambitions and aspirations.

The strategic priorities for our children looked after and care experienced young people are shaped and influenced by local and national priorities and we will focus our sufficiency approach through the lens of doing the right things for children.

1. Supporting engagement and achievement in education, training, and employment.
2. Ensuring that our children looked after and care experienced young people have stable homes and the right help.
3. We will listen and respond to the voice of our children, young people, and care experienced young people. They will help to develop and shape our strategic plans and delivery of services.
4. Ensuring that our children, young people, and care experienced young people are healthy. We will help our children and care experienced young people to have access to help for their physical needs and emotional wellbeing.
5. Developing a highly effective Care Leavers partnership to provide ongoing help in a variety of ways for them.
6. Supporting children, young people and care experienced young people to have fun and have new experiences to develop their own interests.

We will work together with families to support them in looking after their own children and we will only use care options when it is necessary. We will start to look after children at the right time and we will work tirelessly to understand children's individual needs and match these to a suitable place to live, as close as possible to their family and social networks.

Recent evidence shows that too many older children aged 13 and above have entered care and we know well that when that happens there is an increased risk that these children will remain in care until they reach adulthood. It is a priority that we reverse this trend which will also impact over time on the number of care experienced young people requiring a service. It is equally important that children are in care for the shortest time possible.

When possible, permanent placements will be achieved quickly, or children will return home supported by an edge of care team (to be developed) to ensure that reunified families have the best possible support in the early days of resuming their lives together.

We want our care experienced young people to have all the necessary skills and support to make a successful transition to adulthood and independence at a time that is right for them. For those with disabilities and enduring needs, we aspire to ensure they have a planned and effective transition to adult social care and receive the care and support they need in adult life.

Key to supporting children and young people is our ability to effectively listen to them and to understand their views, wishes and feelings. We are committed to acting on the views of children and young people, their parents and carers and empower them to make positive choices over their own lives.

We recognise the key role partner agencies and independent providers play in the mixed economy which provides homes (placements) and support for the needs of cared for and care experienced children and young people. We are committed to working in partnership with good providers to shape and develop the market for sufficiency of homes in Slough and surrounding areas to enable us to develop the range of provision that our children need. We will also build our knowledge base of specialist provision so that children with particularly complex needs do not have their life chances compromised by drift and delay.

Executive Summary

Delivering sufficiency across children's social care is about meeting the individual needs of children and young people, and promoting good outcomes for them, at important points throughout their childhood and early adulthood.

Our strategic priorities for sufficiency in Slough are split into five key priority areas, which cover the experience of children and young people at different points in their interaction with children's social care. Whilst each priority is distinct in the actions it represents, they do not work in isolation. Rather our progress against each outcome is dependent on the others.

1	2	3	4	5
Edge of Care	**Fostering Recruitment & Retention**	**Commissioning**	**Achieving Permanence**	**Leaving Care**
Protecting children and young people, strengthening families, so that they can live safely at home	Providing safe, stable and loving homes so that children and young people are able to be happy, thrive and succeed	Providing a range of homes in Slough, that provide the right care and support, at the right time to a child or young person dependent on their individual needs.	Supporting children and young people to be where they need to be in life so that they can experience stability and reach their potential	Ensuring that our care experienced young people have a range of transition options available to live independently, at the right time for them
Outcome:	**Outcome:**	**Outcome:**	**Outcome:**	**Outcome:**
Fewer children and young people coming into care and more children returning home	More children, while in our care, live in family homes in Slough	Children and young people in care have their individual needs supported in the right home, at the right time, and in the right location	More children move to homes that are most suited to them, providing stability, safety and security, near to home	Our care experienced young people with have access to a range of suitable and affordable homes to live to support their independence

Sufficiency Priorities

In summary, the strategic priorities to respond to the Sufficiency Strategy are:

1. To strengthen Early help and develop Edge of Care and reunification

We are working with the partnership to develop our wider approach to early help, intervention and prevention services. As a service we will provide more intensive 'targeted' support, including multi-disciplinary interventions, to vulnerable individuals and families to prevent escalation. We will also develop our support offer for those children and families with significant need to provide practical help early on to reduce family breakdown.

For children judged to be at the edge of care we intend to develop a range of intensive support to prevent the necessity for long term care. This provision will consider the potential of a short period of accommodation with a clear objective to return home following intense work within an agreed timeframe (edge of care). We will extend the edge of care definition to include children and young people returning home from care. It will be expected that all plans for children in this circumstance will include a provision from the edge of care service in recognition that children in the early stages of reunification remain vulnerable to further disruption. The wrap around support will seek to prevent the 'revolving door'.

Key priorities

Provide proportionate early help and edge of care services that will support families to make changes and sustained improvements in their lives, preventing their situation from worsening further to the point that they require specialist services or intervention, for example their child/ children being taken into care.

We will create an edge of care team to support children and families to stay together and to support the successful reunification of children from care arrangements back home.

Through the provision of intensive edge of care services, we will seek to resist all admissions to care for children aged 15+ years in recognition of compelling research that care solutions do not positively impact upon this cohort unless there are significant and critical child protection issues to address.

Intense edge of care services will also be used to support re-unification of children to their family homes. This will enable us to positively impact and reduce the numbers of children in the 8-13 age group who have 'return home' plans.

2. To address Recruitment & Retention within Fostering

We will revise our communication and marketing strategy for the recruitment of foster carers and adopt an ambitious and targeted approach to increase the number of in-house carers. This will also include the potential to further develop collaborative approaches with neighbouring boroughs, and the creative use of media.

We will also develop a fostering model specifically focused for children with more complex needs with the intention of preventing the need for placement in residential care, or to support children 'stepping-out' of residential care.

Key priorities

- To increase the number of 'in house' specialist care foster placements to meet the needs of sibling groups; children over the age of 10 including adolescents with more complex needs and / or high levels of safeguarding concerns; and children with disabilities.
- To ensure foster carers reflect the diversity of the looked after population.
- Increase training and development opportunities for foster carers to strengthen their skill set and to support them to care for children with more complex needs.
- To ensure assessments of connected persons are timely and robust and that children, young people and their carers receive appropriate support.
- To reduce, where possible, the number of agency foster placements purchased by increasing and maximising the use of our internal capacity.
- Develop and put in place a 'step-forward/ Resilience' fostering model to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care
- Re-brand our fostering service to create a clear vision and imagery to support our recruitment. 'Our Slough Family'

3. To provide a robust commissioning approach and reduce use of out of area placements

26% of children looked after are placed more than 20 miles from the borough. Most of these placements are commissioned fostering and residential placements which have been steadily increasing over the past 3 years.

We will introduce a robust commissioning framework for all provision types; to improve arrangements with local providers to meet the needs of children looked after and decrease reliance on placements beyond 20 miles. The council will significantly reduce its reliance on spot purchased provision.

We will aim to provide homes for children and young people in Slough and its local area (within 20 miles) to ensure they are not isolated from their friends and family and ensure they have access to services and networks to improve their outcomes. If a child must be placed out of the borough, we will ensure they are not disadvantaged and have the same chances as all our children and young people.

Key priorities

- To work in close partnership with local providers to re-shape the market and increase the availability of all placement types for Slough children at the point of need.
- To improve the commissioning and contract monitoring of all care placements through an External Placements Panel and tracking process.
- To work with residential care providers to improve standards of care.
- To work with health partners and providers to develop a range of appropriate services that ensures that the emotional and mental health needs of children and young people are met appropriately.
- To review CHC contribution for all children in care
- To reduce the number of residential placements purchased, and to develop and increase the number of highly skilled resilient foster placements, through closer

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working with local providers across the mixed economy of council and independent service providers.

4. To ensure that we achieve permanence for our children

Where possible we want all our children to be in homes which will provide them with long-term placement stability, and where appropriate to leave care, return home or seeking legal permanence via other arrangements such as special guardianship. We describe this as achieving permanence for that child. Although it is sometimes necessary to move a child to provide them with a home more suited to their individual needs our aim is to minimise the number of times each child moves home as this can be very disruptive. To achieve permanence, it is essential that all our teams work effectively together to support each child in their home ensuring high quality of care attuned to their individual needs.

Permanence can be achieved in a number of ways, not simply through adoption, for example a child can move to a special guardian or be matched for long term fostering. Each of these options gives the chance for the child to achieve stability and achieve their potential.

- We will review and redesign our placement finding service.
- Our assessment of connected carers at the point of viability will be strengthened (review of Reg. 24 process)
- Implement a new centralised Permanency Monitoring Group.
- Review stability meeting process in practice.
- Ensure transition planning arrangements with adults' services are robust and provide early identification of need.

5. To provide young people who are leaving care with a variety of placement choices and support to independence.

There is a need to further develop effective partnerships with housing providers across the borough and a joint strategy for the provision of cost effective, safe, and good quality housing for care experienced young people, as well as increase the range of supported accommodation options to develop their skills for successful transition into adult life and independence. There is also a need to develop out of borough options for those who are unable to remain in the borough and for those who have settled outside of Slough.

Key priorities

- To develop a Care Leavers Strategy to include commissioning intentions, in partnership with housing providers; and to improve the range of supported accommodation to support independence, as well as improving the quality of shared accommodation for care leavers.

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- To support and encourage young people to remain in their placements at least until the age of 17 ½ or until they are ready to move on. For a number this will mean 'staying put' with their foster carer. At the other end of the spectrum, it is anticipated that there will be a small cohort of young people for whom earlier transition to supported accommodation is in their best interests.
- To ensure transition planning for children with complex needs commences at 16 or before and involves partnership working with the adult services.
- Develop our Staying close offer
- Undertaken market warming and look for opportunities to support access to private let homes for care experienced young people recognising that access to social housing is limited at this time. This will include the provision of a 'protected' time period where those people can re access the homeless route if problems arise.

Local Context

Children and Young People's Placement Sufficiency strategy for **2023-2026** sets out our Corporate Parenting approach to meet the statutory responsibility to provide secure, safe, and appropriate accommodation to children in need, children in care and care experienced young people, over the next three years.

Slough's Children's Services delivered by Slough Children First (SCF) were last inspected in January 2023 and were rated overall 'Requires Improvement' with Leadership and Management being inadequate.

We need to do more to meet children's needs at the earliest possible opportunity, safeguard them from the risk of significant harm, ensure they live in stable and loving homes and move into adulthood with confidence and the skills and knowledge they need to live successful and fulfilling lives.

Exciting times are ahead as there are now unprecedented opportunities to work across SBC and SCF on a shared agenda for improving children's lives and we see everyone's clear and resolute determination to enable all Slough's children to achieve their full potential.

In Slough we have a rising childhood obesity issue in an already complex system where healthy life expectancy is ten years younger than neighbouring Boroughs. These factors require a whole council, all partnership and community approach sharing an ambition for Slough's children and delivering a continuum of support particularly at an Early Help level but also through to more intense statutory services. Our business plan aligns with the Council plan for the Borough and our success will be clearly evidenced in clear key performance indicators.

We recognise that almost all children and their families will need some help at some point in their lives, and given the national challenges faced by families, we want our families to know that we are here to help. In addition, Slough has a significant transient population with vulnerable families migrating into Slough from elsewhere in the country and from other parts of the world where they may have faced extreme danger and are now living with significant trauma. We do this through our partnership arrangements and relationships with other organisations, such as the Council, Schools including Early Years Providers, the Health Integrated Care Board, Health providers, the police, the Community and Voluntary Sector and faith communities.

This sufficiency strategy provides an overview of the needs of our children on the edge of care, and those who are looked after by us in formal cared for arrangements and those who have left care or are 'care experienced'. The data helps us to understand the needs of our children and families and informs the strategy on what we need to do to ensure we have enough or 'sufficient' services and places for our children to live.

We acknowledge the importance of living within our means and ensuring that we evidence best value for money. This will mean doing more for less and having an increased level of scrutiny over our commissioned services to ensure that children have the right home, and that is it value for money and meets their needs.

Whilst Slough is a small unitary authority with varying levels of deprivation and need, we are fortunate to be a community minded borough. Therefore, a key intention of this strategy will be to build on those connections to support residents to consider fostering Slough children, alongside partnership working with local providers to provide creative housing options for our care experienced young people.

The current market is competitive and complex. For example, in July 2022, Ofsted reported a 6 % (167) National increase in children's homes, as of 31 March 2022, from the previous year. However, this represents a smaller increase in the number of children's homes places than the previous 2 years of 1% (166). This compares to a 5% increase between 2020 to 2021, seeing a drop down to the levels in 2019.

The South East have seen an increase in children's homes of 9% (23) between 2021 and 2022. This represents an increase in children's homes places of 6% (67). Whilst there is an increase in this sector of the market (providing care for children with greater complexity of need), with the number of children's homes and children's homes places increasing, Slough borders a number of local authorities, with approximately 22 LAs being within a 20 miles radius. This makes competition for children's home places great (there are currently 55 children from other LAs placed in Slough), supporting our strategy to work with local providers regarding commissioning activity to ensure our children remain local and close to home, as far as practicable.

The rate of children looked after per 10'000, has seen a gradual increase over a five-year period, in England this has risen from 64 per 10'000 in 2018 to 70 in 2022. The same is true across the South East, rising from 51 (2018) to 56 (2022). This is within a provider led market, where suitable homes and places for our children are not increasing in line with the demand or always locally accessible. Often, external provision is at high cost, with over 80% of children's homes being provided by private companies (Nationally), consequently increasing the financial burden experienced by many Local Authorities. Of greater concern is the variable quality of care provided, therefore our commissioning strategy aims to ensure local marketing strategies, competitive tendering processes, robust quality assurance mechanisms, achieving demonstrable impact and outcomes for our children.

Needs Analysis

Slough demography, child population and future growth

Slough is a small unitary Borough in the County of Berkshire bordering Greater London. Slough lies in the Thames Valley, 20 miles west of central London and 19 miles north-east of Reading, at the intersection of the M4, M40 and M25 motorways. It is part of the historic county of Buckinghamshire. The location of Slough means that there are several local authorities within a 20-mile radius, thus leading to increased competition in an already saturated children's accommodation market.

We have appointed our first dedicated Principal Social Worker in order to promote excellent professional practice, leading on practice improvement and providing a bridge between professional and managerial responsibilities.

Population

Slough has a population of 158,495 and has increased by over 13% over the last 10 years.

Slough's population is one of the youngest in England with nearly 28% of the population aged under 18, compared to 21% nationally. Consequently, there is an increased pressure on both schools, education, and social care services to meet the growing population demand.

While the proportion of working-aged adults in Slough is higher (63%) than England's (61%), the proportion of people aged 65 and over is significantly lower at only 10% of the population.

People aged 65 and over make-up 18% of the population nationally (Office for National Statistics 2023).

There are approximately 43,800 children and young people (aged under 18) live in Slough (Office for National Statistics 2023). This is 28% of Slough's total population, which is the 2nd highest proportion in England.

Population Growth

Between the last two censuses (held in 2011 and 2021), the population of Slough increased by 13.0%, from just over 140,200 in 2011 to around 158,500 in 2021.

The population in Slough increased by a greater percentage than the overall population of the Southeast (7.5%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).

In 2021, Slough was home to around 34.8 people per football pitch-sized piece of land, compared with 30.8 in 2011. This area was the third-most densely populated local authority area across the South East (after Portsmouth and Southampton). This creates an additional dynamic when seeking to recruit foster families within borough given that there is high demand for housing and often, siblings share bedrooms, thus limiting households able to offer a spare room to care for children looked after.

Diversity

Slough is proudly one of the most ethnically diverse local authorities in England with 64% of the population coming from ethnic minority backgrounds (excluding white minorities) in 2021. A further 12% of the population were from a white non-British background.

In comparison, 19% of England's population were from ethnic minority groups (excluding white minorities) and 8% from a white non-British background. People from an Asian background make up 47% of Slough's total population and are the largest ethnic minority group. The challenge for Slough Children First is to ensure that our workforce is representative of Slough' rich diversity and that we increase access to

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families/providers that can meet our children's cultural, ethnic, and religious needs. In addition, continued access to high quality interpreter services is a must.

Health

5.7% of Slough mothers were smokers at the time of delivery in 2021/22. 4.4% of term babies born in Slough were a low birth weight (under 2,500g) in 2021.

Childhood obesity is measured through the National Childhood Measurement Programme for children in primary school Reception and Year 6. Slough's prevalence of obesity continues to be worse than national figures and is the highest rate in the Southeast for Year 6.

Mental Health Estimated prevalence in children (2022): Nationally, 18% of children aged 7 to 16 and 22% of those aged 17 to 24 are estimated to have a probable mental health disorder.

Education

13.2% of pupils in Slough had special educational needs (SEN) in 2018, which is 3,995 pupils.

Slough's school readiness and attainment levels are generally better than England's for all pupils and those eligible for free school meals.

Attainment 8 scores (Key Stage 4) in Slough's state-funded schools continue to be significantly better than England's and 5th most deprived decile comparator group.

A key strength in Slough is the number of good and outstanding schools in which our children have access enabling them to achieve high standards of education. However, young people 16+ are below the national average for post-16 education and qualifications.

Deprivation

Slough's overall deprivation ranking sits within the 5th most deprived decile in England. None of Slough's SOAs are in the 10% most deprived in the England, however 7 out of Slough's 80 SOAs fall within the 10%-20% most deprived neighbourhoods nationally.

22.0% of Slough's under 16s lived in relative low-income families in 2020/21. This is over 8,700 children and continues to increase. Research has shown that financial pressures, leading to social deprivation, can be contributing factors to families requiring additional support regarding need, protection from harm and/or care outside of the family home.

Fuel Poverty

A household is considered to be fuel poor if they are living in a property with an energy efficiency rating of band D or below and are left with a residual income below the official poverty line once they have spent the required amount to heat their home.

Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups (Office for Health

Improvement and Disparities 2022) In 2020, 5,180 households in Slough were fuel poor.

Housing

There are 55,300 residential properties in Slough, primarily made up of flats or maisonettes (35%) and terraced houses (34%). The number of properties in Slough is projected to increase to 57,504 by 2030 and to 59,262 by 2040 (Office for National Statistics 2020).

All property types in Slough are more expensive than the England average and are also higher than the South East average for semidetached houses. The proportion of people who own their house in Slough is lower than England and the South East region with a higher proportion of people renting, both social renting and private.

In 2021, the average household size in Slough is 3.0 people, compared to 2.4 in England.

Nearly 8,300 households in Slough were estimated to be overcrowded in 2021. This means that there are fewer bedrooms than would standardly be required for the number of people in the house.

There is extensive research that shows the relationship between overcrowding, low/reduced income, economic shock and socio-economic circumstances affecting families, as contributory factors influencing the number of children from different backgrounds experiencing harm and neglect. This can also lead to an increase in some children entering the care system or requiring support and protection due to family stress and/or breakdown.

Crime

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children and public health services have an important role to play in tackling violence to help focus on interventions that are effective and target prevention and treatment.

51 children (aged 10 to 17) were in the youth justice system in Slough at a rate of 2.8 per 1,000 population (2020/21).

23 children (aged 10 to 17) were first time offenders in Slough at a rate of 125 per 100,000 population (2021).

In 2021/22, there were 6,383 violent offences recorded in Slough at a rate of 43 per 1,000 population. 455 of these were sexual offences at a rate of 3 per 1,000.

There were 255 admissions from violent crime in Slough during the latest 3 year period (2018/19 to 2020/21). This was a rate of 55 per 100,000 population.

Slough has high levels of crime, including violent crime.

Children Looked After demography

There were 255 children looked after (not including those children looked after as part of a respite care arrangement) by the local authority at the end of March 2023.This is an 9% increase (21 children) from March 2022 (Table 3.2.1).

Over a five-year period, there has been an increase in the number of children looked after by local authorities in England rising from 64 per 10'000 in 2018 to 70 in 2022 (8.6% increase). This is similar for the South East where a rise from 51 per 10'000 to 56 is observed, over the same period (8.9% increase). Our statistical neighbours' rates per 10'000 have remained quite static with only a 1.7% increase. However, during this five-year period our statistical neighbours' rates per 10'000 have been higher than the South East, whilst being lower than England rates.

Up until 2023, Slough has been an outlier regarding rates of children looked after. For example, in 2018 the rate was 49 per 10'000, remaining lower than all comparator groups over a five-year period. This highlighted a disparity with statistical neighbours and may suggest unmet need in the community, as this is below the level expected, particularly against statistical neighbours. However, as the number of unaccompanied children seeking asylum (UASC) has increased over the last 2 years, following a transfer of children to Slough via the National Transfer Scheme (since 2021) and more recently via Home Office detention centre dispersals (since 2022), Slough now equals that of our statistical neighbours, as highlighted in the tables below (3.2.2).

The increase in the number of UASC has created additional pressure on Slough children's services relating to increased referral demand, in particular presentations requiring timely age assessments and associated accommodation need. There have been 43 UASC admissions into care during 2022/23.

Table 3.2.1 Number and rates of children looked after in Slough – trend

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of CLA	206	213	196	223	234	255
Slough Rate of CLA per 10,000	49	50	45	51	53	58.4
Year on year % change in CLA	8%	3%	-8%	14%	5%	9%

Table 3.2.2 Rates of children looked after comparisons

Rate of CLA per 10,000	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough	49	50	45	51	53	*58.4

Statistical Neighbours	58	59	58	56	59	
South East	51	53	53	53	56	
England	64	65	67	67	70	

Table 3.2.2.*Rates of children looked after compared to statistical neighbours   2021/22
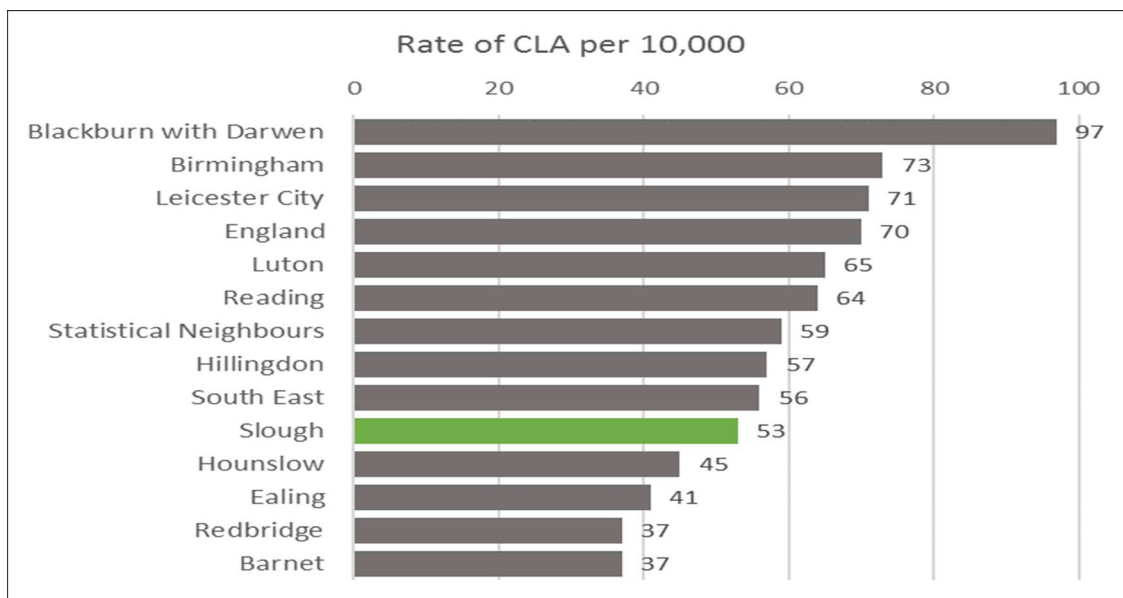
Although there has been a steady increase of children becoming looked after from 2018, the numbers of children in care in Slough as of 31 March 2023 (Table 3.2.2.) remains below national and benchmark averages. Slough is ranked 5th (Table 3.2.3.) amongst its statistical neighbours in 2022 above Hounslow, Ealing and Redbridge and Barnet.

Whilst Slough rates per 10'000, of children becoming looked after is below comparator groups for the 5 year period demonstrated above, it is important to recognise the local context, as the numbers of children becoming looked after in Slough are continuing to increase driven largely by the demand as a result of children requiring accommodation as a result of fleeing their country of origin. The last two years has observed a 14% increase in the rate per 10'000, equating to 32 children. As of March 2023, for the first time, Slough has observed rates per 10'000 (provisional) in line with statistical neighbours and higher than the South East (as of 2022).

Consequently, Slough are experiencing increased demand within our Provider Services and in sufficiency strategy, to provide the right homes, at the right time, in the right place for our children.

Category of need

Based on the snapshot in table 3.3.1 below, 68% of children are looked after because of abuse and neglect (based on identification of need at point of referral), across all ages. However, 55% of these children are aged between 11 and 17 years, demonstrating increasing need as children are getting older; supporting the need for

targeted early intervention and support to families, as we know from national research that the impact of abuse and neglect significantly impacts children's overall development, ability to reach their full potential in all aspects and future life chances, without necessary support to recover. This is also in the context of Slough being one of the 5th most deprived authorities in England, and 22% of under 16's living in low-income families (2021).

The second primary category of need for children becoming looked after is absent parenting at 16%. Significantly, this relates to teenagers, aged 16 and 17 years. Slough have seen a significant rise in the number of 16- and 17-year-old young people becoming looked after during 2022-23, rising by 7% on the previous year. This is much higher than our comparator groups however, we know that this relates to our unaccompanied asylum-seeking children (UASC) which were 41 at the end of March 2023. The sufficiency strategy will consider the accommodation and support needs of this cohort of children to ensure that their specific needs are met and planned for.

11 children (4%) becoming looked after were children with disabilities, with the highest numbers being children aged between 11 and 17 years.

Table 3.3.1. Slough children in care at the end of March 2023, by category of need and age

% of CLA	Abuse or neglect	Child's Disability	Parental illness or disability	Family in acute stress	Family dysfunction	Socially Unacceptable Behaviour	Low income	Absent Parenting	Other than Children in Need
a) aged less than 1	18	0	0	0	0	0	0	0	0
b) aged 1 to 4	25	1	1	0	4	0	0	0	0
c) aged 5 to 10	38	1	2	2	0	0	0	1	0
d) aged 11 to 15	49	4	3	4	0	2	0	3	0
e) aged 16 to 17	47	5	1	2	2	2	0	38	0
Total	177	11	7	8	6	4	0	42	0

The largest number of children in the under 1 and 1 - 4-year cohorts are becoming looked after due to abuse and neglect and this represents 18 and 25 children respectively. Whilst this will require further analysis via our themed audit cycle, the recent Legal Gateway review (May 2023) has identified specific themes. For example, there is an observed lack of pre-birth assessment and planning, leading to urgent consideration to enter pre-proceedings (PLO) and/or to initiate care-proceedings, when the Court take over care planning often leading to delay as front-loading assessments are absent.

Of overall age groups, there is a smaller number of children with specific categories of need becoming looked after due to 'family dysfunction' (6), relating to parental illness (7) or acute stress in the family (8). As category of need is identified at the point of referral, further work needs to take place within our management information and Liquid Logic teams to ensure that there is accurate recording of need at the point a child becomes looked after. The identification of need must relate to individual need and not be grouped by sibling group. This will enable greater forensic analysis of need to ensure resource/interventions are aligned accordingly.

As a result of children coming into care much later, there is limited opportunity to intervene and support children to recover from their life experiences, of abuse, neglect and trauma to support them in readiness to become adults equipped with independent life skills. Again, this provides evidence to support the need for much earlier intervention and prevention, and edge of care support.

Age Profile

Nearly 40% of children in the care population are teenagers aged 16 & 17-years. Children aged 11 to 15 years accounts for 25.5% of the cohort as of March 2023, this has been a significant decrease from 34% the previous year, although there has been a reducing trend over a three-year period, by an average 3% per year. However, the current numbers of children in this cohort group are significantly lower than our comparator groups, by 10 to 13% which may be attributable to our high shift to over 16's driven by our Unaccompanied children.

The age distribution of children in care in Slough is skewed towards older children, 16 and 17-years compared with national and benchmark groups. Whilst 38 of these are care experienced young people are known to be UASC, there are an additional 47 (as at March 2023) care experienced young people who were referred to Children Social Care due to abuse and neglect; nearly two-thirds of these care experienced young people are male (Table 3.5.1). This presents specific challenges regarding resource allocation and projecting for future demand, to ensure that we have the right homes for our teenagers, Personal Adviser support, Education, Employment and Training opportunities, but crucially support to become independent and successful.

*Table 3.4.1. % of children looked after by age groups – benchmark comparators

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% of CLA	Slough CLA at 31st March						Benchmarking at 31/03/2022		
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	SN	SE	ENG
a) aged less than 1	6	8	6	6	6	7.1	5	5	5
b) aged 1 to 4	13	15	16	14	13	12.2	12	11	14
c) aged 5 to 10	19	15	16	16	16	17.3	14	17	18
d) aged 11 to 15	35	39	40	37	34	25.5	36	40	39
e) aged 16 to 17	27	23	23	28	31	38.0	34	28	25

Table 3.4.1 demonstrates further that the number of children aged below 1 year becoming looked after in Slough is almost a third higher (2.1%) than our comparator groups, as of March 2023, and has remained higher for over 5 years. Our referral data highlights the greatest category of need as abuse and neglect. Whilst this is a relatively small group of children (18) as stated previously there needs to be further analysis of this cohort group, to understand if this relates to specific families with repeat pregnancies or experience of difficulties as specific targeted Early Help interventions, with our relevant partners, may provide necessary support to prevent escalation and intervene earlier to maintain families together.

It is important to highlight that this specific cohort of children are likely to have been known to Children's Services prior to birth and possibly supported via early intervention strategies, such as Team Around the Child, Child in Need support, and/or Child Protection processes. This might suggest a particular acute need for early life intervention and certainly indicates a need to strengthen our pre-birth support to expecting parents across the partnership.

We can also see over recent years the number of children aged 1-4 years has been consistently higher than our statistical neighbours and the Southeast; albeit broadly similar.

Gender (based on biologically assigned sex at birth)

At the end of March 2023, we see that there are predominantly more male children (60%) being looked after than female (40%). We know that nationally there are slightly more males being looked after than their female peers. In Slough, we see a gradual rise in males compared to females from the age of 5-10 years. However, males equate for an additional 1/3rd from the age of 11-15 years and doubles at the ages of 16 and 17 years.

Table 3.5.1 Children looked after by gender and age group – March 2023

CLA	No. of CLA		% of CLA		Total CLA	
	Female	Male	Female	Male	No. of CLA	% of CLA
a) aged less than 1	9	9	3.6%	3.6%	18	7.1%
b) aged 1 to 4	16	15	6.3%	5.9%	31	12.3%
c) aged 5 to 10	17	27	6.7%	10.7%	44	17.4%
d) aged 11 to 15	25	40	9.9%	15.8%	65	25.7%
e) aged 16 to 17	31	64	12.3%	25.3%	95	37.5%
Total	**98**	**155**	**38.7%**	**61.3%**	**253**	**100.0%**

Ethnicity

Slough is diversity rich being one of the most ethnically diverse authorities in England. As of 2021, 64% of Slough's communities were from ethnic minority groups, with 12% being white – non-British (Section 3.1). Up until, March 2023, the children in care population were diversely representative and proportionate of our local communities. However, as of March 2023 we have seen a decrease in the representation of white British children being looked after by 8 percentile points whilst also seeing a doubling of 'Asian – other'.

This is an area we will continue to review as we know that children of mixed heritage and black origin can be over-represented within the care population, which is a national trend. Whilst, Slough's data does not support this narrative fully, we have seen a reduction in White British children from almost 40% in previous years, to 25% in 2023.

Slough has a workforce that is representative of Slough's rich diversity. This is further enhanced by our oversees social work recruitment activity. However, a greater challenge is to increase our recruitment of internal foster carers from all backgrounds, though we know we need to try and recruit more carers from Asian backgrounds to support our looked after children. We need to ensure that our homes for children offer greater cultural diversity to provide improved matching opportunities; both in regard to short- and longer-term care options.

Table 3.6.1 Children looked after by ethnicity – March 2023

	CLA at 31/03/2021		CLA at 31/03/2022		CLA at 31/03/2023	
Ethnicity	No.	%	No.	%	No.	%

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White British	81	36.5%	79	33.8%	64	25.1%
White Irish	0	0.0%	0	0.0%	0	0.0%
White Other	21	9.5%	25	10.7%	25	9.8%
Traveller of Irish Heritage	2	0.9%	0	0.0%	2	0.8%
Gypsy/Roma	11	5.0%	8	3.4%	6	2.4%
White & Black Caribbean	17	7.7%	16	6.8%	18	7.1%
White & Black African	4	1.8%	5	2.1%	7	2.7%
White & Asian	1	0.5%	4	1.7%	4	1.6%
Any other Mixed Background	18	8.1%	16	6.8%	16	6.3%
Asian Indian	12	5.4%	6	2.6%	10	3.9%
Asian Pakistani	18	8.1%	16	6.8%	25	9.8%
Asian Bangladeshi	0	0.0%	0	0.0%	2	0.8%
Asian Other	6	2.7%	12	5.1%	27	10.6%
Black Caribbean	4	1.8%	5	2.1%	5	2.0%
Black African	16	7.2%	23	9.8%	20	7.8%
Black Other	7	3.2%	10	4.3%	13	5.1%
Other	4	1.8%	9	3.8%	11	4.3%
Total	**222**	**100.0%**	**234**	**100.0%**	**255**	**100.0%**

Children in care and care experienced young people with complex needs

As of March 2023 64, children were looked after, or care experienced young people (15%) have at least one form of medical need or disability. 26 children (6%) were reported to have a diagnosis of autism or Asperger's syndrome, followed by 21 children (5%) diagnosed with an autism spectrum disorder. 16 children (4%) were diagnosed with a learning disability followed closely by 16 children (4%) ADHD (table 3.7.1).

As with many local authorities we are committed to understanding the needs of our looked after children including those with learning needs and those with neurodivergences so that we are better able to meet their needs.

Table 3.7.1: Range of complex and medical needs by <u>children looked after or in receipt of leaving care support</u> March 2023

Impairment Type	No. of CLA	No. of Care Leavers	No56. of CLA or Care Leavers	% of CLA	% of Care Leavers	% of CLA or Care Leavers
Behaviour	5	5	10	2.0%	3.0%	2.4%
Communication	3	1	4	1.2%	0.6%	0.9%

	No. of CLA	No. of Care Leavers	No. of CLA or Care Leavers	% of CLA	% of Care Leavers	% of CLA or Care Leavers
Consciousness	1	0	1	0.4%	0.0%	0.2%
Diagnosed with autism or Asperger's syndrome	20	6	26	7.8%	3.6%	6.2%
Disabled under DDA but not in the other categories	3	1	4	1.2%	0.6%	0.9%
Learning	8	8	16	3.1%	4.8%	3.8%
Mobility	1	2	3	0.4%	1.2%	0.7%
Total (CLA or CL cohort)	**255**	**167**	**422**	**16.1%**	**13.8%**	**15.2%**

Neuro Divergent Need	No. of CLA	No. of Care Leavers	No. of CLA or Care Leavers	% of CLA	% of Care Leavers	% of CLA or Care Leavers
ADHD	9	7	16	3.5%	4.2%	3.8%
Autism Spectrum Disorder	15	6	21	5.9%	3.6%	5.0%
Dyslexia	0	0	0	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0.0%	0.0%	0.0%
Meers Earlings Syndrome	0	0	0	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0.0%	0.0%	0.0%
Pathological Demand Avoidance	1	0	1	0.4%	0.0%	0.2%
Total (CLA or CL cohort)	**255**	**167**	**422**	**9.8%**	**7.8%**	**9.0%**

Subsequent tables and analysis break down the overall number of children looked after (3.7.2) and care experienced young people (3.7.3), who present with diagnosed medical need and/or disability and those presenting with neurodivergent need.

Tables 3.7.2. below, provides interesting data regarding our children looked after who have a diagnosed medical need or disability by age, or neuro divergent need, as detailed below:

- Children aged 1-4y – 16% of our children aged 1 – 4 years (5) have a diagnosis of need; 2 children with a learning difficulty, and 3 children with individual diagnosis in the category of communication, disability, or mobility.
- Children aged 5-10y – 7% of our children aged 5 – 10 years (3) have a diagnosis of need; 2 children with autism or Aspergers syndrome, and 1 child with a disability. 4.5% are diagnosed with an autism spectrum disorder (2).
- Children aged 11- 15y – 20% of our children aged 11 – 15 years (13) have a diagnosis of need, the highest being; 8 children with autism or Aspergers syndrome, and 3 children with a learning disability. 15% (10 children) are diagnosed with a neuro divergent disorder; 6 with an autism spectrum disorder and 3 with ADHD.
- Care experienced young people aged 16- 17y – 21% of our children aged 16 – 17 years (20 YP) have a diagnosis of need - 10 young people with autism or Aspergers syndrome, 4 young people with behavioural difficulties, 3 young people with a learning disability, 2 communication and 1 consciousness. 13% (13 YP) are diagnosed with a neuro divergent disorder; 7 with an autism spectrum disorder and 7 with ADHD.

Whilst the number of children by age cohort and specific need is relatively small, overall we are able to determine that currently our highest need is to provide homes, with experienced carers, for children with a diagnosis of autism or Aspergers syndrome (20), followed by children with an autism spectrum disorder (15), and for children with ADHD (9), behavioural difficulties (5), a disability (3), and with communication difficulties (3).

The information above is critical to the sufficiency strategy to inform our children in care need profile and specifically the skill base required of our foster carers and/or providers, to ensure we have the right homes to meet the needs of our children. Equally, we can identify at least 33 young people who have specific medical, disability (20) or neurodivergent need (13) that will be transitioning to adulthood within the next two years. Those young people will likely require ongoing support into independence and/or within their accommodation.

Table 3.7.2: Range of medical/disability of <u>children looked after by age group</u> at March 2023

	No. of CLA	% of CLA

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Impairment Type	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17
Behaviour	0	0	0	1	4	0.0%	0.0%	0.0%	1.5%	4.1%
Communication	0	1	0	0	2	0.0%	3.2%	0.0%	0.0%	2.1%
Consciousness	0	0	0	0	1	0.0%	0.0%	0.0%	0.0%	1.0%
Diagnosed with autism or Asperger's syndrome	0	0	2	8	10	0.0%	0.0%	4.5%	12.3%	10.3%
Disabled under DDA but not in the other categories	0	1	1	1	0	0.0%	3.2%	2.3%	1.5%	0.0%
Learning	0	2	0	3	3	0.0%	6.5%	0.0%	4.6%	3.1%
Mobility	0	1	0	0	0	0.0%	3.2%	0.0%	0.0%	0.0%
CLA Cohort Size	18	31	44	65	97	0.0%	16.1%	6.8%	20.0%	20.6%

Neuro Divergent Need	No. of CLA					% of CLA				
	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17	a) aged less than	b) aged 1 to 4	c) aged 5 to 10	d) aged 11 to 15	e) aged 16 to 17
ADHD	0	0	0	3	6	0.0%	0.0%	0.0%	4.6%	6.2%
Autism Spectrum Disorder	0	0	2	6	7	0.0%	0.0%	4.5%	9.2%	7.2%
Dyslexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%

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Meers Earlings Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Pathological Demand Avoidance	0	0	0	1	0	0.0%	0.0%	0.0%	1.5%	0.0%
CLA Cohort Size	**18**	**31**	**44**	**65**	**97**	**0.0%**	**0.0%**	**4.5%**	**15.4%**	**13.4%**

Tables 3.7.3. below, provides an overview of our care experienced young people aged 18-21 years, as of March 2023, regarding diagnosed medical need and/or disability, and neuro divergent need:

- 14% of our care experienced young people (CEYP) 18-21y have a diagnosed medical need or disability (17); 6 CEYP with a learning difficulty, 5 CEYP with individual diagnosis of Autisms or Aspergers, 4 CEYP with a behavioural diagnosis, 1 CEYP with mobility and 1 CEYP with communication need.
- 9% of our CEYP 18-21y have an identified neuro-divergent need (11); 5 CEYP with ADHD, and 6 CEYP with Autism Spectrum Disorder.

The number of care experienced young people by age cohort and specific need is relatively small, however overall we are able to determine that currently our highest areas of need is to provide care experienced young people post 18 support with a learning difficulty (6), followed by CEYP with an autism spectrum disorder (6), diagnosis of autism or Aspergers syndrome (5) and for CEYP with ADHD (5), and behavioural difficulties (4). It is likely that a significant number of these CEYP will continue to require support into adulthood in relation to their accommodation, for example, requiring semi-supported accommodation and/or floating staff support.

Table 3.7.3: Range of medical/disability of care experienced young people by age at March 2023

	No. of Care Leavers									
Impairment Type	18	19	20	21	22	18	19	20	21	22
Behaviour	2	1	0	1	1	4.4%	2.9%	0.0%	4.3%	5.6%
Communication	1	0	0	0	0	2.2%	0.0%	0.0%	0.0%	0.0%
Consciousness	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Diagnosed with autism or Asperger's syndrome	2	2	1	0	1	4.4%	5.9%	4.8%	0.0%	5.6%

Disabled under DDA but not in the other categories	0	0	0	0	1	0.0%	0.0%	0.0%	0.0%	5.6%
Learning	3	0	1	2	2	6.7%	0.0%	4.8%	8.7%	11.1%
Mobility	0	0	0	1	1	0.0%	0.0%	0.0%	4.3%	5.6%
Care Leaver Cohort Size	**45**	**34**	**21**	**23**	**18**	**17.8%**	**8.8%**	**9.5%**	**17.4%**	**33.3%**

	No. of Care Leavers									
Neuro Divergent Need	18	19	20	21	22	18	19	20	21	22
ADHD	1	2	0	2	2	2.2%	5.9%	0.0%	8.7%	11.1%
Autism Spectrum Disorder	3	2	1	0	0	6.7%	5.9%	4.8%	0.0%	0.0%
Dyslexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyspraxia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Dyscalculia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Hyperlexia	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Tourette Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Obsessive Compulsive Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Meers Earlings Syndrome	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Anxiety Disorder	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Pathological Demand Avoidance	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Care Leaver Cohort Size	**45**	**34**	**21**	**23**	**18**	**8.9%**	**11.8%**	**4.8%**	**8.7%**	**11.1%**

Research shows that children looked after are more likely to have mental health needs and issues with their emotional well-being due to their experience of trauma, abuse, and harm. Due to the complexity of their emotional needs, serious and enduring mental health needs are frequently unmet. This is a national challenge for children's services and local CAMHS providers.

Currently Slough Children First are unable to report on specific numbers of children who are in receipt of CAMHs intervention, or those receiving therapeutic support or specific interventions. This is an area of activity that will be addressed regarding how this information is recorded on children's records and drawn out in management information reports to inform a thorough need analysis.

However, Children's Services commissioning service are currently working with health partners to review the provision and offer of CAMHS including provision for children looked after to ensure the offer of support more effectively meets need, offering a menu of interventions and options. The Strategic Sufficiency Action Plan will also address partnership working with placement providers to develop a range of placements and support to meet the needs of children looked after with mental health needs.

Children entering and exiting care

Over the last 5 years Slough has started looked after arrangements for more children (per 10, 000) than statistical neighbours each year. We know that this has been driven significantly by UASC numbers.

Table 3.8.2: Children who started to be looked after during the years ending 31 March

Comparator	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Hillingdon	29	30	28	24	48	
Luton	35	32	24	22	31	
Blackburn with Darwen	42	44	39	22	30	
Slough	30	31	25	30	28	32.5
Hounslow	22	22	22	19	27	
Statistical Neighbours	27	26	25	20	27	
Birmingham	26	23	22	20	26	
South East	22	22	22	22	26	
England	27	27	26	24	26	
Barnet	19	17	20	15	22	
Reading	29	24	31	25	22	
Ealing	22	26	23	18	21	

| Leicester City | 29 | 19 | 23 | 18 | 21 | |
| Redbridge | 19 | 18 | 17 | 16 | 20 | |

(i) Net Change in Children looked after numbers
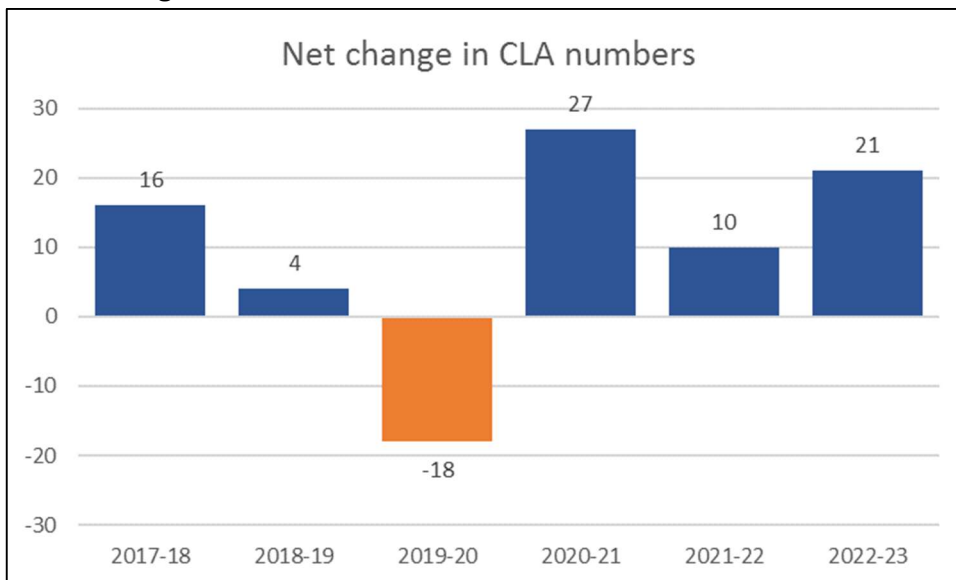
(ii) Cumulative Net Change in Children looked after numbers
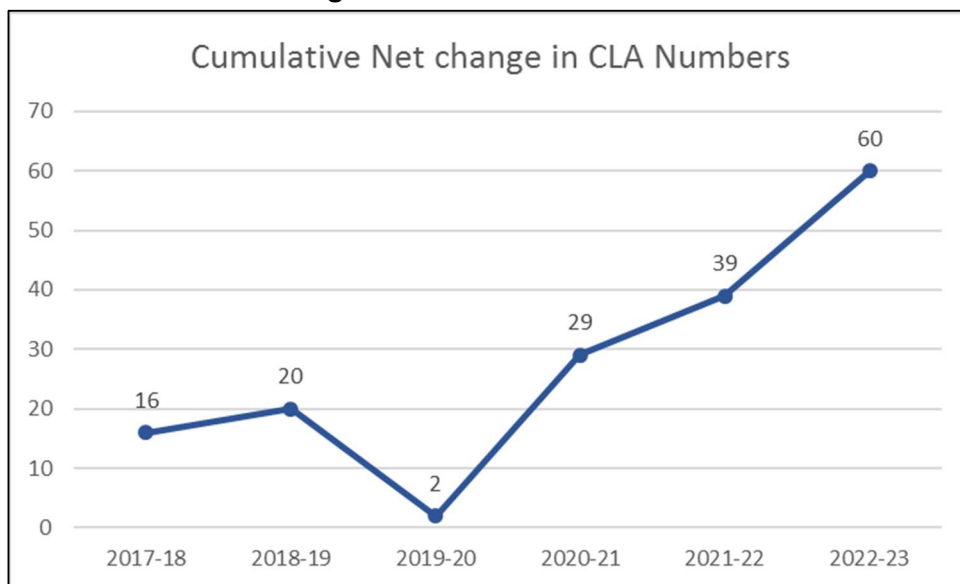
The two graphs above (i) and (ii) highlight the net change in the numbers of children looked after entering care and the cumulative net change, over a 6 year period; both highlight an increasing trend.

The number of children becoming looked after (3.8.3) has in the main remained consistently above the number of children per 10'000 exiting care in recent years

(3.8.4), albeit by slight margins, again with the exception being 2019-2020 when a high number of children exited care. The overall numbers of children entering care per 10, 000 has increased over the last three years, as has the number of children exiting care.

Table 3.8.3: Number of children entering care during the years ending 31 March

No. entering care	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of children	131	134	108	132	123	142
Slough CLA rate per 10,000	30	31	25	30	28	32.5
SN CLA rate per 10,000	27	26	25	20	27	
SE CLA rate per 10,000	22	22	22	22	26	
ENG CLA rate per 10,000	27	27	26	24	26	

Table 3.8.4: Number of children exiting care during the years ending 31 March

No. exiting care	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough No. of children	115	130	126	105	113	121
Slough CLA rate per 10,000	27	30	29	24	26	27.7
SN CLA rate per 10,000	27	25	26	22	25	
SE CLA rate per 10,000	22	21	22	22	25	
ENG CLA rate per 10,000	25	25	25	23	26	

Whilst the above table (3.8.3) highlights that the number of episodes of children entering care has increased it is important to examine this data closer, as table 3.8.5, below, demonstrates that the number of 'individual' entries into care are slightly lower, demonstrating that this is not the first episode of the child becoming looked after by the local authority. Further, analysis using child level data is required to understand the individual circumstances and how this relates to practice, threshold application, and analysis of risk. As of March 23, 15 children had entered care in the previous year (rising from 8 in 2022 and 2021), 2 of which experienced 2 repeat entries and 1 child having experienced 3 entries into care.

Table 3.8.5: Number of care start episodes (including repeat episodes) over the   past 3 years ending 31 March

			No. of in year repeat entries into care	

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Year	No. of individual children entering care	No. of individual children entering care that had entered care in a previous year	2 times	3 or more	No. of entries in care
2017-18	125	14	5	1	131
2018-19	131	13	3	0	134
2019-20	106	12	2	0	108
2020-21	129	8	3	0	132
2021-22	122	8	1	0	123
2022-23	139	15	2	1	142

The table below demonstrates the number of children exiting care, following a duration of care provided between 1 and 2 years has increased by 5% over recent years, and nearly 10% of children provided care for over 2 years.

Table 3.8.6: Number of children exiting care by duration in carer, during the years ending 31 March

Duration	No. of Exits from Care						% of Exits from Care					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
a) less than 6 months	44	57	54	56	50	30	38.3%	43.8%	42.9%	53.3%	44.2%	24.8%
b) 6 to 12 months	26	25	29	10	21	27	22.6%	19.2%	23.0%	9.5%	18.6%	22.3%
c) 1 to 2 years	22	23	14	19	14	28	19.1%	17.7%	11.1%	18.1%	12.4%	23.1%
d) over 2 years	23	25	29	20	28	36	20.0%	19.2%	23.0%	19.0%	24.8%	29.8%
Total	115	130	126	105	113	121	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As of March 2023, there has been an overall increase in the number of children looked after exiting care since 2021, by 16 children. This is however lower than previous years (2019 & 2021) by at least 5 young people. This needs to be considered in the context of the children in care population gradually rising to 254 children in care as of March 2023.

Table 3.8.7 identifies the destinations of those children exiting care. 2023 saw the lowest number of children looked after exiting care to return home at only 15%. Whereas this was 55% in 2020, 50% in 2012 and 38% in 2022; highlighted a significant decrease. This may be because of children needing to be looked after for the duration of their minority however it highlights specific practice and process gaps regarding permanency planning, which is currently being reviewed to establish a centralised tracking and planning process to ensure all performance options for children are considered and planned for within agreed timescales.

Positively, since 2021 there has been an increase by 8% of those children achieving legal permanence via Special Guardianship or Adoption. We have also seen an increase in those children exiting care moving to independent living options, rising from 21% in 2021 to 29% in 2023. However, as we can see in the table below (3.8.8) there are reduced options for our care experienced young people requiring independent accommodation highlighting sufficiency need.

Table 3.8.7: Destination of children ceasing care during the years ending 31 March

Reason for Exit from Care	No. of Exits from Care						% of Exits from Care					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Adopted, SGO or other Permanence	28	32	23	22	24	35	24.3%	24.6%	18.3%	21.0%	21.2%	28.9%
Age assessed to be 18+ or deported	1	2	3	2	7	8	0.9%	1.5%	2.4%	1.9%	6.2%	6.6%
Moved into independent living	24	10	18	10	14	25	20.9%	7.7%	14.3%	9.5%	12.4%	20.7%

	No. of Exits from care aged 18						% of Exits from care aged 18					
Returned home to live with parents	44	47	70	53	43	18	38.3%	36.2%	55.6%	50.5%	38.1%	14.9%
Staying put in latest placement (including foster carers)	0	0	2	9	16	13	0.0%	0.0%	1.6%	8.6%	14.2%	10.7%
Other	18	39	10	9	9	22	15.7%	30.0%	7.9%	8.6%	8.0%	18.2%
Total	**115**	**130**	**126**	**105**	**113**	**121**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 3.8.8 below highlights some specific challenges regarding sufficiency strategy for our care experienced young people when exiting care at the age of 18 years. We can see that over recent years only a small number of children or young people return home when leaving care. However, at the end of 2020, 7 children or young people returned home. This was during the Covid pandemic and raises a question as to whether more could safely be considered to return home when approaching adulthood.

We can also, see that there has been a decrease in the number of young Stayin Put, reducing by over 10% since 2021. This highlights further the need to review and refresh our Staying Put offer.

There are also considerable variations in the numbers of young people moving into an independent arrangement with formal support over the last 5-6 years, and whilst reducing between 2018 and 2020, there has been a significant increase in the last 3 years of over 10%. This again creates some challenges in financial forecasting and the sufficiency strategy. The sufficiency analysis in Section 3.7 identifies a number of young people who are likely to require semi-independent or floating support based on medical need/diagnosis however the data below is also a likely indicator of the reduced housing capacity for young people requiring independent accommodation post 18.

Table 3.8.8. Destination of care experienced young people (age 18) on ceasing care 31 March

	No. of Exits from care aged 18						% of Exits from care aged 18					
Destination following exit	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23

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from care											
Returned Home	0	1	7	0	4	0	0.0%	2.9%	23.3%	0.0%	10.3%	0.0%
Transferred to ASC	0	1	1	1	1	1	0.0%	2.9%	3.3%	4.3%	2.6%	2.2%
Staying Put	0	0	2	9	16	13	0.0%	0.0%	6.7%	39.1%	41.0%	28.9%
Independent arrangement with formal support	22	9	16	8	11	21	78.6%	26.5%	53.3%	34.8%	28.2%	46.7%
Independent arrangement with no formal support	1	0	2	1	3	2	3.6%	0.0%	6.7%	4.3%	7.7%	4.4%
Age assessment determined child is aged 18 or over	0	1	0	0	3	0	0.0%	2.9%	0.0%	0.0%	7.7%	0.0%
Other	5	22	2	4	1	8	17.9%	64.7%	6.7%	17.4%	2.6%	17.8%
Total	28	34	30	23	39	45	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Children looked after by legal status

The proportion of children looked after via Section 20 (single period of accommodation, CA 1989) is in line with our statistical neighbours (2022) as of March 2023. However, this is 4% higher than the South East and 10% higher than England. Benchmarking shows that our children subject to Interim Care Order's (Section 38, CA 1989) is significantly higher than all our comparator groups, ranging from between 16 and 19%. Of our children subject of Care Orders (Section 31, CA 1989) is significantly below all our comparator groups, ranging from between 16 and 25%. This may be indicative of our current profile whereby there are several families subject to care proceedings where there has been delay regarding meeting the 26-week threshold. This delay is currently being addressed via our refreshed Legal Gateway arrangements and tracking system whereby a reduction in this number is anticipated bringing us in line with Court timetable expectations, reaching timely permanence decision for children and families.

Table 3.9.1: Legal status of children looked after at 31st March

Legal Status	At 31/03/2023		At 31/03/2022		
	Slough No.	Slough %	SN	SE	ENG
Section 20	68	26.7%	27.0%	23.0%	17.0%
Child Protection	1	0.4%	0.0%	0.0%	0.0%
Remand	0	0.0%	0.0%	0.0%	0.0%
Interim Care order	91	35.7%	19.0%	17.0%	20.0%
Full Care Order	84	32.9%	49.0%	54.0%	58.0%
Placement Order	11	4.3%	5.0%	5.0%	5.0%
Total	**255**	**100.0%**	**100.0%**	**99.0%**	**100.0%**

Trend analysis (3.9.2) show an increase in the number of children accommodated via Section 20 at the point of entry into care. This has risen by over 16% since 2021 however is similar to that of our statistical neighbours and England averages, being lower than the South East. Whilst there has been a reduced rate of children entering care following child protection intervention since 2021, this remains between 4 and 8% higher than our comparator groups.

Children becoming looked after due remanded into care has decreased over recent years, to a point whereby we are below our statistical neighbours and England. Children entering care via an Interim Care Order is below our statistical neighbours and England, being more in line with the South East.

Table 3.9.2: Legal status of children looked after at entry into care at 31st March

	Slough % of Entries into care	Benchmarking 2021-22

Legal Status	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	SN	SE	ENG
Section 20	42.7%	30.6%	38.9%	39.4%	56.9%	54.9%	59.0%	63.0%	54.0%
Child Protection	25.2%	35.8%	40.7%	32.6%	17.1%	19.0%	11.0%	13.0%	11.0%
Remand	7.6%	6.0%	2.8%	2.3%	1.6%	1.4%	3.0%	1.0%	2.0%
Interim Care order	24.4%	27.6%	17.6%	24.2%	22.8%	24.6%	28.0%	22.0%	33.0%
Full Care Order	0.0%	0.0%	0.0%	1.5%	1.6%	0.0%	1.0%	1.0%	1.0%
Placement Order	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Current Provision

A total of two hundred and fifty-four children were looked after as of 31 March 2023. Of these, 38% (96) were aged 16 and over. There are more males (60%) compared with girls (40%), with approximately 25% being White British, 10% being White European and 65% from BME groups, which is higher than statistical neighbours, the South East and England.

Approximately 33% of children looked after at the end of March 2023 are subjected to a Care Orders, 36% and Interim Care Order and 27% Section 20, voluntary accommodation.

Children aged 5-10 years account for 17% of the children in care population at the end of March 2023 and those aged between 11 and 15 years, 25.5%.

Table 3.10.1: Placements of children looked after at the end of March 2023 by age

Broad Placement Type	Placement Type	No. of CLA	% of Total CLA	a) % aged less than 1	b) % aged 1 to 4	c) % aged 5 to 10	d) % aged 11 to 15	e) % aged 16 to 17
Adoption	Placed for Adoption	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Children's Home	Children's Home	15	5.9%	0.0%	0.0%	0.4%	3.9%	1.6%
Children's Home	Secure Children's Home	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%

Children's Home Total		16	6.3%	0.0%	0.0%	0.4%	3.9%	2.0%
Fostering - Friends and Family	Friends and Family - Short Term	22	8.7%	0.4%	2.0%	2.0%	3.5%	0.8%
Fostering	Friends and Family - Long Term	2	0.8%	0.0%	0.0%	0.0%	0.4%	0.4%
Fostering - Internal	Fostering Internal - Short Term	27	10.6%	1.6%	3.1%	2.8%	2.0%	1.2%
Fostering	Fostering Internal - For Adoption	1	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%
Fostering	Fostering Internal - Long Term	16	6.3%	0.0%	0.0%	2.0%	1.2%	3.1%
Fostering - External	Fostering External - Short Term	78	30.7%	2.8%	4.3%	7.5%	9.1%	7.1%
Fostering	Fostering External - For Adoption	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fostering	Fostering External - Long Term	18	7.1%	0.0%	0.0%	0.8%	2.8%	3.5%
Fostering Total		164	64.6%	4.7%	9.8%	15.0%	18.9%	16.1%
Independent Living	Independent Living	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	Mother and baby	10	3.9%	2.0%	1.2%	0.4%	0.4%	0.0%
Other	Other	6	2.4%	0.4%	0.8%	0.0%	1.2%	0.0%
Other	Temporary	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%
Other Total		17	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Placed with Parents	Placed with Parents	7	2.8%	0.0%	0.4%	1.2%	0.8%	0.4%
Residential	NHS Provision	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential	Residential Care Home	1	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%

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Residential	Residential Employment	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Residential	Residential School	1	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%
Residential Total		9	3.5%	0.0%	0.4%	1.2%	1.2%	0.8%
Secure accommodation	Young Offenders Institute	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Semi-independent	Semi-independent	48	18.9%	0.0%	0.0%	0.0%	0.0%	18.9%
Total CLA		**254**	**100.0%**	**7.1%**	**12.2%**	**16.9%**	**25.6%**	**38.2%**

The above table 3.10.1 provides a breakdown of children looked after as of 31 March 2023 by placement type. The highest number of children looked after, 164 (64.4%) live with foster carers, whether this be on short- or long-term basis, 24 (9.5%) of these children live with Connected Carers (friends or family). 44 of these children (17.3%) live with our internal fostering agency foster carers and 96 (37.8%) live with Independent Fostering Agency (IFA) foster families. This clearly demonstrates a specific sufficiency need for Slough as whilst our number of children living in foster care is comparable with our comparator groups, the ambition is for more children to be living with Slough foster carers.

Of those children living with foster families 15% are aged between 5-10 years, 19% between 11 -15 years and 16% aged 16 & 17 years. A larger proportion of 16- & 17- year-olds live in semi-independent accommodation, highlighting a sufficiency gap regarding foster carer availability for our teenagers, and consequently reducing our Staying Put opportunities for care experienced young people.

15 (6.3%) of children live in children's home (residential settings) and whilst this is lower than our comparator groups it is a concern for Slough Children First as our ambition is to reduce this number and to provide more options for our children with complex or additional needs to remain close and live in foster families wherever possible.

There are a relatively high number of children placed with parent and child placements; whilst this is often associated to specialist assessment during care proceedings, it again highlights a sufficiency gap in regard the dependence on external providers verses in-house options.

A weekly External Placement Panel is being established to review all our children in high-cost and/or external placement to determine if this is the right home for the child, if not why, and what home do they require. This will inform both individual care arrangements and transition planning for children, but also provide strategic oversight and grip about forecasting need, cost and sufficiency strategy.

Table 3.10.2: Placement stability of looked after children April 2022 – March 2023

Placement Stability Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% of CLA with three or more placements	7.6%	9.1%	8.4%	9.4%	10.2%	9.1%	10.7%	9.4%	7.8%	9.1%	8.4%	8.4%
% of CLA in long term stable placements	63.1%	64.1%	60.6%	60.9%	61.3%	56.1%	57.9%	63.0%	62.3%	63.6%	63.6%	61.1%

It is in children's best interests to be in stable placements as children and young people who are removed from their family suffer separation and feelings of loss, even if they have experienced harm or abuse. These feelings are compounded when they experience multiple placements, also impacting upon a child's life-script and expectations for the future. Placement instability reduces a child's opportunities to develop secure attachments. It may also exacerbate any existing behavioural and emotional difficulties making it more difficult for children to establish relationships with carers, potentially contributing to further placement breakdown and feelings of rejection.

Table 3.10.2 shows that the number of children in long term stable placements has remained consistent over recent years. However, whilst only 8.4% of children have experienced 3 or more placement moves, this remains too high and is likely to impact the child for the reasons stated. Equally, this remains higher than all our comparator groups.

Table 3.10.2: Placement stability of looked after children over last 5 years including benchmarks

	Slough						Benchmarking 2021-22		
Placement Stability Measure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	SN	SE	ENG

% of CLA with three or more placements	17.0	11.0	17.0	10.0	6.0	8.4	9.0	12.0	10.0
% of CLA in long term stable placements	72.0	65.0	73.0	85.0	69.0	61.1	68.0	70.0	71.0

Comparisons with our statistical neighbours and the England average show that a higher percentage of looked after children in Slough have experienced 3 or more placements. Whilst, this has almost halved from 2018 to 2020, this number of changes of placements for a child remains too high.

The service aims to improve placement stability for all children. Further investigation into the reasons why placements break down needs to be undertaken to fully understand the age groups who are most affected, but it is believed to be older children who present with great complexity of need.

Table 3.10.3: CLA placements since 2017-18

Placement Type	No. of new placements in year						No. of new placements in year					
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Placed with Parents	20	23	8	29	16	6	5.6%	6.8%	2.5%	10.9%	6.1%	2.2%
Adoption	14	12	11	9	14	3	3.9%	3.5%	3.5%	3.4%	5.3%	1.1%
Fostering External	72	103	116	94	80	100	20.2%	30.4%	36.6%	35.3%	30.5%	36.0%
Fostering Internal	84	59	34	23	27	24	23.5%	17.4%	10.7%	8.6%	10.3%	8.6%
Friends and Family	18	22	20	27	28	32	5.0%	6.5%	6.3%	10.2%	10.7%	11.5%
Semi-independent	43	36	54	43	58	74	12.0%	10.6%	17.0%	16.2%	22.1%	26.6%
Independent Living	1	0	1	0	0	1	0.3%	0.0%	0.3%	0.0%	0.0%	0.4%

Residential Internal	11	7	0	0	0	0	3.1%	2.1%	0.0%	0.0%	0.0%	0.0%
Residential External	41	29	16	25	27	16	11.5%	8.6%	5.0%	9.4%	10.3%	5.8%
Other	53	48	57	16	12	22	14.8%	14.2%	18.0%	6.0%	4.6%	7.9%
Total	**357**	**339**	**317**	**266**	**262**	**278**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 3.10.3 above, highlights the number of placements made within a year, highlighting specific themes. For example, there is a demonstrative decrease in the number of children placed with parents, from 29 in 2021 to 6 in 2023. This again raises the question as to whether care planning and child looked after reviews are continuing to re-consider reunification as children are getting older, and potentially risks can be mitigated or reduced.

Our children being placed for adoption has also increased from 9 in 2021 to 3 in 2023, although it should be recognised that the number was 14 in 2022, demonstrating variations in seeking legal permanence via adoption.

There is a gradual increasing demand upon external IFA provision, rising from 94 to 100 over a three-year period up until March 2023. This is recognised Nationally and highlights the challenges local authorities are facing when seeking to recruit and retain their own foster carers. The placing of children in our internal fostering agency has remained static over the last three years, although there was much higher demand in subsequent years. The Strategic Sufficiency strategy will review our fostering recruitment and retention approach in Slough, including our branding marketing strategy.

There has been a significant increase in placements for semi-independent accommodation, increasing from 43 in 2021 to 74 in 2023. This correlates with the increase in children in care aged 16 and 17 years, and our UASC children. However, we are mindful that our options for children of this age range are limited when considering foster families which may be better meeting individual needs.

The number of children requiring homes in residential settings has been decreasing between 2021 and 2023, from 25 to 16 respectively. However, post March 2023 there has already been an increase of a further 4 children requiring homes in residential settings, due to complex need and a lack of market availability/skill/experience to meet these needs in foster care settings.

Table 3.10.4: Proportion of looked after children at 31st March placed more than 20 miles from home[1]

% Placed over 20 miles of the child's home	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Slough	25.0%	29.4%	28.1%	31.0%	32.0%	26.3%
Statistical Neighbours	21.0%	19.0%	21.0%	22.0%	19.0%	
South East	25.0%	25.0%	27.0%	28.0%	28.0%	
England	19.0%	20.0%	20.0%	21.0%	21.0%	

The Care Planning, Placement and Case Review (March 2010) guidance and regulations, which came into force on 1st April 2011, laid out a duty of 'sufficiency' that required local authorities to ensure that, through direct provision or commissioning, a range of placements sufficient to meet the needs of all looked after children are **available locally** (within the local authority geographical area) or that there is a plan in place to move towards that position.

Therefore, when considering local placements, i.e. those made within a 20 mile radius, the picture is concerning, and further action needs to be taken to improve our statistics for children being placed close to home.

The proportion of children placed more than 20 miles away from their homes has steadily been increasing over recent years as the number of children in care has been increasing also, placing pressure on the demand for placement options close to home, being higher than all comparator groups. At the end of March 2023, 26% of children were placed over 20 miles away from home, a reduction of 6% the previous year. However, whilst this is lower than the South East in 2022 it remains higher than our statistical neighbours and England averages (3.10.4).

For some children an out of local area placement has formed part of a focused plan consistent with the child's best interests. However, too many children are being placed at a distance and robust commissioning strategies are required to develop local sufficiency through a mixed economy and creative contracting is a key priority.

Table 3.10.4: Slough and Statistical Neighbours local authorities ranked for placement distance from home (2021-22)

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[1] Excludes children placed for adoption (placement type codes A3, A4, A5 and A6)

% of CLA Placed over 20 miles of the child's home

Area	%
Slough	32%
Luton	29%
Reading	29%
South East	28%
England	21%
Hounslow	20%
Hillingdon	19%
Statistical Neighbours	19%
Ealing	18%
Leicester City	18%
Barnet	16%
Redbridge	16%
Blackburn with Darwen	13%
Birmingham	12%
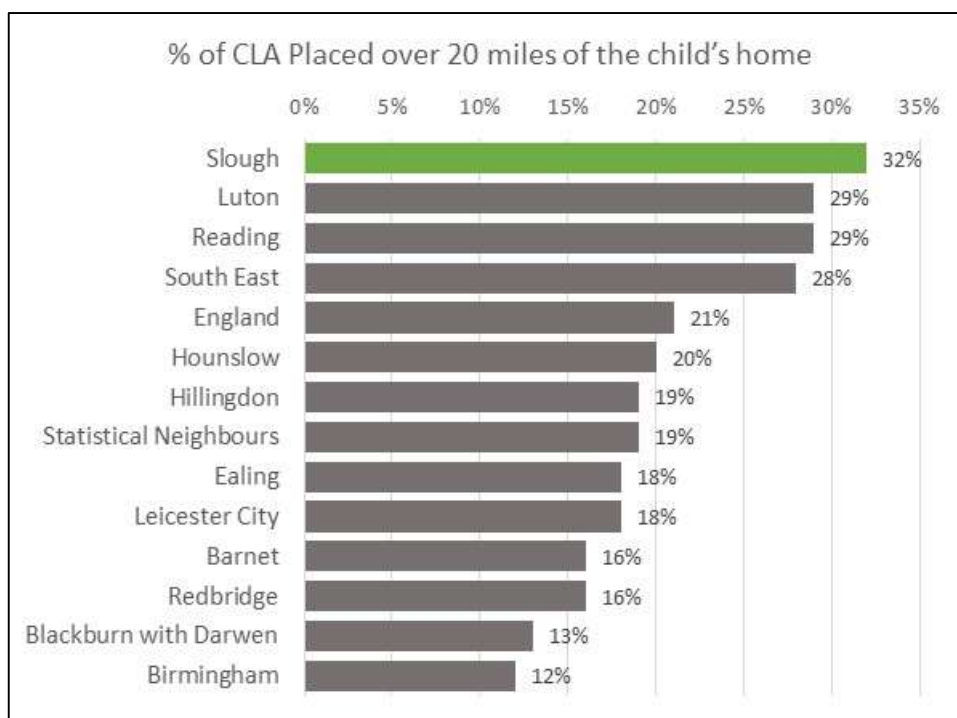
The above table highlights how Slough were at the top percentile for placing children at over 20 miles, with Luton and Reading nearing the same statistics.

Table 3.10.5 below shows that the children who are placed at the greatest distance, beyond 20 miles are those living in external foster care placements (IFA's) at 50%, including UASC and children living in external residential children's homes at 20%. Whilst this remains a concerning picture and it is the ambition to have children living closer to home in Slough, it should be recognised that there are minimal residential children's homes in Slough therefore availability based on a child's individual need is likely to lead to a child being placed at a greater distance. This is an area that the Strategic Sufficiency Action plan will address through our commissioning activity.

Table 3.10.5: CLA placements outside 20 miles as of 31 March 2023

	CLA placed 20 or more miles away by placement type			
Placement Type	No. (incl. UASC)	% (incl. UASC)	No. (excl. UASC)	% (excl. UASC)
Placed with Parents	1	1.4%	1	1.5%
Adoption	0	0.0%	0	0.0%
Fostering External	37	50.7%	31	46.3%
Fostering Internal	5	6.8%	5	7.5%
Friends and Family	0	0.0%	0	0.0%
Semi-independent	3	4.1%	3	4.5%
Independent Living	0	0.0%	0	0.0%
Residential Internal	0	0.0%	0	0.0%
Residential External	15	20.5%	15	22.4%
Other	12	16.4%	12	17.9%
Total	**73**	**100.0%**	**67**	**100.0%**

Financial Forecasting – Sufficiency Activity

To achieve our sufficiency intentions there are specific areas of activity that will potentially require initial financial investment, for example the development of an edge of care service, to reduce the number of children needing to be looked after and seeking to reunify children home when safe and in their best interest do so, ensuring care for the shortest period. Initial investment in such models will aim to achieve cost reductions or cost avoidance in the longer term.

Below are high level costs for such potential activities and delivery models to meet specific sufficiency needs, highlighted with the sufficiency strategy. These will be further considered strategically, overseen by the Sufficiency Board as the Sufficiency strategy is mobilized within workstreams.

Below provides example models of how these priority activities can be achieved, potential investment required, and the cost avoidance/reductions associated upon delivery.

Edge of Care

Example delivery model:

Edge of Care team consisting of a Team Manager, 4 Family Support Workers and a Family Group Conference Co-Ordinator to provide an edge of care service and intervene to maintain children in their home and/or reunify following a period being looked after.

Edge of Care Team (Salary including on costs)			
Team Manager	£	71,167	
FSW 1	£	45,681	
FSW 2	£	45,681	
FSW 3	£	45,681	
FSW 4	£	45,681	
FGC coordinator	£	49,999	
Edge of Care costs	**£**	**303,888**	
Annual cost differential Resi v Ext. fostering	£	200,635	
FTE reunified to cover costs		1.51	
Net additional saving over and above costs if stepped down 2 YP		2.00	97,381.84
Net additional saving over and above costs if stepped down 3 YP		3.00	298,016.56
Net additional saving over and above costs if stepped down 4 YP		4.00	498,651.28

The initial investment in an edge of care service as described above would be £303,888, for staffing, including on-costs. The annual cost difference between the average residential placement and external fostering placement is £200,635 (this assumes a median cost between residential & external fostering). Based on this cost, 1.5 children being reunified in this circumstance would cover the cost of the edge of care service. The median average is used as child who are in external foster care placements could step-up to external residential. The table above also highlights the additional savings over and above costs if 2, 3, or 4 children are stepped down and reunified home.

Therapeutic Foster Care

A proposal to develop and put in place a 'Step-forward/ Resilience' fostering model to provide opportunities for children and young people with more complex needs, to remain in a family environment rather than being placed in residential care. This would provide resilient foster carers who are skilled and experienced in supporting children with more complex needs, providing therapeutic support to prevent escalation to children requiring residential care and/or stepping down children from residential setting to a foster care family environment. The model would require the recruitment of experienced foster carers or professionals, undertaking a successful fostering assessment, being paid at a higher rate, and receiving wrap around therapeutic support from a specialist team.

Example delivery model:

Therapeutic Fostering Support team consisting of a Senior Social Worker, Clinician and Family Support Worker to provide support, guidance, training and supervision to therapeutic foster carers, support and guided intervention with children cared for, ensuring delivery of the therapeutic model to support children with complex presentation, preventing step-up to residential care. The model would require the recruitment of 5 therapeutic foster carer households.

Costs of Therapeutic Foster Care support team	FTE			
Senior Social Worker	£ 63,290.88			
Clinician	£ 63,290.88			
Family Support Worker	£ 45,680.56			
Total cost of support team per year	-£ 172,262.31			

Costs of Therapeutic Foster Care placements		Therapeutic Foster Care Placement costs (weekly)	Therapeutic Foster Care Placement costs (annually)		
	FTE	1 child	1 child		
Cost of **internal** foster care placement (**proposed model**)		£ 750.00	£ 39'000		
Cost of **external** therapeutic foster care placement (**current market rate**)		£ 1,500.00	£ 78'000		
Potential cost savings		£ 750.00	£ 39'000		
Potential savings based on proposed therapeutic fostering model					
Number of placements per year			**10**	**5**	**4.4**
Possible annual saving's based on no. of placements			£ 391,050.00	£ 195,525.00	£ 172,062.00
Net Saving			£ 218,787.69	£ 23,262.69	-£ 200.31

The initial investment of a therapeutic fostering team as described above would cost £172,262, for staffing, including on-costs. In addition, at least 5 foster carers would need to be recruited and paid at a higher fostering allowance of £750 pw (current fostering rate SCF; £371 - £660 pw, ave. £395 pw). However, an external therapeutic foster care placement costs on average £1500, creating a £750 saving per week.

The table above highlights the need to provide therapeutic foster care placements for at least 4.4 children to break even, covering the costs of the support team. There would also be cost avoidance as the model is to prevent children with complex needs requiring external residential care. The cost difference from external residential placement to external foster care placement would be £200,635 annually. Children currently in residential care requiring step-down would be identified.

Independent accommodation model

The sufficiency strategy identifies the intention to undertaken market warming activity to seek opportunities to support our care experienced young people to access private let homes, recognising that access to social housing is limited at this time. Of our care experienced young people we currently have 30 adults (18+) who are seeking asylum

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and consequently have no recourse to public funds (NRPF), and therefore all housing and living costs are met by SCF.

To provide appropriate and safe accommodation for these young people their needs are met by procuring homes with external semi-independent providers. Of these young people many have adequate independent living skills to live independently but have no access to social housing pending the outcome of their asylum applications.

The External Placement Panel has identified a number of these young people (9) who would be able to live in shared accommodation, if private rentals were available. Therefore, SCF will seek to identify such options with independent semi-accommodation providers (satellite properties with floating support) and private social landlords.

Example Delivery Model:

By seeking legal and contractual agreements with private social landlords, with SCF as guarantor, a number of 2/3 bedroom properties could be identified in Slough for our young people as shared accommodation, presenting potential savings.

CEYP NRPF				Supported accommodation. weekly cost
30				£ 20,830.14
			Ave. NRPF	£ 694.34
	10%	20%	30%	
30	3	6	9	
	£ 108,608.35	£ 217,216.70	£ 325,825.05	Total annual cost at current rates
£ 230.77	£ 36,096.92	£ 72,193.85	£ 108,290.77	Total annual costs at proposed rates
	£ 72,511.43	**£ 145,022.85**	**£ 217,534.28**	**Possible savings**

The table above provides potential savings, based on 3, 6 or 9 care experienced young people for NRPF sharing accommodation. An estimate of shared housing costs has been calculated at £230.77 per person per week (e.g. 3-bedroom house). If this were achieved for 3 CEYP with NRPF an annual saving of £75,511 could be achieved. If this was achieved for 9 CEYP an annual saving of £217,534 could be.

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Internal Childrens Residential Home model

The Sufficiency Strategy identifies Slough Childrens First's intention to scope the potential of creating our own internal residential home(s). Whilst the number of children requiring homes in residential settings decreased between 2021 and 2023, from 25 to 16 respectively, as of March 2023 there was an increase of a further 4 children requiring homes in residential settings (20). Predominantly, this is due to children's complex needs, based on their experiences of trauma and a lack of market availability/skill/experience to meet these needs in foster care settings. Hence, the proposal above to scope a therapeutic fostering model to prevent escalation.

However, there are children who do require care and accommodation delivered through a residential setting. Most of our children being cared for in residential homes are placed at more than 20 miles and are generally high cost (average £5,500 pw). Further, the quality of care is variable and the impact one would deem appropriate to improve children's lives and impact their recovery, not always of a high standard.

Example Delivery Model:

Following the development and scoping of the model of delivery, for example, number of homes, target group, size of home, purpose, each example option detailed below would require initial investment, regarding:

- Capital outlay - planning, premises, building works, conversion, refurbishment, furnishings costs etc.
- Staffing costs – Salaries and on-costs for a Registered Manager, Deputy Manager, Residential care staff (numbers to be determined), business support.
- Running costs – Utilities, repairs, maintenance etc.

Each option would present an **invest to save/cost avoidance** model in the medium to longer term.

1.To explore existing internal SBC housing/building stock, carrying out feasibility studies and surveys regarding conversion and adaptations to become a children's residential home. To explore the current Registered Manager of the Short Breaks Breakaway Service seeking dual registration (Ofsted) to manage and oversee a new residential home; this would require the recruitment of a new staff team.

2. Seek Capital funds to purchase a property (£600k - £1m), following feasibility and surveys for conversion to a children's residential home in Slough. To explore the staffing and delivery model. A) As stated above the current Registered Manager of Breakaways becoming dual registered with Ofsted and recruiting a staff team to deliver. B) Partnering with an experienced provider to deliver the residential care element. C) Recruiting a new Registered Manager and residential staff team to deliver.

Given that the above is an intention to scope the feasibility of all options, specific and accurate costings are not available at this stage. However, we know that initial set up and outlay could range from £200k to £500k+ dependent upon building premises and

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adaptations required. Staffing a residential home could range between £450k to £700k pa dependent upon model implemented. The average cost of seeking an external children's residential placement pa is £286k, therefore requiring at least a 2-bed home to make this financially viable. However, the impact for a child would be considerable as SCF, as the Corporate Parent would be able to develop a model of best practice to achieve optimum outcomes for our children, identify the right children and matching and keep children near home in Slough, providing their education and maintaining family contact.

Our Governance Arrangements

The Sufficiency Strategy is aligned with other strategic strategies and plans, to ensure a joined-up approach to activity, developments and to streamline resources. The illustration below outlines how the sufficiency strategy aligns with other strategic plans.

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                    ┌──────────────────┐
                    │ Slough Children  │
                    │ First Business   │
                    │      and         │
                    │  Improvement     │
                    │      Plan        │
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│ Early   │ │Corporate│ │Strategic│ │Perman-  │ │ Special │
│ Help    │ │Parenting│ │Sufficie-│ │ence     │ │Educatio-│
│Strategy │ │Strategy │ │ncy      │ │plan     │ │nal      │
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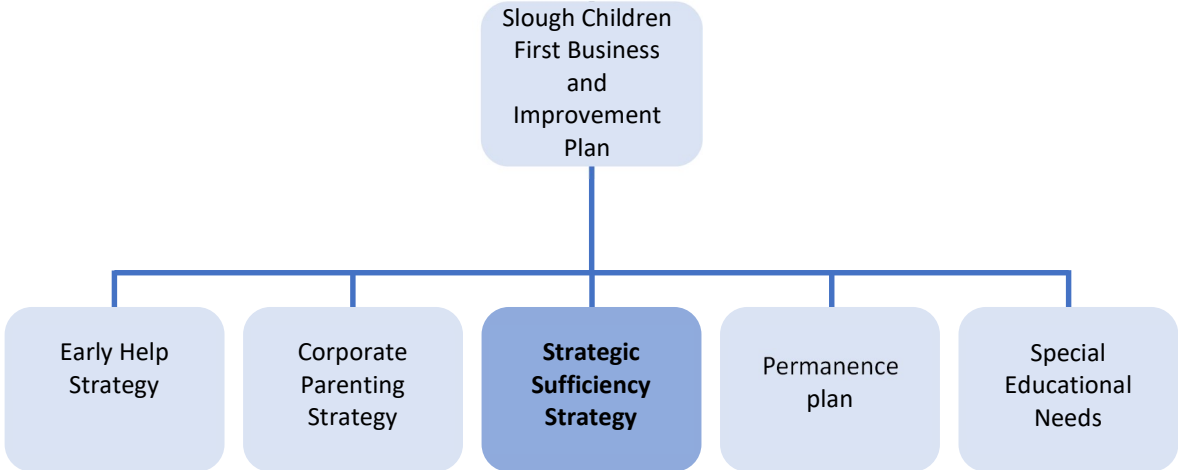
We believe it is important that this strategy remains a live document and useable document. Therefore, the plan will be reviewed six-monthly ensure it remains reflective of need and identifies key priorities. To deliver on the priorities as identified in the five categories of need, a Sufficiency Project Board will be established, chaired by the Director of Operations, who will oversee the work and progress of four workstreams (Operational groups) relating to each category of need.

The Sufficiency Project Board will provide regular update reports to CLT and Corporate Parenting Panel, at least quarterly, providing highlight reports, progress, barriers, risk and resource requirements.

Delivery
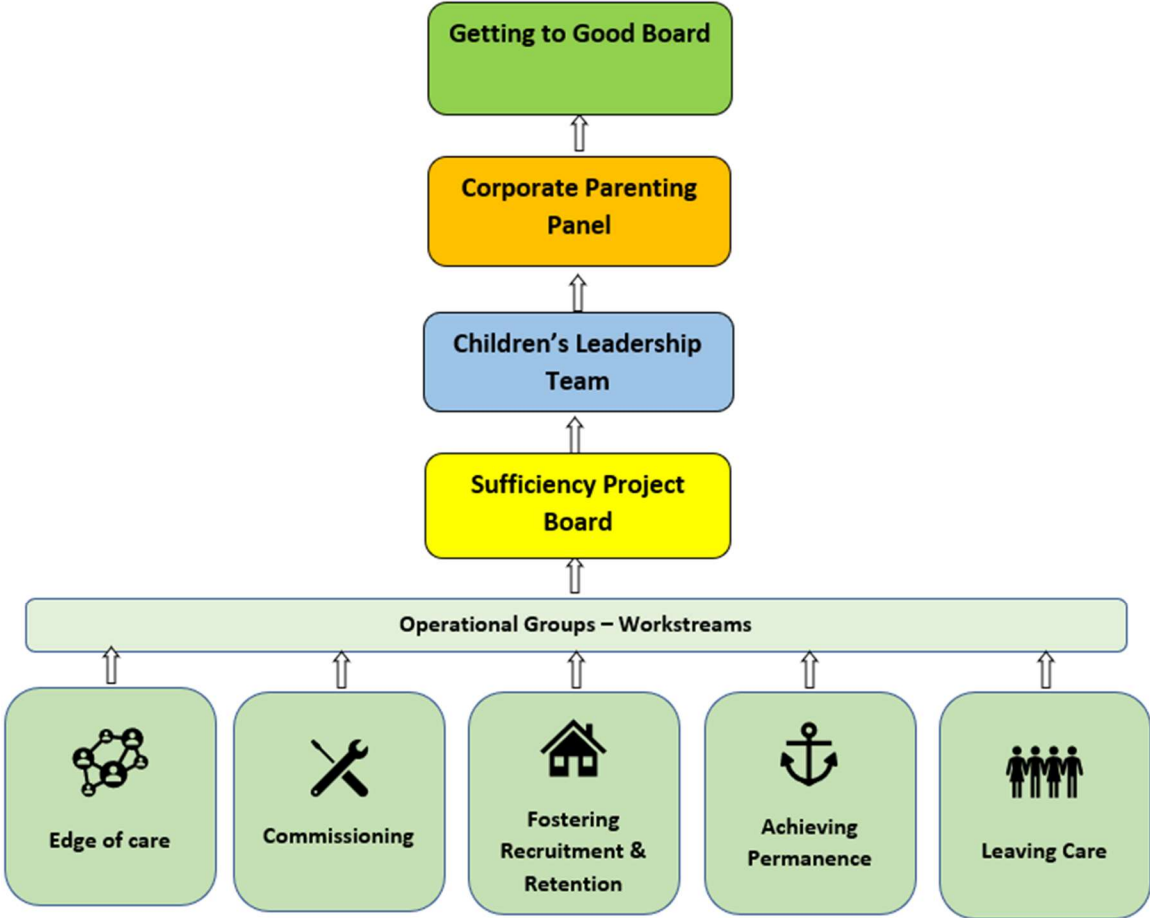
As highlighted above the Sufficiency Strategy focuses on five priority areas of activity: Edge of Care, Commissioning, Fostering Recruitment and Retention, Achieving Permanence and Leaving Care. To deliver on each key priority area separate workstreams will be established, identifying a Workstream Lead (Head of Service or Service Manager) and working group, including s subject specialists and key stakeholders to deliver on the actions and implement across the service. The oversight of the workstreams will be overseen by a Sufficiency Project Board, chaired by the Director of Operations. The Sufficiency Project Board will meet monthly and receive highlight reports from each workstreams, regarding progress, risks, resource needs/barriers and outcomes.

Of note, the needs analysis highlights specific work required in our progression of children subject to care proceedings to ensure that children's assessments and plans are progressed within the Court's expected 26-week timetable without delay. It is therefore recommended that a business case is prepared to seek the recruitment of a Court Progression Officer to drill down and drive forward the planning and oversight in this important area of work, for a 2/3-year period, as part of our Sufficiency Strategy.

Children and Young People's Placement Sufficiency Strategy 09112023

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Equality Impact Assessment

Directorate: Slough Children First	
Service: Sufficiency	
Name of Officer/s completing assessment: Kate McCorriston	
Date of Assessment: 20th October 2023	
Name of service/function or policy being assessed: Children and Young People's Placements Sufficiency Strategy	

1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing? Creating the right homes for Children Looked After and Care experienced Young People specifically in relation to commissioning and placements.
2.	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. Senior Leadership Team are responsible for implementation. Internal teams responsible include (but are not limited to), Commissioning, Placements, Children Looked After Team and Finance Provider services will be affected with expectations of services being more aligned to the needs of the children and young people in receipt of the services.
3.	Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. **Age:** **Disability:** **Gender Reassignment:** **Marriage and Civil Partnership:** **Pregnancy and maternity:** **Race:** **Religion and Belief:** **Sex:** **Sexual orientation:** **Care Experienced:** **Other:**

		All of the above groups will be affected, though in a positive manner as the services that they will be in receipt of will be more aligned to their individual needs. Care Experiences children and young people may have a number of the protected characteristics mentioned above. Each service will be expected to assess and determine the needs of each individual and respond as appropriate.
	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. Care experienced individuals will be treated a as priority. This will evidence and support SBC's corporate parenting responsibilities. With the correct services being provided there will be cost avoidance and therefore a more efficient, individual led service. This will lead to better outcomes, more aligned to individual needs.
	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? No negative impacts have been identified as part of this strategy development.
Page 158	6.	Have the impacts indentified 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). Detailed cross referencing data and assessment impacts are contained within the strategy itself.
	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? Not at this point.
	8.	Have you considered the impact the policy might have on local community relations? Any impact is anticipated to be positive. Increase engagement with local providers is expected to provide increased working opportunities in Slough. Creating homes for children in Slough will have a positive impact on those in receipt of service and their associated families.
	9.	What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact? As part of the implementation of the strategy there will be 5 distinct work streams which will coordinate work and also monitor progress for risk. The work streams will have responsibility for reporting any risks to the Sufficiency Board, identifying any mitigative actions as appropriate.

10.	What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. A Sufficiency Board will be set up to oversee the work streams, risks and financial impacts to ensure that they are tangible outcomes.

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 will 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

Name: Kate McCorriston
Signed: (Person completing the EIA)

Name: …………………………………………………
Signed: …………………………………………………(Policy Lead if not same as above)
Date:20/10/2023

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Slough Borough Council

REPORT TO:	**Cabinet**
DATE:	**20th November 2023**
SUBJECT:	**Children & Young People's Participation Strategy**
CHIEF OFFICER:	**Stephen Brown – Chief Executive**
CONTACT OFFICER:	**Sue Butcher – Executive Director Children's Services and Chief Executive Slough Children First**
WARD(S):	**All**
PORTFOLIO:	**Councillor Kelly – Lead Member Children's Services**
KEY DECISION:	**Yes**
EXEMPT:	**No**
DECISION SUBJECT TO CALL IN:	**Yes**
APPENDICES:	**Appendix 1 – Slough Children & Young People's Participation Strategy**

1. **Summary and Recommendations**

1.1. The aim of the Children & Young People's Participation Strategy is to ensure that Slough is a place where children feel they can voice their views and opinions in a safe and supported environment. The strategy sets out how the Council and its partner agencies will actively encourage and improve participation. The strategy will be delivered through a range of initiatives supported by a multi-agency action plan.

1.2. The inspection of children's services by Ofsted in January 2023 identified that children and young people were not involved in the design, delivery or shaping of services or in their own care planning. The inspection report identified an urgent need to improve the meaningful participation of children and young people in developing and delivering services.

1.3. The Council has prioritised children and young people in its corporate plan and recognises that services for children and young people should be co-produced and should involve them at all stages of development and implementation. This includes knowing when things are going well and when things are not working for children to ensure continuous improvement.

Recommendations:

1.4. Cabinet is recommended to: Approve the Children & Young People's Participation Strategy at Appendix 1.

Reason:

1.5. To ensure that the views of children and young people are considered and that they are actively participating in improving and shaping service delivery.

2. Introduction

2.1. The Council's Corporate Plan 2023-2027 states that's purpose is to close the healthy life expectancy gap by focusing on children. There is a commitment to work closely with partners and the community to improve outcomes for children and give them a good start in life. This includes listening to the voices of children and young people and ensuring they have a say in the future of Slough.

2.2. The Children & Young People's Participation Strategy has been developed across the partnership through the Children and Young People Partnership Board. Children and our workforce have been actively engaged in developing and reviewing strategies from many other local authorities, from their own experiences and from collaboration with one another.

2.3. This strategy sets out a clear commitment across the partnership that there will be one approach for children's participation shaped around the four key concepts of:

   a) **Space** – a place to which is safe, inclusive and gives opportunity to express views
   b) **Voice** – active facilitation to support children and young people to share their view
   c) **Audience** – the right people are there to listen and work with young people
   d) **Influence** – children and young people can make an impact and honest feedback is given.

2.4. The strategy is the central document upon which the Council and its partners will facilitate participation for children and young people. It sets the scene, and the success and impact of the strategy will be taken forward through the Children and Young People Partnership Board.

3. Commissioner Review

Commissioners have reviewed this report and have no specific comments to add.

4. Options Considered

4.1. The following options were considered:

Option	Pros	Cons	Recommended
Option 1: Approve the Children & Young People Participation Strategy	• Strategic approach to providing quality participation within Slough • Hearing the voices of the children that we work with • Partnership working with other agencies to support children in Slough to have the best opportunities • This is a shared and agreed approach developed through the Children & Young People Partnership Board • A positive view from Ofsted when they next scrutinise Slough Children First services for children which will contribute to a positive judgement • A positive view from the DfE appointed Commissioner on the progress made by Slough Children First	• Additional time and resource required from staff to ensure that the strategy has meaning	**Recommended**
Option 2: Do not approve the Children & Young People Participation Strategy	• No additional time or resource required from staff/partner agencies in addition to 'as is'	• Children people will continue to feel that their views are not given the appropriate consideration and will feel disenfranchised • A failure to deliver on the aspirations set out the Corporate Plan. • A negative view from Ofsted when they next review or inspect children's services which will adversely influence their judgement. • A negative view from the DfE appointed	**Not recommended**

		Commissioner on the progress made by the Council and Slough Children First in relation to improving children's services.	

5. <u>Background</u>

5.1.   Slough has one of the youngest populations in England as almost 28% of the population are aged under 18 and need to be engaged in developing and shaping the services they receive. Children offer a unique perspective of matters of importance to them, their peers and for their Borough – those views matter and we should actively look for all opportunities to engage with children and young people in developing, implementing and reviewing what we do.

5.2.   In the January 2023 ILACS inspection the children told inspectors 'They as us, we tell them, they don't listen. So, what is the point?'

5.3.   What else have children told us?
- They want to be involved in activities within the LA – from interviews to events
- They want opportunities for their own personal development.
- They want to be heard – they want their feedback to be put into action
- They want to know why decisions are being made about them and for them
- They want to be able to help shape the service
- They want feedback on the suggestions that they are making
- They want to feel as though they matter

5.4.   What do staff tell us?
- They want to hear what children think.
- They want to be part of innovative ways of supporting children
- They want to be able to use their skills in a way which adds value, often outside their substantive job role.
- They want to know what they can do better in their role to support children and young people.

5.5.   This strategy has been written in conjunction with partner agencies to significantly strengthen the participation offer that is currently in place. This will be via several routes but overseen by the Children and Young People Partnership Board.

5.6.   What is the strategy? The strategy has four core values and underlying principles:
- Supportive - being clear about the decisions being made and why.
- Innovative – allowing a creative space for involvement and celebrating successes
- Respectful – treating everyone with respect and respective privacy
- Collaborative – Working together, not making assumptions, and allowing everyone to be involved no matter what their background and ability

5.7. We will measure the success of this strategy by monitoring -
- Levels of engagement in groups is increased.
- The Child's voice is more evident in all work.
- Case studies of practice will have a clear footprint of co-production and the voice of the children.
- Children will say they feel heard.
- Teams within the LA understand their roles in participation and pro-actively look for opportunities to engage.

6. Financial Implications

6.1. There are no ongoing financial implications from this proposal. Slough Children First have received a grant from the Department of Education of £60,000 to contribute to participation activities in 23/24. This will support one-off activities in 23/24 to develop the participation champion programme, branding, marketing and launch of the strategy and training and increasing awareness. Post 23/24, participation activities will be undertaken by the participation officer that is already costed in the established workforce of Slough Children First.

7. Legal implications

7.1. Under the United Nations Convention on the Rights of the Child – Article 12 'Every child has the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously.'

7.2. Article 23 states 'a child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play and active part in their community'.

7.3. The Children and Social Work Act 2017 introduced statutory corporate parenting principles, which local authorities must have regard to whenever they exercise a function in relation to looked after children and care experienced young people. Whilst these duties only apply to local authorities, there is an expectation that partner agencies understand their role in assist in applying the principles to the services they provide. There is a strong emphasis within the principles of encouraging children and young people to express their views, wishes and feelings and taking these into account when making decisions. These principles should not be exercised in a formulaic way and instead should be embedded into the culture of the Council. A strategy focused on participation enables the Council and its partners to plan and implement an approach that puts these children and young people at the heart of decision-making.

7.4. The Children and Families Act 2014 introduced a new statutory framework from supporting children and young people with special educational needs and disabilities. Section 19 of the Act requires local authorities, in carrying out their functions under the Act, to have regard to the views, wishes and feelings of the child or young person and the importance of the child or young person participating as fully as possible in decisions, including being provided with information and support necessary to enable participation in those decisions. This is wider than involvement in individual decisions, instead including participation in planning, commissioning and reviewing services.

8. Risk management implications

8.1. Legal – the Council fails to comply with its overarching duties for children and young people

8.2. Financial – the Council's services do not adequately address need leading to more expensive crisis intervention.

8.3. Operational – children and young people do not feel heard and therefore stop providing feedback, leading to poorer outcomes and services.

8.4. Regulatory – Ofsted fail to see adequate improvement, leading to the services being deemed inadequate or failing to improve at the necessary pace.

9. Environmental implications

9.1. None identified.

10. Equality implications

11. Procurement implications

11.1. There are no procurement implications from this proposal. However, it should be noted that there may be a requirement for specialist support to deliver specific elements in the future.

12. Workforce implications

12.1. No negative implications. This approach will support a more involved, engaged and challenged workforce who are able to hear and respond to the voices, thoughts and feelings of the children and young people that they work with.

13. Property implications

13.1. There are no property implications

14. Background Papers

None

Children and Young People's Participation Strategy 2024

Contents

Children and Young People's Participation Strategy 2024 | KM draft 09112023

Foreword (Lead Member for Children's Services and Executive Director Children's Services)

You, the Children and Young People of Slough, are at the heart of everything we do therefore this Participation Strategy is about ensuring that you are central to decision making on issues that affect you, not just seeking your views but acting on them as part of ongoing improvement and development of services and support in Slough.

In the Inspection of Local Authority Children's Services (ILACS) in January 2023 you told Ofsted:

"They ask us, we tell them, they don't listen. So, what is the point?"

We want you to know that you are being heard and this Strategy is intended to make sure we listen to you, act on what you have said and then feed back to you.

This Strategy is for all services within Slough, especially the ones that work directly with you. We have worked together with our partners to hear what you are saying and we hope it strengthens your voice across all services who work with you.

Our Commitment to Participation

Our Participation Strategy is led by the United Nations Convention on the Rights of the Child - Article 12 which states that **"every child has the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously"** *and* Article 23 states that **"a child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in their community"**

For participation to be effective, meaningful, and long lasting, it needs to be an ongoing process that we should develop together, rather than a one-off activity. It requires ongoing commitment in terms of contributions, staff time and funding. We are committed to embedding participation champions in all services at all levels, creating a culture of participation which in turn, makes our services more child and young person centred.

Who are Children and Young People?

When we speak of 'children and young people', what do we mean? To clarify, we mean those aged 0-19 years old or up to 25 years old if they are a Care Leaver or have Special Educational Needs or a Disability, sometimes referred to as 'SEND'.

Slough's population is one of the youngest in England with nearly 28% (43,800) of the population aged under 18, compared to 21% nationally. This is the second highest proportion of children under 18 in England. (Office for National Statistics 2023).

What is the Participation Strategy?

In Slough there are lots of participation opportunities. This document sets out how we plan to utilise these opportunities even better so that you can be "*actively be involved in something*". We want to be sure that the actions we will take and the different ways we will engage with you make sure your voice makes a difference.

Slough Borough Council – Strategic Priorities

It is important that this Strategy sits within a wider framework of priorities that are overarching for all the residents who live in Slough.

Slough Borough Council has identified its clear purpose as 'Closing the healthy life expectancy gap, by focussing on children' with three key strategic priorities, the first of which relates specifically to you:

Priority 1: A borough for children and young people to thrive
Providing quality services for vulnerable children and those with special educational needs and disabilities (SEND)
Improving outcomes for disadvantaged children and young people
Tackling high rates of child obesity
Increasing children and young people's participation in decisions that affect them and in shaping the future of Slough

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This Strategy is a partnership Strategy for the benefit of all children and young people in Slough. All partners play an equal part in engaging with you and making sure that your voice is being heard and acted upon.

The Participation Strategy for Children and Young People

Our core Values:

Supportive:
➢ We will be clear and informative, and communicate with you in a way you understand.
➢ We will involve you as early as possible. We will be clear what we can and cannot change and will explain you why.
➢ We will talk to you about your options, and give you time to think through your ideas.
➢ We will share as much information as we can with you.
➢ We will help our staff to understand what participation is and develop their skills and knowledge, so they feel confident to involve you in decision making.

Innovative
➢ We will make sure that opportunities for you to participate in are relevant to you and have a clear purpose.
➢ We will create space for you to have ideas yourself about how we can work differently or how you can help change things.
➢ We will celebrate your achievements.
➢ We will continue to learn and develop how we support you.

Collaborative
➢ We will work with you to help you participate.
➢ We won't make assumptions about what you can and cannot do.
➢ We will find opportunities for you to take the lead, learn new skills and develop your confidence.
➢ We will find ways to involve you whatever your needs and however long you need to do so.

Respectful
➢ We will treat you with respect and take time to build a relationship with you.
➢ We will help you to feel safe to give your views clearly and honestly.
➢ We respect your view even if it's different from ours.
➢ We respect your privacy and won't share your information with your permission unless we legally must do so.
➢ We will let you know the outcome of the decisions we involve you in.
➢ If you feel you are not being listened to or understood, we will help you to speak to a professional you know best so they can help.
➢ If we can't resolve this for you, we will help you to make a complaint.

Happy, Safe and Loved, Thriving

What does Participation mean?

Participation is about how we can involve you in different ways to hear your views and you about the action we will take because of what you have said. Participation activities include events, fun days out, forums, youth councils/boards, consultations, interview panels, mentoring councillors and more. Put simply participation means:

"*Actively being involved in something".*

Participation moves beyond engagement to informing the way we work together to achieve jointly agreed outcomes and feeding back on non-agreed outcomes

Our Model of Participation

There are many different models available to inform the way that participation can be developed. The model we have chosen in Slough was devised by Professor Laura Lundy. Lundy's model is a way of explaining Article 12 and is what's called a rights-based model of participation.
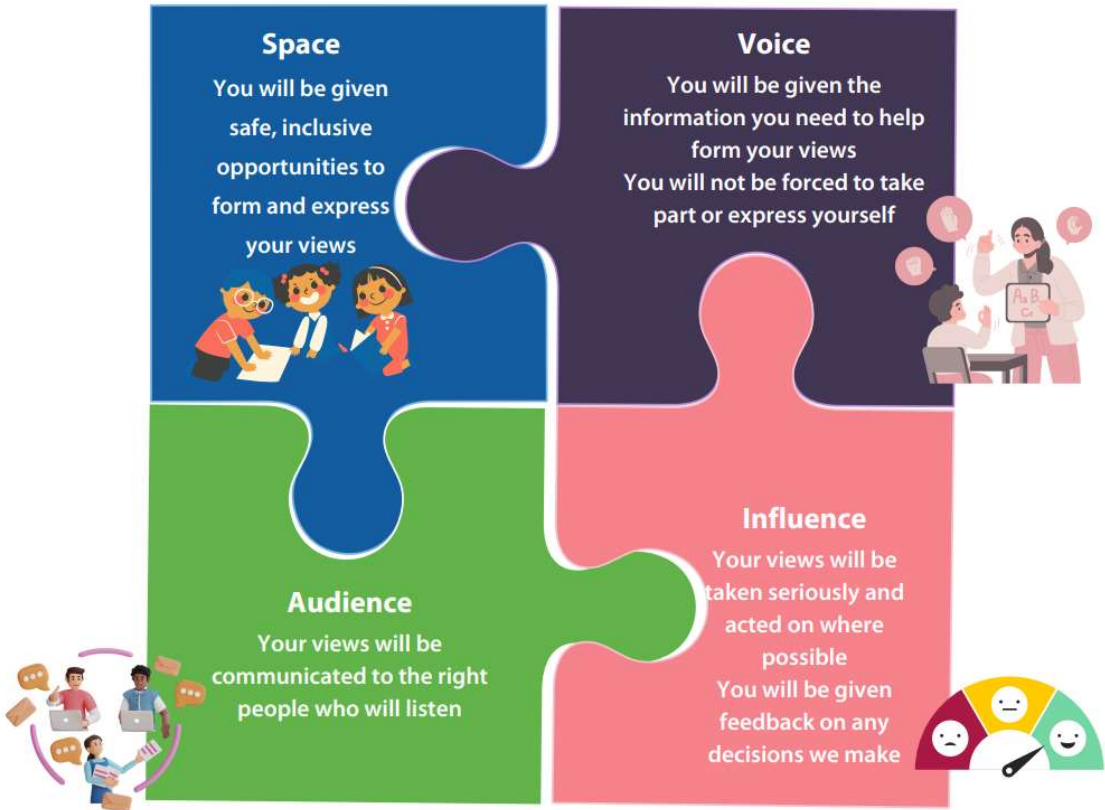
The model breaks Article 12 down into 4 key concepts

The Lundy Model is based on four key concepts, SPACE, VOICE, AUDIENCE, and INFLUENCE

SPACE:

- You must be given safe, inclusive opportunities to form and express your views
- You are involved as early as possible and will have opportunities to meet to talk about the service and suggest improvements
- Any participation process is inclusive and accessible to all
- You feel comfortable and safe expressing yourself

VOICE:

- You must be supported to express your views
- You must know that participation is voluntary, and you can withdraw at any time
- You are supported to give your own view, while ensuring we include age-appropriate and accessible information
- You are given a range of ways to express yourself that best suits your needs and choices
- You have opportunities to identify topics they want to discuss
- You have opportunities to influence local, regional, and national partnerships and initiatives to widen the influence and scope of your voice

AUDIENCE:

- Your views must be listened to
- You need to be aware of how and when your views will be communicated and who to
- You will be clear on the commitment of partners to ensure your voice is heard in the right situations
- You will know who the audience is for any participation work you contribute to
- You will feel confident that you will be supported in communicating your views

INFLUENCE:

- Your view must be acted upon
- You will be informed of the scope you have (including limitations) to influence decision making
- You will be given age-appropriate feedback at key points in the development of a service or policy
- Where your voice impacts on the design of a service your contribution will be publicly acknowledged
- You will be aware of what changes / developments have been agreed
- You will be given the opportunity to evaluate the impact of any changes

Key Language and Definitions

Some words and phrases you might hear when you participate:

Consultation – this is where adults seek your views, when work with what you say to shape the outcome. Some of your ideas are taken on board, and others are not. This will be explained at the start.

Co-Production – this is where adults work with you in partnership. Usually, adults have the initial idea or identify an issue or problem. They then involve you to work out

what needs to change and how. This approach recognises your contribution as being as valuable as adults working with you.

Child or young person led or initiated – this is where you identify the issue or problem and select your own activities and adults participate rather than lead on them; *(an example of this in Slough is the Slough Youth Parliament development of its manifesto and work plan).*

Ways of hearing Children and Young People

It is important that we understand there are different ways of you, individually, operationally, and strategically
- **Individually**
  - o Decisions relate directly to your own lives.
  - o Decisions are made about day-to-day activities.
  - o Outcomes primarily impact you.
- **Operationally**
  - o Decisions relate to planning, delivery, and evaluation
  - o The activity aims to improve the quality-of-service provision.
  - o The outcomes affect the individual and other children and young people. For example, delivering training, interviewing professionals, telling us how our services work or don't work for you.
- **Strategically**
  - o Decisions relate to long term planning.
  - o The activity includes meaningful roles in priority setting, monitoring, and designing services.
  - o Outcomes influence policy and practice.

Areas that you can influence

We want to be creative and open up opportunities for you to participate in a number of areas. This might include:
- How our services work, how we evaluate what we do and how we know if we are making progress or have been successful
- How we communicate with you
- How we recruit and train staff who work with you
- The policies we write and work to
- How services are delivered by us or those we ask to do so on our behalf.
- Long term strategic planning

Benefits of participation

For you:
- Build confidence and self -esteem
- Learn skills such as problem solving, working with others and planning
- Make new friends and meet different people
- See the difference you make for others
- Help make services better for you and others in Slough
- Developing communication skills

For us:
- We create services that are better for you
- It challenges us to think about how we include others and make sure that services meet your needs
- Strengthens our accountability
- We know what you really think and we can respond to you

How can you get involved?

There are a number of groups and clubs that you can get involved in.

You could be elected as a Member of the Youth Parliament or participate in our Young Inspectors programme.

Our children in care and care experienced young people make a vital contribution to our services and we have the Reach Out and Space to Talk groups.

We also have groups to support our young people identifying as LGBTQ+ and our children and young people with additional learning needs or SEND.

Group or Forum	Brief Description
Slough Youth Parliament Slough Borough Council sloughforyouth@slough.gov.uk	Slough's Youth Parliament (SYP) ensures that young people in Slough can influence and be involved in decision making in the town SYP is part of the British Youth Council and has a representative that sits on the National Youth Parliament. The manifesto includes the national campaign run each year. **Make Your Mark** is the biggest youth ballot in the UK, available for 11-to-18-year-olds to participate. The SYP and Youth Voice Team coordinates the registration, elections, and results collection for Slough, via its schools, colleges, and youth groups. This enables Slough young people to feed into national campaigns and let decision makers know what areas of life children and young people want to impact the most. www.byc.org.uk/uk-youth-parliament/make-your-mark
Slough Young Inspectors Slough Borough Council sloughforyouth@slough.gov.uk	A Young Inspector is a volunteer aged between 13-19 and up to 25+ with SEN who will inspect services that impact children, young people, and their families within Slough. The programme is aimed at providing an opportunity to build confidence, learn new skills, make a positive difference, influence the way services are delivered from inspection outcomes. Young Inspectors	Slough for You (sloughfamilyservices.org.uk)

Children in Care Council– **Reach Out Speak Out** Space to Talk – Care Leavers Forum Slough Children First	In Slough the children in care council are made up of two groups, **Reach Out** is for young people who are in care aged 11+ **Space to Talk** is for care experienced young people aged 16 to 24. These groups provide children and young people with an opportunity to have a say on issue that matter and be heard, share ideas on how things can be improved, influence changes in organisational policy and meet new friends and enjoy social time and activities. Having my say - Slough Children First Care Council - Slough Children First
Spectrum (LGBTQ) Slough Children First	Spectrum is an LGBTQAI+ Targeted Group, which is a 10-week programme for young people, there are 2 groups - 11-13- and 14–17-year-olds. The programme allows young people to come together to build friendships and explore their identity in a safe place, each week there are opportunities for social time, exploration and focussed time discussing issues concerning wellbeing and building resilience. Add contact details
Young Health Champions Youth Engagement Slough (YES)	Established in 2018, Young Health Champions is a pioneering scheme funded by Frimley ICB and delivered by local charity, Together as One. Young Health Champions are students from local schools in Year 12. They are brought together to: **LEARN:** Complete a Level 2 qualification accredited by the Royal Society for Public Health (RSPH). **HAVE A VOICE:** Work with professionals to ensure young people's opinions are heard when services are being designed and commissioned. **MAKE A DIFFERENCE:** Deliver positive messages to peers on themes relating to mental health and wellbeing Home - Youth Engagement Slough (yesslough.org.uk)
SEND Youth Forum Youth Engagement Slough (YES) Delivered by Together as One for Slough Borough Council and Frimley ICB	The new SEND Youth forum launching in 2024 will provide an opportunity for children and young people with Special Educational Needs and Disabilities (SEND) to have a platform to shape policies, practices, and local services. The group will meet online and, in the community, /school so that young people can have fun and share their views, experiences, and work together with decision makers to impact the lives of young people with SEND. Home - Youth Engagement Slough (yesslough.org.uk)

Volunteer Group Youth Engagement Slough (YES)	Help the community, have fun, develop your skills and make Slough 'Together as One' [Home - Youth Engagement Slough (yesslough.org.uk)](yesslough.org.uk)
Slough Young Carers Youth Engagement Slough (YES)	Cooking, creativity & more, for Slough's young carers (young people looking after a relative with an illness, disability, addiction or frailty)[Home - Youth Engagement Slough (yesslough.org.uk)](yesslough.org.uk)
Girls Group Youth Engagement Slough (YES)	Good vibes, like skills & empowerment [Home - Youth Engagement Slough (yesslough.org.uk)](yesslough.org.uk)

How will we check that the Strategy is working

Success in 12 months will look like…

- We will create a way of explaining this Strategy visually so that you can understand it in different ways.
- A training programme will have been developed and be accessible for all staff in the Council working with children and young people.
- Our young people's participation groups are thriving. The number of young people attending these groups is increasing and the same young people want to stay involved in them.
- We want all services interacting with children and young people to have completed a self-assessment and understand their areas for development in their delivery plan and those of our partners.
- We will be gathering evidence of how children and young people are participating in our services and influencing change through regular reviews and engagement activities.
- There will be an annual report to Cabinet on the progress made against this strategy.

BETTER WHEN WE LISTEN:

Action Plan

The action plan will be a live plan that will change over time in response to progress made and further actions identified and added. Example format below:

Space - Safe Inclusive Opportunities to Form and Express Views **Voice – Children and Young People Are Facilitated to Express Their Views** **Audience: Children and Young People's Views Are Communicated to The Right People** **Influence – Children and Young People's Views Are Taken Seriously and Acted Upon**				
Action	**Lead**	**When**	**Measures**	**Impact**

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Equality Impact Assessment

Directorate: Slough Children First	
Service: Participation	
Name of Officer/s completing assessment: Kate McCorriston	
Date of Assessment: 20ᵗʰ October 2023	
Name of service/function or policy being assessed: Children & Young People's Participation Strategy	

1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing? To engage with young people, children and families who are in receipt of the services of Slough Children First, SBC and other partner agencies such as Police & Health. Ensuring that those who are in receipt of services have a voice in the shaping and delivery of the services which they are in receipt of, via a multi-agency approach.
2.	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. Participation is a multi-agency responsibility with joint responsibility for the implementation of the strategy. While Slough Children First is the lead in the delivery of the strategy, all agencies have a responsibility to engage. Progress will be monitored through the Children & Young People Partnership Board.
3.	Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. **Age** **Disability** **Gender Reassignment** **Marriage and Civil Partnership** **Pregnancy and maternity** **Race** **Religion and Belief** **Sex** **Sexual orientation** **Care Experienced** **Other** All of the above-mentioned groups will be affected, though in a positive manner, as all voices will be heard and responded to.

		Various forums will be set up to allow for individual representative groups to have a 'safe' space to talk and share their individual views, thoughts and proposals. Feedback to the forums will be provided both individually (if required) and collectively to evidence progress and positive change.
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. Engagement in the design of services will be a positive for all groups affected. The young people and families affected will have a greater ability to design & influence the services that they are in receipt of. The workforce will have greater engagement with those who are in receipt of the services and will be able to provide improved outcomes for those included. Feedback routes will be enhanced to allow for greater understanding of decisions, collective design and increased ownership of policies, services and strategies which affect all those in receipt of 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 are no noted negative impacts noted for this Strategy.
6.		Have the impacts indentified 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). N/A
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? Partner agencies & the workforce have been engaged in the writing and design of this strategy. Children, young people and families will be engaged in the on going deliver of the strategy.
8.		Have you considered the impact the policy might have on local community relations? This strategy is anticipated to have positive impact on local communities. With those in receipt of services feeling more engaged and having a voice in the design and delivery there is an expected increased engagement and positive perception of the work that is being undertaken by SBC and partner agencies.
9.		What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact? The delivery of the Strategy will be monitored and reviewed by the Children & Young People Partnership Board. This will assist in the identification of any risk areas with a responsibility to identify remedial actions if required.

10.	What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. The Children & Young People Partnership Board will be responsible for the ongoing monitoring of this strategy.

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

Name: Kate McCorriston
Signed: (Person completing the EIA)

Name: ……………………………………………………
Signed: …………………………………………………(Policy Lead if not same as above)
Date:20/10/2023

Slough Borough Council

Report To:	Cabinet
Date:	20 November 2023
Subject:	Development of Integrated Family - Hubs in existing children's centres.
Lead Member:	Cllr Paul Kelly. Education and Children's Services
Chief Officer:	Sue Butcher, Chief Executive and Executive Director for Children's Services
Contact Officer:	Neil Hoskinson Associate Director for Education and Inclusion
Ward(s):	All
Key Decision:	YES
Exempt:	NO
Decision Subject To Call In:	YES
Appendices:	<u>Appendix 1 - EqIA</u>

1. Summary and Recommendations

1.1 This report sets out to confirm implementation of the May cabinet decision to consolidate children's centres with wider functions in three, and early years education on the other two.

Recommendations:

Cabinet is recommended to:

1.2 Approve the establishment of a Family Hub model of delivery from the Council's retained children's centres at Penn Road, Romsey Close and Chalvey Grove Children's Centres.

Reason:

1.3 In the current cost of living crisis, 3.9 million children across the UK are living in poverty, and it is known that the proportion of children and young people in Slough's population is higher than national comparators. Research demonstrates that those growing up in poverty will go on to experience adversity later in life. Family Hubs can play a part in addressing this, providing support to families from conception to the age of 19 (or 25 for young people with Special Educational Needs & Difficulties (SEND). They provide a single point of access to integrated family support services for early help. Building on the legacy of Slough's established children's centres and the service delivery model already embedded in the communities they serve; Family Hubs will further strengthen outcomes for

children and young people. Service users only having to tell their story once rather than separately to different providers is an established benefit, as is the associated reduction of their longer-term dependency on statutory services.

Commissioner Review

This report has been reviewed by Commissioners who have no specific additional comments to add.

2. Introductory

2.1   The decision recommended to the Cabinet, and the sequence of events that led to this point, is consistent with the Council's Corporate Plan approved in September 2023, including its purpose to close the healthy life expectancy gap by focusing on children and the strategic priority to be a borough for children and young people to thrive.

2.2   This report follows the Cabinet decision of 24 May 2023 which supported the recommendation to make efficiencies from children's centres where demand had been low for the services provided, or where there were suitable alternative means of service delivery.

2.3   The strategic context reflected evidence that the children centre services in Slough could be greatly improved by:

- shaping the market and in building in good commissioning practice to secure best value for public money;
- having a strategic commissioning approach allowing the private, voluntary, and independent (PVI) sectors to provide for most childcare needs in the borough;
- consolidating services so that service provision is stronger and more sustainable in fewer centres.

2.4   The May report agreed by cabinet considered options in terms of various numbers of closures and retained centres, as well as the pattern of Early Years and wider children's centre usage. Its approved recommendation has provided three children's centres at Penn Road, Romsey Close and Chalvey Grove to deliver early years provision with core children's centre services for under 5's. Yew Tree Road and Monksfield Way centres continue as sites for early years provision only, with overall management from the first three centres on the "hub and spoke" model described in May.

Options considered

2.5   Option 1 – The Children's Centres to deliver children's centre services for children aged 0-5 years alongside delivery of early years provision in Penn Road, Romney Close and Chalvey Grove, with early years provision only in Yew Tree Road and Monksfield Way. This is the current operating model, **not recommended** on the basis that it would miss the opportunities arising from option 2 (below).

2.6   Option 2 – To develop a Family Hub model for children aged 0-19 years (0-25 years for children with SEND) in conjunction with partners, utilising existing children's centres at Penn Road, Romsey Close and Chalvey Grove **(Recommended option).**

2.7   Option 3 – To identify/ utilise other premises in Slough to develop a Family Hub model. Alternative premises would need to be found, funded and developed, where those in Option 2 represent a very practical way forward.

3. Background

3.1.   National context

3.1.1. In May 2022 the independent review on children's social care (McAllister Review), published a report recommending wide ranging reforms to children's social care, redefining family support, shifting services into local community-based multi-disciplinary teams.

3.1.2. A further announcement had been made in May 2021 by the Education Secretary, to announce that the Anna Freud Centre will facilitate the National Centre of Excellence, whose role is to be a champion for Family Hubs, spreading best practice and evidence on integrated family service models and work with areas to help them set up and deliver world-leading models of support for families from conception to nineteen.

3.1.3. The vision set out by the Minister for Children has been further endorsed by the Department of Health and Social Care's (DHSC) Early Years Healthy Development Review, which recommended the nationwide development of Family Hubs. This vision endorsed the development of Family Hubs to be welcoming, family-focused centres for every new family through pregnancy and beyond.

3.1.4. Effective integrated working along with Early Help services can improve children's wellbeing, educational attainment and life chances, reduce family poverty, improve mental health and lead to lower crime, unemployment and other negative outcomes which carry significant cost to the public purse. The integrated Family Hub model enables easier access to support, better outcomes for families, more effective service.

3.2.   Local Context

3.2.1. Slough's Early Help Strategy 2023 informs us that Families themselves also tell us that it can be challenging to navigate their way around the help and support available. They can find themselves 're-telling their story' to different professionals. This can sometimes prevent children and families getting the right information, advice, guidance and help at the right time.

3.2.2. The Early Help strategy also outlines the evidence that a child's parent is their primary educator, but some parents need more help to develop the home environment and parent-to-child relationships. This can impact on a child's early development, so there is a strong financial case for providing Early Help at this age to prevent later more costly support.

3.2.3. Evidence shows that a child's experiences from conception to five play a critical role in their development, and that the early years represent an opportunity for families to benefit longer term. We know that measurable gaps in outcomes, between disadvantaged and vulnerable children and their

peers, can emerge early before children are two years of age. These are difficult and costly to close.

3.2.4. Some families need extra help and support to enable them to be independent longer term, but children, young people and families have said they don't want to be "in systems". They want to be supported by people they trust, their friends and families, their community to resolve the day-to-day challenges they face.

3.3.   Development of retained centres as Family Hubs

3.3.1. A family hub is a focus for system-wide models of providing high-quality, whole-family, joined up family support services. Family Hubs deliver these family support services from pregnancy, through the child's early years and later childhood, and into early adulthood until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities).

3.3.2. Each family hub will be bespoke to the community/locality It serves. The three children's centres currently delivering core children's centres services for children under 5 are at Penn Road, Chalvey Grove and Romsey Close Children's Centres. They are best placed for the development of family hubs and for whole-family work as the sites are well known in Slough, non-stigmatising and of good quality. It will be important to protect some space and services within Family Hubs to meet the needs of very young children (e.g. for ante/post-natal services, child and family health services, early education and child development and parenting support) They have been designed to ensure that the youngest children's needs can be met (e.g. in bathrooms, window heights, access to outdoor space, security), as well as needs of other key communities of interest such as families with disabilities/additional needs. These plans seek to avoid any risk of capital clawback which might occur on a reducing scale as a percentage of capital spent on the buildings, unless similar services for young children and their families are offered – which they will be.

3.3.3. This universal early years provision enables the identification of emerging difficulties at the earliest stage. Until children start formal schooling there is no other universal early years information base of families with young children. So, the proposal greatly reduces the risk of 'unknown' young children and unidentified safeguarding concerns.

3.3.4. The detailed development of a specified family hub model cannot be dictated at this stage. It will grow according to local needs and an established pattern that must be adhered to by working to the core principles outlined by the DfE; these are:

- Early Years excellence – The hub recognises the importance of this period and prioritises the need to support parents to ensure children have the best start in life;
- Families with Children 0-19 (to 25, with SEND);
- Early Help and Prevention;
- Integrated work;
- Whole family approach;
- Easily accessible;
- Partnerships with voluntary sector, and;

- embedded within the community.

3.3.5. Multi – disciplinary and multi-agency teams will work together closely and in a co-ordinated way, through co-location in the centres. They will support families to get the help they need in the community they live in.

3.3.6. There will be a clear and simple way for families with all ages to access support. Teams will work closely together in a co-ordinated way with shared outcomes and clear governance, sharing data to inform decisions and supporting families to only have to "tell their story once". For families there will be a consistent public-facing point of access with improved relationships and customer experience.

3.3.7. Development of an effective multi agency Family Hub Board at this stage, will develop shared ownership, clear governance, and implementation of the family hub strategy, embedding this vision at a strategic level. Governance structures will enable different agencies to take collective responsibility, share risks and jointly invest in early help, whole-family and whole-system working.

3.4. *What will they do*

3.4.1. They will aim to drive improvement around family outcomes – by improving family relationships, stability, physical health, and mental wellbeing. This will support outcomes for children and young people across the four domains of development: physical; intellectual; social; emotional & behavioural.

3.4.2. These services will support families with the aim to reduce disparities between disadvantaged families and their peers and deliver on Slough's corporate plan objectives: "a borough for children and young people to thrive".

3.5. *Who will benefit from a Family Hub*

3.5.1 Families, children, and young people – there will be better access to early help services, improved relationships with professionals, better experiences of navigating services thus improving engagement and in turn outcomes.

3.5.2 Professionals – Enhanced working through inter-professional collaboration, improved relationships with families, better outcomes, shared sustained approach and more productive outcomes through co-location.

3.5.3 Local authority – Clearer or shared funding arrangements, improved needs assessment, a clear vision with outcomes and better governance, better management of statutory pressures and reduced wait times for early interventions.

4   Implications of the Recommendation

4.1. *Financial implications*

4.1.1. The recommended option in the report is to change the way we use the reduced number of Children's Centres, particularly in terms of how professional teams work together. Those centres are currently operational. Therefore, there are no financial cost implications from pursuing the recommended option.

4.2.   Legal implications

4.2.1. Section 10 of the Children Act 2004 ("the 2004 Act") imposes an obligation on the council to plan to promote co-operation between the council, its relevant partners, and any other persons or bodies who exercise functions or are engaged in activities relating to children in the local authority's area, as the council considers appropriate. These arrangements are to be made with a view to improving the well-being of children in the local authority's area.

4.2.2. S.11(2) of the 2004 Act provides that the council must plan with partner agencies for ensuring that their functions are discharged "having regard to the need to safeguard and protect the welfare of children". In discharging that duty, they must have regard to any guidance given to them for the purpose by the Secretary of State. The relevant guidance is the "Working Together to Safeguard Children".

4.2.3. The obligations under the 2004 Act concern children of all ages. The statutory obligations in the Childcare Act 2006 ("the 2006 Act") concern "young children", which essentially are those aged between 0-5. Section 1 of the 2006 Act imposes on local authorities a general duty in relation to the well-being of young children to:

   a) improve the well-being of young children in their area, and
   b) reduce inequalities between young children in their area in relation to:
     • physical and mental health and emotional well-being;
     • protection from harm and neglect;
     • education, training and recreations;
     • the contribution made by them to society; and
     • their social and economic well-being.

4.2.4. S.3 of the 2006 Act sets out specific duties the council has in relation to early childhood services which include early years provision. It provides that the council must plan to secure that early childhood services in their area are provided in an integrated manner which is calculated to facilitate access to those services, and maximise the benefit of those services to parents, prospective parents and young children. In discharging its duties, the council must have regard to any guidance given from time to time by the Secretary of State.

4.2.5. Under s.2B of the National Health Service Act 2006, the council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. Such steps include provision of services or facilities designed to promote healthy living and provision of information and advice. Integrated and effective early help services for children and families support both of these overarching public health duties.

4.3.   Risk management implications

	Risks	Potential Impact	Mitigating Actions
1	Failure to agree proposals for Family Hubs	Lost benefit of integrated family-focused work / further pressure on statutory services.	Professional change management processes compliant with national requirements

2	Failure to secure stakeholder support for proposals	Implications for mutual trust, and impact in placements and costs	Early dialogue and developments based on mutual professional respect
3	Failure to secure parents' trust and confidence in planning support for families	Lack of engagement and lost opportunities for early intervention; staff morale	Positively engage existing partnership systems
4	Early Years Sufficiency not met	Dissatisfied families and children's developmental needs not met	Implement report proposals
5	Continuation of current model of children's centres	Identified gaps for services for children young people over 5 increases and pressures are increased in other areas	Planning and identification of need
6	Increased cost to the council and partners identifying other premises than children's centres for family hubs.	Lack of community engagement and time needed to establish belonging in the community could affect implementation. Lack of available space already an factor for partners and service delivery now.	Children's centre buildings already established and trusted within the community

4.4. Environmental implications

4.4.1. There are no environmental implications.

4.5. Equality implications

4.5.1. Section 149 of the Equality Act 2010 requires that public bodies when exercising functions have due regard to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between those with protected characteristics and those without and foster good relations between those with protected characteristics and those without. Appendix 1 contains an equality impact assessment for the family hub model. This assessment confirms that it is anticipated that all disadvantaged groups including those with protected characteristics within the target demographic of 0 – 19 year olds and up to 25 year olds with special educational needs and disabilities and their families will benefit by the changes referenced in the options. This is because the modified service will seek to improve the identification and targeting of family support to those most in need with a view to improving outcomes for young children and their families and reducing inequalities between families in greatest need and their peers whilst also streamlining aspects of services currently provided.

5. Background Papers

5.1.   None

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Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision.

SECTION 1:

What are you analysing, What is the policy/project/activity/strategy looking to achieve?
Who is it intended to benefit? Are any specific groups targeted by this decision?
What results are intended?

This equalities impact assessment (EIA) seeks to assess the impact of developing the current Children's Centres in Slough into Family Hub model for children and young people 0-19 (25 for SEND) across Slough. This will allow us to develop a multi-agency vision and the underlying principles for the Family Hubs, expanding on the current delivery model which focuses on children 0-5years.

The plan aims to improve outcomes for our most vulnerable children and young people by addressing inequality and improving access to services for all children and young people.

The EIA will look at specifically working with our partners on the co design and co production while reviewing existing services already offered within the centres for children aged 0-5 and the functions of these, although the specific details of how this will work in principle in Slough have not yet been developed, it is expected to strengthen the whole family approach.

Slough has 3 Children's Centres operating across the borough with 2 spoke centres delivering early years provision, the primary focus being on children aged 0-5years.

A Children's Centre is defined in the Children Act 2006 as a place or a group of places: which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way; through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and at which activities for young children are provided.

The core statutory function of Children's Centres is:

- To improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:
    - child development and school readiness,
    - parenting aspirations and parenting skills; and
    - child and family health and life chances.
    -

Family Hubs provide families with a single access point to integrated family support services for early help with social, emotional and physical and financial needs. Each Family Hub is bespoke to the community while incorporating three key delivery principles: access, connection and relationships.

Reviews of the current delivery model prior to and post consultation around children's centres and national developments in relation to outcomes of Family Hubs are the drivers.

It is anticipated that all disadvantaged groups including those with protected characteristics within the target demographic of 0 – 19 year olds and up to 25 year olds with special educational needs and disabilities SEND and their families will benefit by the changes referenced in the options. This is because the modified service will seek to improve the identification and targeting of family support to those most in need with a view to improving outcomes for young children and their families and reducing inequalities between families in greatest need and their peers whilst also streamlining aspects of services currently provided.

Expected Outcomes

A strengthened focus on children and young people who most need support through early intervention, it is expected that this will increase family resilience and reduce the need for statutory involvement, this model should reduce the time that vulnerable families need support wait for a service.

The local community are supported to develop universal provision by receiving advise and guidance in how to deliver effective services for children, young people and their families.

Professional work together through colocation, data sharing, and a common approach to families only having to tell their story once, the service is more efficient and families will get effective support in their community.

A best start for life offer is co – designed with public health,

Details of the lead person completing the screening/EIA	(i) Full Name: Neil Hoskinson (ii) Position: Associate Director for Education and Inclusion (iii) Unit: Education and inclusion (iii) Contact Details: neil.hoskinson@slough.gov.uk
Date sent to Finance	
Version number and date of update	V1.0

SECTION 2: Do you need to complete a full Equality Impact Assessment (EIA)?
Not all proposals will require a full EIA, the assessment of impacts should be proportionate to the nature of the project/policy in question and its likely impact. To decide on the level of detail of the assessment required consider the potential impact on persons with protected characteristics.

<table>
<tr><td>

2.1
Please provide an overview of who uses/will use your service or facility and identify who are likely to be impacted by the proposal.
- *If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends, or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.*
- *Consider whether there is a need to consult stakeholders and the public, including members of protected groups, to gather information on potential impacts of the proposal.*

</td></tr>
</table>

The changes being considered relate to the development of a new Children's Centre delivery model. The new model aims to benefit the 19,873 households with dependent children in the borough with a particular focus on families with 12,415 children aged 0-4.

<table>
<tr>
<td>How many people use the service currently? What is this as a % of Slough's population?</td>
<td>

There are a total of 5,709 users of services in Children's Centres from April 2022 to April 2023.

1,558 of the users are in childcare provision and 4,151 have used a Children Centre for wider services at least once.

This is approximately 3.6% of the total population.

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<tr>
<td>Gender</td>
<td>

Sex

Sex	EIA		2021 Census	
	Total	**%**	**Total**	**%**
Male	2,296	40.2%	78,495	49.5%
Female	3,370	59.0%	80,005	50.5%
Not known	43	0.8%	-	-

Gender identity
The service does not hold data on the gender identity of its users, therefore there was no data included in the EIA.

Gender identity

2021 Census	
Total	**%**
107,503	90.4%
1,081	0.9%
10,351	8.7%

</td>
</tr>
<tr>
<td>Race</td>
<td>

Any Other Ethnic Group	130
Any Other Mixed Background	55
Asian - Any Other Asian Background	113

</td>
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Asian or Asian British - Bangladeshi	44	
Asian or Asian British - Indian	1050	
Asian or Asian British - Other	88	
Asian or Asian British - Pakistani	1290	
Asian or Asian British - Sikh	174	
Asian Pakistani	3	
Black - Any Other Black Background	24	
Black or Black British - African	203	
Black or Black British - Caribbean	54	
Chinese	15	
Gypsy / Roma	4	
Mixed Heritage White/Asian - Bangladeshi	1	
Mixed Heritage White/Asian - Indian	19	
Mixed Heritage White/Asian - Other	11	
Mixed Heritage White/Asian - Pakistani	26	
Mixed Heritage White/Black - African	22	
Mixed Heritage White/Black - Caribbean	50	
Mixed Heritage White/Black - Other	6	
Traveller of Irish Heritage	4	
White - Any Other White Background	459	
White and Asian	60	
White and Black African	32	
White and Black Caribbean	44	
White British	689	
White European	173	
White Irish	13	
White Other	41	
White/Black Caribbean	2	
Not Known	810	

Ethnicity

The proportion of users from different ethnic groups in the EIA mostly aligns with the 2021 Census, but the EIA had a higher representation of Asian ethnic groups and a lower proportion of White ethnic groups.

Broad ethnicity

Ethnicity	EIA		2021 Census	
	Total	%	Total	%
White: Total	1,513	26.5%	57,134	36.0%
Mixed: Total	190	3.3%	6,311	4.0%
Asian or Asian British: Total	2,762	48.4%	74,093	46.7%
Black or Black	281	4.9%	11,992	7.6%

British: Total				
Chinese or other ethnic group: Total	145	2.5%	7,144	4.5%
Not known	810	14.2%	-	-

Disability	The EIA noted there were 407 (School Census Spring 2023) children aged 0-5 with SEND (0.3% of Slough's population). There are 1,308 children and young people with an EHCP (School Census Spring 2023) and 3,638 children and young people receiving SEN Support (School Census Spring 2023).
Sexual orientation	The service doesn't currently securing monitoring information re: sexual orientation. The service does not hold data on the sexual orientation of its users, therefore there was no data in the EIA.

Sexual orientation	2021 Census	
	Total	%
Straight or Heterosexual	104,943	88.2%
Gay or Lesbian	806	0.7%
Bisexual	1,095	0.9%
Other	1,507	1.3%
Not known	11,677	9.8%

Age	0 – 5 = 2,672 6 – 10 = 643 11 – 20 = 73 21 – 30 = 575 31 – 40 = 1,365 41+ = 373 Not Known = 8 Slough has a young population, with 29.8% of the population aged 0-19. There were 11,774 residents aged 0-4 in the 2021 census (7.4% of the population). However, this is a decrease of 8% since the 2011 census and other recent ONS data has also shown that birth rates have been decreasing.

The EIA used the age of registered service users, which includes children aged 0-5 using the services. Therefore, there is a disproportionately high representation of children aged 0-5 but that is to be expected given the nature of the services.

Age of registered service users (EIA)

Age of service user	EIA	
	Total	%
0 – 5	2,672	46.8%
6 – 10	643	11.3%
11 - 20	73	1.3%
21 – 30	575	10.1%
31 – 40	1,365	23.9%
41 and over	373	6.5%
Not Known	8	0.2%

Religion or belief		
	Atheist	1
	Catholic	13
	Christian	25
	Church of England	3
	Hindu	2
	Muslim	73
	None	41
	Orthodox Christian	1
	Roman Catholic	5
	Sikh	25
	Not Known	3962

Marriage and civil partnership
The service does not hold comprehensive data on the marital or civil partnership status of its users, therefore there was no data included in the EIA.
.Census showed that 19% of households in Slough with dependent children (aged 0-17) were single parent families. Therefore, this lower representation in the survey is to be expected. The proportion of co-habiting respondents in the survey also aligns with the 8% of co-habiting families with dependent children in the 2021 Census.

Marital status

Marital status	2021 Census	
	Total	%
Single	41,898	35.2%
Married	60,001	50.4%
Co-habiting	-	-

Civil Partnership	158	0.1%
Separated	2,925	2.5%
Divorced	8,799	7.4%
Widowed	5,151	4.3%
Not known	-	-

Pregnancy and maternity
The service does not hold comprehensive data on the pregnancy and maternity status of its users, therefore there was no data in the EIA. The 2021 Census data also did not include data on pregnancy or maternity.

Deprivation
Map of the proposed centres remaining open and developing into a Family Hub (as measured by the Index of Multiple Deprivation).
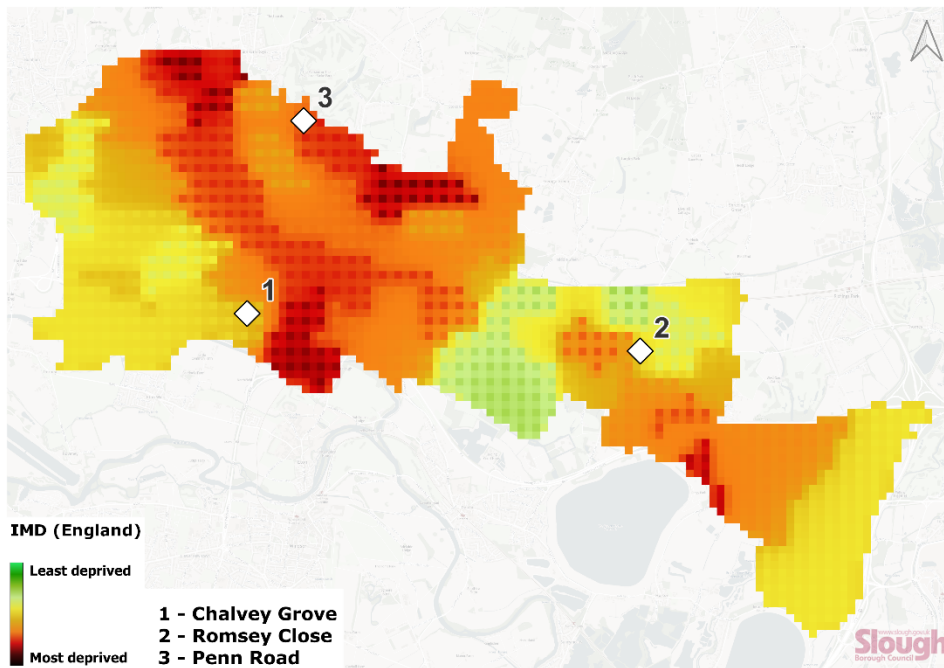
IMD (England)
Least deprived
Most deprived

1 - Chalvey Grove
2 - Romsey Close
3 - Penn Road

| **2.2 Are there any groups with protected characteristic that are overrepresented in the monitoring information relative to their size of the population?** *If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service.* | The current model provides services for children 0-5 and their families only. If approved, the model ultimately aims to provide the basis from which a wider family network and hub model is developed offering support for children and young people aged 0 – 19 and up to 25 for young people with SEND. Given the nature of the proposed development, it is anticipated that the new model will have a positive, future impact from an equality's perspective including benefits from those with protected characteristics in general and specifically in terms of age, disability, race and sex.

Age
Slough has an overall population of 158,500 (Census 2021). Slough's population is significantly younger than England's profile with Slough's average age at 34, compared to 41 for the South- |

East and 40 for England. Slough has the second highest proportion of children aged 15 or under in England and Wales, behind only Barking and Dagenham, with 25% of the population of Slough are aged under 16.

There are currently 2,672 0-5s recorded as using the service between Apr-22 and Apr-23. This represents 45% of total users compared to 0-5s making up 9.1% of the population whole. This is a comparative over-representation but one you would expect given the nature of the service. There are 1,547 service users over the age of 20 recorded for the same period.

There are now 52,423 households in Slough containing at least one person.

Slough has a mean household size of 3 people per household and is the largest mean household size in England and Wales. The mean for England and Wales is 2.4.

Slough is the third most densely populated LA in the South-East, with 4,871 usual residents per square kilometre (48.7 per hectare). This is the equivalent of around 35 people living on each football pitch-sized area of land, compared to an average of just 3 across England.

There are 54,116 occupied dwellings in Slough of which 23,156 (43%) are households with dependent children.

Monitoring information therefore suggests that there is disproportionately high representation of 0–5-year-olds which is in keeping with the terms of reference of the service.

Disability
A total of 886 children under 5 have been identified as having a special educational need or disability (SEND) according to the SEND Summer Survey 2021. This represents 0.6% of the total population of Slough.

Gender reassignment
The services does not hold data on gender reassignment or gender self-identification.

Marriage and civil partnership
The service does not hold comprehensive data on the marital or civil partnership status of its users.

Pregnancy and maternity
The service does not hold comprehensive data on the pregnancy and maternity status of its users. This information is held by the partner Maternity Service.

Race

The following information provides a summary of the broad ethnic groups resident in Slough, population numbers and percentages.

Category	Count	%
Asian/Asian British	74,093	46.7
Black/African/Caribbean/Black British	11,992	7.6
Mixed/multiple ethnic groups	6,311	4.0
Other ethnic group	7,144	4.5
White	57,134	36.0
Arab ethnic groups	1,826	1.2

Service monitoring information suggests that children and families from the Asian community are over-represented as service users and black and white children and families under-represented.

Religion and belief
The following information provides a summary of the religions followed by residents of Slough.

The volume and detail of Service monitoring information in relation to religion and belief is not sufficient to allow for meaningful comparative analysis to determine under or over representation of users.

Sex

Slough population: 158,500

Females
80,005
(50.5%)

Males
78,495
(49.5%)

Service monitoring information shows that there is over representation of female. users when compared to overall population.

Sexual orientation

Census 2021

Sexual Orientation	Slough Count	%	England %
Straight or Heterosexual	104,943	88.2%	89.4%
LGB+ orientation (total)	2,313	1.9%	3.2%
Gay or Lesbian	806	0.7%	1.5%
Bisexual	1,095	0.9%	1.3%
Pansexual	335	0.3%	0.2%
Asexual	29	0.0%	0.1%
Queer	7	0.0%	0.0%
All other sexual orientations	41	0.0%	0.0%
Not answered	11,677	9.8%	7.5%

Service monitoring information is does not include the sexual orientation of service users.

2.3 Are there any groups with protected characteristics that are underrepresented in the monitoring information relative to their size of the population? *If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.*	**Race** The following information provides a summary of the broad ethnic groups resident in Slough, population numbers and percentages

Category	Count	%
Asian/Asian British	74,093	46.7
Black/African/Caribbean/Black British	11,992	7.6
Mixed/multiple ethnic groups	6,311	4.0
Other ethnic group	7,144	4.5
White	57,134	36.0
Arab ethnic groups	1,826	1.2

Service monitoring information suggests that children and children and families white and black communities are under-represented as service users.

2.4
Does the project, policy or proposal have the potential to disproportionately impact on people with a protected characteristic? If so, is the impact positive or negative?

	None	Positive	Negative	Not sure
Men or women	☐	☒	☐	☐
People of a particular race or ethnicity (including refugees, asylum seekers, migrants and gypsies and travellers)	☐	☒	☐	☐
Disabled[1] people (consider different types of physical, learning or	☐	☒	☐	☐

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[1] Disability discrimination is different from other types of discrimination since it includes the duty to make reasonable adjustments.

mental disabilities)				
People of particular sexual orientation/s	☐	☐	☐	☒
People in particular age groups (consider in particular children, under 21s and over 65s)	☐	☒	☐	☐
People who are intending to undergo, are undergoing, or have undergone a process or part of a process of gender reassignment	☐	☐	☐	☒
Impact due to pregnancy/ maternity	☐	☒	☐	☐
People of particular faiths and beliefs	☐	☐	☐	☒
People on low incomes	☐	☒	☐	☐

If any of the answers to the questions above is, "negative" or "unclear" you will need to undertake a detailed impact assessment.

2.5	Based on your responses, should a full, detailed EIA be carried out on the project, policy or proposal
	Yes No **x**

2.6	Provide brief reasons on how you have come to this decision?
	.
	Update following Consultation Responses:
	The following issues were raised during the consultation that relate to equalities considerations:
	1. Concerns about access to services and continuity of support/advice for children with special educational needs. The need to ensure availability of and access to specialist childcare places and referrals to help.
	2. Concerns around access to centres regarding travel times/access to public services and the future location of services.
	3. Specific support for children and parents of children under 1 years of age and the availability of parents to access a centre rather than only have the option of home visits.
	4. The need for accessible safe places for vulnerable women to access further support and services away from the home.

SECTION 3: ASSESSING THE IMPACT

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be. Using the evidence gathered in section 2, explain what the potential impact of your proposal might be on the groups you have identified. You may wish to further supplement the evidence you have gathered using the table below in order to properly consider the impact.

Protected Group		Positive impact?			Negative impact? If so, please specify the nature and extent of that impact	No specific impact	If the impact is negative, how can it be mitigated? Please specify any mitigation measures and how and when they will be implemented	What , if any, are the cumulative effects of this decision when viewed in the context of other Council decisions and their equality impacts
		Eliminate discrimination	Advance equality	Good relations				
Gender	Men	x	x	x	Access to and benefit from early childhood services including early education and childcare (family and children)		1. Work with the wider network of service providers including the private, voluntary and independent early years sector to encourage and enable alternative provision as required. 2. Ensure any new model agreed effectively targets vulnerable children and families, including those with protected characteristics to enable access to services. 3. Work with external providers to support and enable inclusion.	The effect of any decision of implement any of the current options, would need to be considered within the wider context of other council decisions to related services.

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	Women	x	x	x	As above		As above	As above
Race	White	x	x	x	As above		As above	As above
	Mixed/Multiple ethnic groups	x	x	x	As above		As above	As above
	Asian/Asian British	x	x	x	As above		As above	As above
	Black/African/Caribbean / Black British	x	x	x	As above		As above	As above
	Gypsies / travellers	x	x	x	As above		As above	As above
	Other ethnic group	x	x	x	As above		As above	As above
Disability	Physical	x	x	x	As above		As above	As above
	Sensory	x	x	x	As above		As above	As above
	Learning Difficulties	x	x	x	As above		As above	As above
	Learning Disabilities	x	x	x	As above		As above	As above
	Mental Health	x	x	x	As above		As above	As above

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Protected Group		Positive impact?			Negative impact?	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)	What are the cumulative of effects
		Eliminate discrimination	Advance equality	Good relations				
Sexual Orientation	Lesbian, gay men, bisexual	x	x	x	As above		As above	As above
Age	Older people (50+)	x	x	x	As above		As above	As above
	Younger people (16 - 25)	x	x	x	As above		As above	As above
Gender Reassignment		x	x	x	As above		As above	As above
Impact due to pregnancy/maternity		x	x	x	As above		As above	As above
Groups with particular faiths and beliefs		x	x	x	As above		As above	As above
People on low incomes		x	x	x	As above		As above	As above

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SECTION 4: ACTION PLAN

4.1	Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps. *Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.* **NB. Add any additional rows, if required.**

Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
Enter additional rows if required						

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SIGNATURE: …………………………………………....................

FULL NAME: Neil Hoskinson

UNIT: ……………………………………………………….

EMAIL & TELEPHONE EXT: ……………………………………………..

DATE (DD/MM/YYYY): 20 October 2023

WHAT NEXT?

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by Strategic Finance Board.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by (insert date).

All completed EIAs should be sent to TO BE INSERTED

Slough Borough Council

Report To:	Cabinet
Date:	20 November 2023
Subject:	A4 Safer Roads scheme
Lead Member:	Cllr Puja Bedi Transport, housing, highways, the environment and environmental services
Chief Officer:	Pat Hayes - Executive Director Property and Housing
Contact Officer:	Savio DeCruz – Associate Director Place Operations
Ward(s):	Chalvey, Cippenham Green, Cippenham Manor, Cippenham Village, Colnbrook & Poyle, Haymill, Langley Foxborough, Langley Marish, Langley St Marys, Northborough and Lynch Hill Valley, Slough Central, Upton and Upton Lea
Key Decision:	YES
Exempt:	NO
Decision Subject To Call In:	YES
Appendices:	Appendix 1 - DfT Safer Roads - A4 Report Appendix 2 - Summary of Countermeasures Appendix 3 - A4 Consultation Report Appendix 4 EqIA

1. Summary and Recommendations

1.1 This report seeks approval to introduce road safety improvements on the A4 from the Huntercombe crossroads at the borough boundary to the intersection of the M4 Junction 5 roundabout with the works being funded by the Department for Transport's (DfT) Safer Roads Fund grant.

1.2 The purpose of the funding for this scheme is to reduce the number of fatal and serious injuries for all road users along the A4 in Slough and the associated impact on families affected by collisions. This report should be seen as a positive approach to reduce injuries both for vulnerable road users as well as drivers/commuters and provides our communities with a safer environment.

1.3 This report aligns the road safety objectives within the Council's Local Transport Plan 3, to reduce the number of road accidents and casualties and is also aligned with the Corporate Plan to enable "A town where residents can live healthier, safer and more independent lives".

Recommendations:

Cabinet is recommended to:

(a) Approve the implementation of the road safety measures outlined in this report as part of the Safer Roads Fund scheme on the A4.

(b) Delegate authority to the Executive Director for Regeneration, Housing and Environment, in consultation with the Lead Member for transport, housing, highways, the environment and environmental services, to approve the revised road safety Summary of Countermeasures identified in Appendix 2;

(c) To approve the procurement for services and construction associated with the Summary of Countermeasures in Appendix 2;

(d) To approve the allocation of grant funds for the installation of speed enforcement cameras on the A4 to Thames Valley Police.

Reason:

In 2016, the Government established a Road Safety Fund as part of its ongoing investment in the national transport infrastructure. The aim of the funding was set out to provide financial resources to local authorities whose road network had the highest recorded risk of fatal and serious collisions. The A4 in Slough was identified with having a disproportionate number of casualties based on the criteria set by the DfT. The funding allocated has been ring-fenced to deliver road safety measures along the A4 between its junction with Huntercombe Lane South/North and the A4/M4 Junction 5.

This report seeks approval to deliver the Safer Roads Fund (SRF) grant funded mitigation measures that have been identified to improve road safety concerns along the A4.

The proposed mitigation measures will aim to;
- Reduce road infrastructure related risk by delivering road surfacing and traffic signals upgrades and to remove and/or improve street furniture such as signs and guard-rails that are contributing to the increase in collisions and casualties. The improvements are aimed to reduce the severity of collisions from fatal to serious and from serious to slight to help save lives along the A4.

- Introduce road safety measures that enable the Council to meet its statutory duty under section 39 of the Road Traffic Act 1988 and to take steps both to reduce and prevent accidents on its network.

Approving the recommendations set out in this report will enable the SRF road safety measures to be implemented, delivering casualty reduction (saving lives) and wider improvements to support road safety and transport infrastructure in the Borough.

Commissioner Review

Commissioners have no detailed comments of the proposals. The report is being considered by Cabinet, the council's strategic body. In considering the report Cabinet should resist the temptation to be drawn into detailed traffic management design and remain focussed on the strategic issues under consideration.

2. Report

Introductory paragraph

2.1   In November 2016, the Secretary of State for Transport announced a £3 billion roads investment package. The Safer Roads Fund was allocated part of this funding to upgrade 50 of England's most dangerous local A-road sections. The SRF is specifically targeted at delivering road upgrades and improvements to reduce the number and severity of collisions on the 50 highest-risk local A-road sections, based on the Road Safety Foundation's 2016 analysis. The 50 highest-risk local A-road sections were identified on the basis of risk (crashes per billion vehicle kilometres driven) rather than the traditional metric of crash density (fatal or serious crashed/km).

2.2   A key aim of the DfT's Safer Roads Fund is to facilitate a Safe System approach. This philosophy dictates that highway authorities proactively manage risk on their road network rather than waiting for collisions to occur before addressing the road safety concerns. The "Safe System" approach seeks to introduce improvements that will reduce the number and severity of those collisions.

2.3   In Slough, the Road Safety Foundation's 2016 analysis identified the A4 between its junction with Huntercombe Lane South/North and the A4/M4 Junction 5 as one of the 50 high-risk roads in England.

2.4   Whilst historical collision data informed the DfT's selection process, the approach to identifying specific sections for treatment used an assessment of hazards and road features via bespoke software analysis of a road video (iRAP ViDA tool). No figures were provided stating specific risk rates, but an analysis of fatal and serious collisions was undertaken that showed 3 fatal and 44 serious collisions on this route between 2011-2015 (the data and period defined by the DfT for categorising risk). For completeness, fatal and serious collisions between 2016 to February 2022 shows that there were an additional 4 fatal and 42 serious collisions on the A4.

2.5   It is clear that the A4 due to its position i.e. running through the centre of Slough is a major issue. This problem cannot be changed but the highway authority can look to reduce the impact on residents and commuters by making it safer for all users.

2.6   Underpinning a review of the identified route using the iRAP tool resulted in setting out the need for the following series of road safety measures aimed at reducing risk on the route:

- 30mph speed limit along appropriate extents of the A4 – to reduce the severity of collisions when they occur. **This was approved by Cabinet in December 22.**

- Average speed cameras – to monitor speed over a longer stretch of road and aid driver compliance and to be implemented jointly with Thames Valley Police.

- Red-light camera systems – to detect speed and red-light violations as well as illegal turns and pedestrian crossing violations and to be implemented jointly with Thames Valley Police

- Road surface treatments – to improve vehicle grip particularly in adverse weather conditions along high use area on the A4 where required.

- Improved pedestrian and cycle crossings – for safe movement across the A4 and side roads Enforcing banned turns at junctions will reduce the chances of a visually impaired person being hit by a vehicle believing it is safe to cross as indicated by the green man and tactile cone and collisions with cyclists crossing the junctions.

- Removal of roadside hazards – improve visibility for all road users by removing guard-rail and other furniture that will subsequently improve visibility for all users.

- Decluttering - improve visibility and obstructions that could create an increase severity if struck by vehicles or cyclists.

2.7 Following the successful submission in 2017 of the Council's business case outlining the interventions to the DfT's Safer Roads Fund, Slough Borough Council was awarded £1,711,000 for a scheme to be introduced and profiled over a 2-year programme. Due to the pandemic, the DfT delayed payment of the grant allocation to March 2021.

2.8 Since the proposals were submitted as part of the application, several local and national priorities have changed. The grant funding will therefore be used, in part, to review the original plans that proposed counter measures to introduce safer roadsides, safer road surfaces and lanes, safer speeds and safer pedestrians and cyclists and tailor the scheme to meet the changed environment, prior to implementation and subject to DfT approval. The safety improvements identified in Appendix 2 will now be included within the works programme for the A4 cycleway to ensure best value and minimal disruption on the highway.

2.9 Delivery of the SRF project will contribute to the overarching reduction in those killed and seriously injured on the A4 and the approach then applied across the borough.

2.10 Slough continues to have a disproportionate number of collisions and casualties to our neighbours and in part this is down to a reduction in roads policing presence but also due to the road layout with long section of straight roads and a high proportion of residential properties front the A4 and other main roads.

2.11 The cost to the public purse for collisions and casualties is set out below using the Highway Economic Note 2022 data:

Severity	Cost per casualty (£)	Cost per collision (£)
Fatal	2,250,876	2,527,520
Serious	252,935	289,949
Slight	19,499	29,127
Average for all severities	92,168	124,272
Damage only		2,686

Aside from the cost to public purse, there is the emotional impact that collisions have on families even down to damage only incidents. A key requirement on the

Council will be to take all reasonable endeavours to reduce collisions and the subsequent fatal and serious injuries that result from them.

2.12 The current collision data for Slough is as follows:

Year	Crash Severity fatal	Casualties Severity fatal	Crash Severity Serious	Casualties Severity Serious	Crash Severity Slight	Casualties Severity Slight
2016	2	2	8	10	55	83
2017	0	0	5	6	63	90
2018	1	3	8	9	45	54
2019	0	0	7	8	41	49
2020	0	0	6	6	31	40
2021	1	1	6	6	38	43
2022	1	1	6	7	42	54
2023	0	0	0	0	8	11
Total	**5**	**7**	**46**	**52**	**323**	**424**

Table 1. A4 Bath Road Huntercombe Lane South and Huntercombe Lane North to its junction with M25 Junction 5

Entire Slough Borough Collision Data

Year	Crash Severity fatal	Casualties Severity fatal	Crash Severity Serious	Casualties Severity Serious	Crash Severity Slight	Casualties Severity Slight
2016	4	4	43	55	362	478
2017	0	0	38	50	317	424
2018	7	14	39	44	238	302
2019	2	2	34	43	240	287
2020	0	0	31	36	167	210
2021	6	8	30	33	181	216
2022	3	3	33	47	199	238
2023*	0	0	8	12	54	69
Total	**22**	**31**	**256**	**320**	**1758**	**2224**

Table 2 Entire Borough Collision Data
*Data until March 2023 and includes motorway data

Though there are fluctuations in fatal injuries, the level is still not acceptable. Serious injuries are still high and can quite easily move into the fatal category if no interventions are implemented.

2.13 **Options considered**

Option 1: Do nothing

2.14 Do nothing is an option as long as the highway authority complies with undertaking assessments on collisions. However, this option is not recommended as it would not comply with the grant award or achieve any casualty reduction and hence the funds would need to be returned to the DfT.

Furthermore, if no countermeasures are undertaken, it is likely the trends would continue, leading to more fatal and serious injuries on and around the A4.

This option is not recommended.

Option 2: Introduce additional road safety measures

Implement risk reduction measures throughout the scheme including additional enforcement cameras where appropriate. Review and remove infrastructure such as guard-rails/barriers and signs contributing to the severity of collisions. Introduce new pedestrian and cycling measures to increase safe and sustainable transport.

Delivery of this option satisfies the scheme sponsor (DfT) by addressing road safety concerns that were identified by the Road Safety Foundation and helps the Council fulfil its statutory under section 39 of the Road Traffic Act 1988 to "take steps both to reduce and prevent accidents" on its network.

This is the recommended option.

2.15   The completed scheme will contribute to the realisation of the following strategic objectives;

The Corporate Improvement and Recovery Plan

Corporate Plan 2023-27 (A fresh start)

- Our Purpose: Closing the healthy life expectancy gap, by focusing on children

- **A borough for children and young people to thrive**; by introducing a safer road network that enables them to walk, cycle and drive to access facilities for education, play areas, home and work and as a result tackling obesity.

- **A town where residents can live healthier, safer and more independent lives**; An environment that helps residents live more independent, healthier and safer lives needs by introducing road safety measures that improve the road network for all road users.

- **A cleaner, healthier and more prosperous Slough**; A council that lives within our means, balances the budget and delivers best value for taxpayers and service users by ensuring the correct governance and procurement processes for the A4 Safer Roads scheme are in place to provide robust and clear adherence to the requirements and Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre by providing transport infrastructure that will reduce the severity of fatal and serious injury collisions along the A4

Proposed programme

A high-level approach to revise the outputs and proposed engineering interventions to deliver the SRF project includes:

2.16   Assess potential changes and priorities for the route.

- The impact of the COVID-19 pandemic has shown the potential for active travel modes such as cycling and walking. There are increased incentives to deliver more

sustainable and healthy transport modes where possible. Since the original plans were drawn up including new land use development plans, which may also impact on traffic and safety along the route. These will be considered.

2.17   Section Review original scheme and consider changes to original proposals.

- Traffic volumes and speeds for 2021 compared to 2016 (as used in the submission) will be analysed, with the road to be re-analysed using the Safer Roads analysis software.

2.18   Public Consultation Exercise

- A consultation exercise has been undertaken which incorporated the Safer Roads and A4 Cycle schemes. A joint consultation was undertaken to gauge residents' responses about the proposed countermeasures that have been developed to tackle road safety issues that are specific to cyclists and pedestrians. The responses relating to the Safer Roads scheme are included in Appendix 3.

- It can be seen that the responses are not consistent in terms of supporting works to improve safety. For example, improvements to junctions to help pedestrians and cyclists are not supported equally, new crossing facilities on Goldsworthy Way where there are known elderly residents is not supported. It is assumed that some of the responses entered were not supportive of the A4 cycleway scheme as opposed to safety improvements for the wider public.

- There are objections to the removal of guard-rail from the A4 however, this is part of the improvements the Council need to introduce to reduce casualties both from cars and also pedestrians. The Council has previously adopted this approach in the centre of Slough and at other locations on the A4. Those using the A4 will often see pedestrians jumping over guard-rail into "live" traffic and also children walking around guard-railings to take the shortest journey. This in itself leads to a higher probability of collisions and associated fatal and serious injuries. Drivers normally are not expecting pedestrians to jump over guard-rail especially into "live" traffic areas. By removing the guard-rail we are moving some of the responsibility to drivers to be more aware of the urban setting and hence be cautious when driving along the A4.

- The speed reduction along the A4 approved by Cabinet in December 22, together with removal of street furniture and enforcement will see a reduction in collisions but will also improve the street scene in Slough which has deteriorated in the past few years.

2.19   Commercial activity to procure specialist suppliers and award contracts.

- To deliver specialist work related to scheme delivery, a procurement exercise will be undertaken. Officers will look to the market to offer innovative and cost-effective solutions. Where possible, small to medium enterprises will be encouraged to participate in the tender process, subject to meeting the Councils contract procedures.

2.20   Deliver scheme outputs

- Scheme delivery will be undertaken by the Contractor/s selected to deliver the A4 Cycle and Safer Roads scheme.

- A procurement exercise will be undertaken for delivery of any specialist work that cannot be delivered by the main contractor.

2.21   Monitoring and Evaluation

- A project manager will be responsible for tracking benefits and reporting any exceptions to the DfT/ Members, monitoring during implementation and ensuring that mitigation measures identified in the risk register are undertaken and adhered to.

- 'Before' speed surveys and collision data analysis have been undertaken, to provide a baseline and to prepare for establishing if the scheme has been a success once implemented, when further surveys and analysis will be undertaken. Outcomes will be monitored one year post implementation. Findings will continue to inform the Council's strategic approach to Road Safety.

Background

2.22   The SRF project is specifically targeted at regulating driver behaviour and delivering road safety engineering interventions to reduce the number and severity of collisions along the A4. Based on the assessment criteria 37 sections of the A4 in Slough were classified as being 'high-risk' and then 13 'medium-risk' road sections.

2.23   Following the award of the SRF grant, the Council submitted a proposal, which set out a benefit-cost ratio (BCR) of 8:1, estimating 54 fatal and serious injuries would be saved over a 20 year period. As we are reviewing the proposal it is will be essential that any proposed changes resulting from re-running the IRAP model does not reduce the BCR value.

2.24   The sections of the A4 with the highest risk are those with a 40mph speed limit as there are many uncontrolled junctions and entrances that could potentially lead to side-impacts with turning traffic. Given the limited space available it would not be possible to engineer out these conflicts therefore, a proposal to reduce the speed limit to reduce the chances of serious injuries occurring in these types of collisions was proposed and approved in the December 2022 Cabinet Report. Following consultation with Thames Valley Police, the 30mph speed limit is to be introduced in the next 2-3 months. The existing 60mph speed limit on the A4 Colnbrook By-pass from a point east of the junction of the A4 London Road and Sutton Lane to a point on the A4 Colnbrook By-Pass east of its junction with the western entrance of Lakeside Road will be lowered to 50mph.

2.25   Although speed compliance is currently good at peak times primarily due to the volume of traffic, at other times free-flowing traffic speeds are much higher. The mitigation proposals therefore seek to introduce infrastructure to support enforcement such as "speed and red-light" cameras and any other new technologies that are being developed. Other roadside hazards such as barriers and signs together with isolated areas of poor road surfaces will also be changed and/or improved to reduce casualties.

2.26   The SRF and A4 cycleway schemes share joint objectives, offering scope to improve journeys for all users and reducing risk and injuries.

2.27   Many of the junctions along the A4 will be addressed by both funds to deliver these wider benefits but also providing the council to make changes to road network that were previously not possible due to funding.

2.28 A series of road safety engineering measures will be introduced to include new speed limits where appropriate, enforcement solutions (i.e. installation of cameras), upgrades to crossing facilities, road surface treatment and removal of roadside hazards including decluttering. These improvements will also complement the A4 cycle scheme through the introduction of complimentary measures that seek to reduce risk for all road users.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The Council is in receipt of the Safer Roads Fund grant funds to a total value of £1.7m which covers the entirety of the scheme costs. The finance team will be engaged throughout the delivery programme in line with the monthly capital budget monitoring process. The SRF has been approved by the Capital Programme Board and quarterly reports will be discussed at the board to ensure delivery is on track.

3.1.2 Officers working on the project will be able to undertake full cost recovery for their time with the additional engineer, site supervisor and quantity surveyor costs also included for the on-site works. Engineers have provided options for designs to make sure that we have certainty on the budget and deliverability of the project.

3.1.3 As with all construction work on the highway, there are associated risks with unknown utility apparatus under the road surface. This unknown factor has been included in the contingency fund similar to the A4 Cycle scheme budget at 10% of total scheme costs. Furthermore, through a project board early risks will be mitigated via a value engineering process to ensure that there is no scope creep or budget overspend. As risks are mitigated the contingency will be released to allow for provisional work to be undertaken.

3.2 Legal implications

3.2.1 SBC has the statutory duty under section 39 of the Road Traffic Act 1988 to "take steps both to reduce and prevent accidents" on its network. Traffic Regulation Orders are required to enable the introduction of measures that support the road safety mitigation measures, these will then be subject to procedures under the Road Traffic Regulation Act 1984 and the Local Authorities Traffic Orders (Procedure) (England and Wales) Regulations 1996.

3.2.2 The Traffic Management Act 2004 (Section 16(1)) imposes a Network Management Duty to ensure that the Council secures the expeditious movement of traffic on the authority's road network and facilitates the expeditious movement of traffic on road networks for which another authority is the traffic authority.

3.2.3 The guidance emphasises that the Public Sector Equality Duty still applies and in making any changes to their road networks, Councils must ensure that elements of a scheme do not discriminate, directly or indirectly and must consider their duty to make reasonable adjustments anticipating the needs of those with protected characteristics, for example, by carrying out equality impact assessments on proposed schemes. Engagement with groups representing disabled people and others with protected characteristics should be carried out at an early stage of scheme development. Visually impaired people, particularly, may find navigating

through changed layouts difficult if they are not thought through at the design and consultation stage.

3.2.4   Recommendations to undertake the highway works including temporary road closures traffic management plans, permanent signage and road markings will be undertaken using the Council's statutory powers as the Highway Authority and The Traffic Signs Regulations and General Directions 2016.

3.2.5   All service contracts over £100,000 must be sealed and contract documentation will be reviewed by HB Public Law.

3.3   Risk management implications

Description of risk	Risk/Threats/Opportunities	Proposed future controls
Legal	Use of unskilled contractors or lack of maintenance of the infrastructure could result in legal implications and claims against the Council.	Procurement exercise with clearly set out specification will enable the Council to procure experienced suppliers.
Procurement	The Tender prices may exceed budget allocation available. Delays to the construction programme or contractor default	A pre-engagement activity will be undertaken to test market appetite for delivery. This risk will be actively monitored and managed and any significant changes to the scope of the programme will reported to the Lead Member and the DfT Appoint an established contractor with proven financial probity via a robust procurement process. Progress against the project programme to be scrutinised by project manager/board.
Finance	The total allocation remains at £1.7m. With revisions to the programme and outputs, costs may exceed this total. Inflation due to national/international events may impact costs. Ongoing maintenance implications.	Ongoing communication with the DfT will be undertaken to advise of agreed measures to be contained within the funding envelope. A suitable contingency allocation will be provided to mitigate against overspend. Appropriate project management and robust cost estimating will ensure that costs are as indicated and there is flexibility within the scheme to reduce the number of countermeasures used or to descope the scheme. Commercial activity to procure suppliers for delivery will look to factor in maintenance for a defined period and to work with the maintenance team that standardised equipment is used.

Scheme delivery team capacity	Delays during design stage	Recruitment of officers to project manage scheme design and delivery. Dedicated resource for design and construction.
Community Support	Unfavourable response to wider public consultation	Programme allows for detailed design to be modified where necessary to meet specific objections. However, the importance of road safety is paramount and needs to be considered first due to impact on affected families and victims.

3.4 *Environmental implications*

3.4.1 The SRF scheme is expected to reduce congestion through improvements to signals phasing and will be delivered in parallel with the A4 cycle scheme currently in development. Providing a safer route for pedestrians and cyclists will increase confidence in our residents and commuters to use more sustainable modes of transport especially for shorter journeys. The health benefits of slowing traffic to encourage active and sustainable travel choices is evident (NICE, guidance, active travel). By making the A4 a consistent 30mph will result in fewer accelerations and decelerations which contributes to an improved environment. Previous research into lower speeds (Transport for London) identified that stop/start driving conditions (from high speed to lower speed) could also increase pollution through wear and tear of tyres.

3.5 *Equality implications*

3.5.1 An EIA has been completed for this project and is included in Appendix 4.

The proposed scheme seeks to prioritise accessibility to ensure that the infrastructure is designed and built to accommodate the needs of all individuals. Overall the delivery of the scheme will have a positive impact on all groups. This will be achieved by introducing infrastructure such as tactile paving and tactile cones (located on the base of all pedestrian push-button units), better crossing points for the vulnerable road users. Off-side "green man" lights and the reduction in street furniture that sometimes blocks/obstructs passage for disabled users, prams and mobility scooters.

3.6 *Procurement implications*

3.6.1 Procurement for the revised mitigation measures has been undertaken in consultation with Procurement. A procurement exercise including use of existing framework agreement will be undertaken to procure any infrastructure associated with the mitigation measures.

3.7   *Workforce implications*

      None

3.8   *Property implications*

      None

4. Background Papers

Transport for London, Achieving lower speeds, the toolkit
IRAP toolkit – safer roads treatment   https://toolkit.irap.org
Safer Roads Fund, Road Safety Foundation:
https://roadsafetyfoundation.org/project/safer-roads-fund/
ttps://www.racfoundation.org/wp-content/uploads/2017/11/Tackling-high-risk-roads-RSF-RACF-October-2017.pdf

DfT Safer Roads Fund

Slough A4

CONTENTS

INTRODUCTION

In 2017 Slough Borough Council (SBC) and Agilysis worked together on a submission to the Department for Transport 'Safer Roads Fund' to improve road safety on the A4 through Slough. This bid was an invitation-only opportunity and was based on previous analysis of risk on 50 selected roads. The project was approved with a value of £1.177m, originally proposed to take place over two financial years. Funding has been awarded and the project can take place from the 20-21 FY. The economic case was based on a benefit-cost ratio (BCR) of 8.

The headline description of the plan in the approved bid was as follows:

Speed limits will be homogenised to 30mph along the route with enforcement solutions implemented to achieve compliance with the new limit and existing signals. Roadside hazards will be removed or protection introduced in many places and a limited amount of surface rehabilitation will be required to improve friction at key locations. Locations have been prioritised for countermeasures based on collision histories and potential risk using the iRAP ViDA tool.

Following consultations with SBC it has been identified that in the period since the scheme was designed a number of local and national priorities have changed, and this coupled with a delay in the DfT funding means there is now an opportunity to review the original plans and tailor the scheme to meet the challenges faced in 2021 and beyond.
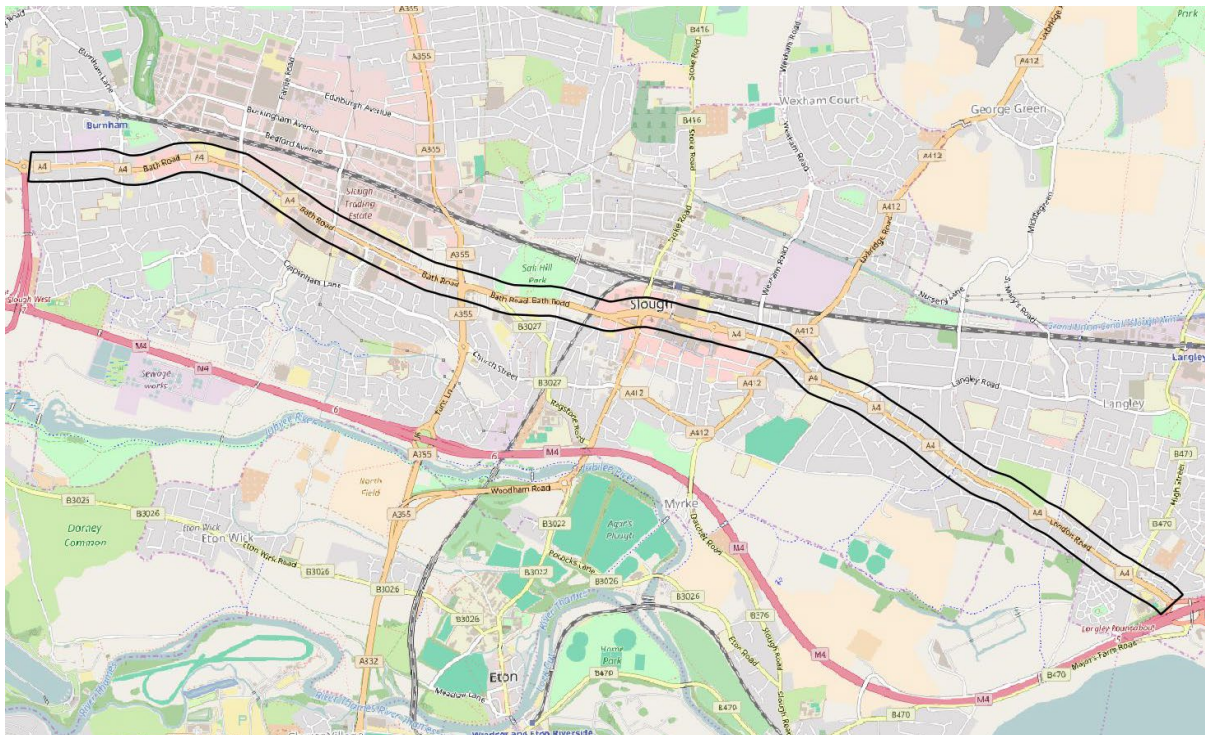
An outline plan has been discussed for a limited level of support by Agilysis in the implementation of the scheme. This will not be a 'hands-on' role on managing engineering or enforcement schemes, but will provide sufficient support and guidance to assist officers in the successful roll-out of road safety interventions along the route.

This Phase 2 report will outline the process undertaken to assess potential changes and priorities along this route of the A4 through Slough. In this phase we have reviewed original analysis and proposal put forward to the DfT and considered whether changes need to be made to the proposed countermeasures. This reflects any changes to the road, either implemented or planned since the

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original proposal, together with any new traffic or speed data. Due to the approach used in the original proposal, which focusses largely on road danger, collision data will not be used as the primary source of information to determine appropriate interventions. However, we recognise that historic collision information provides a complementary perspective and can be valuable in sense-checking some of the subsequent recommendations.

In order to re-analyse the road features in the iRAP ViDA tool[1] , we have commissioned a new video survey and data, with assistance provided from the Road Safety Foundation who are the UK experts in the implementation and training of local authorities in this technique.

We are keen to ensure that any proposed changes do not result in a reduction in the benefit cost ratio (BCR), and safety rating along the A4.

WORK ELEMENTS

As agreed in the original proposal the following work is being undertaken in this phase:

1. Gather information from SBC on any changes to the A4 since the initial analysis period and bid submission
2. Gather information on collisions, traffic volumes and speeds for 2019 compared to 2016 (as used in the submission).
3. Gather information on collisions, traffic volumes and speeds for 2020 compared to 2016 (as used in the submission).
4. Re-enter data to the ViDA software and re-run the user defined intervention plan (UDIP) to consider the original plans, plus any potential changes that will draw a greater benefit and / or reflect the changes identified in Part 1
5. Meet with the SBC team to approve any outline proposals prior to the final plans being calculated
6. Produce a final scheme blueprint for any submission to DfT (if required) and implementation by SBC.

This version of the report contains the elements and results of phases 1-4 and directly informs elements 5 and 6 which will be addressed through a meeting with SBC in April.

COLLISION ANALYSIS

As mentioned above, it is helpful to profile the casualty history. This section analyses the collisions on the A4 in Slough between the M4 Junction 7 spur and the M4 Junction 5. The analysis is divided into 3 road sections.

1. M4 Junction 7 Spur to the A355 Farnham Road
2. A355 Farnham Road to A412 Uxbridge Road
3. A412 Uxbridge Road to the M4 Junction 5

METHODOLOGY

The collision criteria used were as follows:

- Collisions over a 5 year period (2016-2020)
- A collision match distance of 50 metres

All tools used in this report have been provided by the Agilysis Analytics department.

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[1] https://vida.irap.org/en-gb/home

4

SUMMARY

Looking at the route, all three sections followed a similar pattern. Collisions involving cars were highest, most likely to involve two vehicles and result in a single casualty.

The section between the A355 and A412 resulted in the most collisions, this section does have the bus/rail transport interchanges and the main retail centre, so is likely to have increased traffic, although the ratio of Collision to Vehicles to Casualties remained largely the same in each section.

Weather was not a significant factor, with most collisions occurring in 'fine weather', on 'dry roads' and in slightly more in 'daylight'.

A collision is more likely to occur at a junction and involve a male driver between 26 and 55, with 26-35 being highest and when combined, either commuting to work or travelling as part of work

A collision is more like to result in a recording of a 'slight' injury with KSI more often being attributed to a VRU driver, either pedal cyclist or motor cyclist in road sections 1 and 3. There were significantly more pedestrian KSI's in section 2 between the A355 and A412. As mentioned above, this section does have the bus/rail transport interchanges and the main retail centre, with the A4 running between the two.

Pedestrian casualties were more likely to be 'slight' and injured at a crossing, especially in the act of crossing the road.

Of all recorded collisions the overriding factor was 'failing to look properly' or 'failing to judge the other persons path or speed', whether attributed to a driver or a pedestrian. Often drivers were 'careless, reckless or in a hurry' and 'Disobeying an automatic traffic signal'.

RESULTS

Section One – M4 Junction 7 Spur Roundabout to A355 Farnham Road.

Section One runs from the Entry/Exit of the M4 Junction 7 Spur roundabout to the junction with the A355 Farnham Road at The Three Tuns.

5
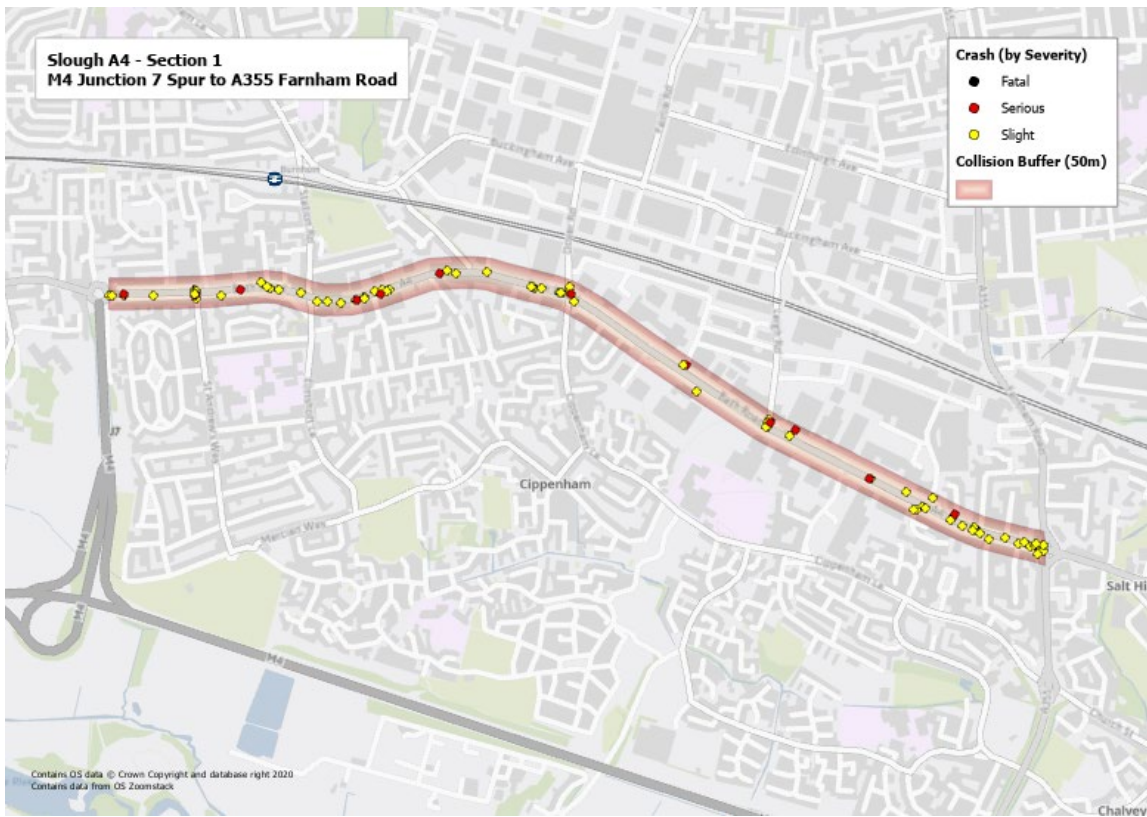
Figure 1 – Map of Section 1: M4 Junction 7 Spur Roundabout to A355 Farnham Road.

Section One is approximately 3.2km in length with a speed limit of 40mph changing to 30mph approximately 530m West of the junction with the A355.

There were a total of **93** crashes, involving **176** vehicles, resulting in **122** casualties.

Looking at the collisions spatially, **51** occurred between the M4 junction roundabout and the Dover Road/Chippenham Lane crossroads.
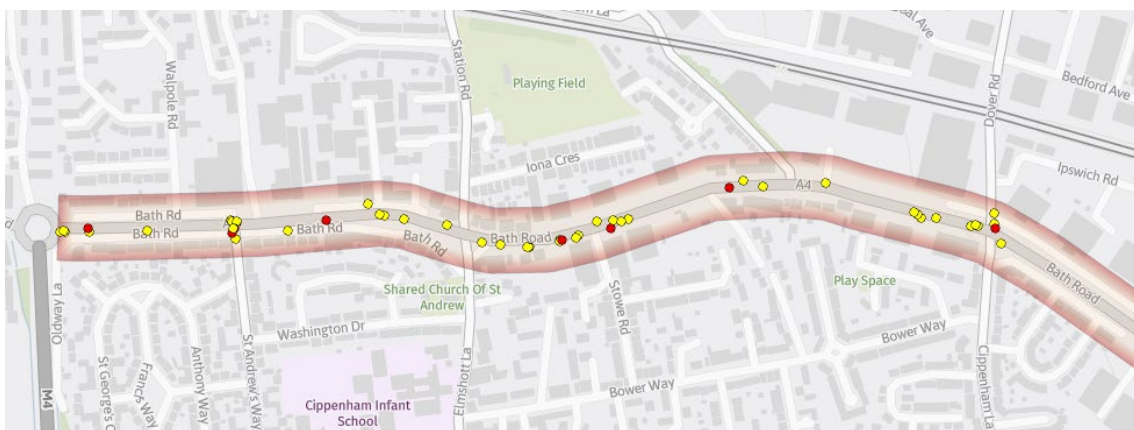
Figure 2 – Map of part of Section 1: M4 Junction 7 Spur Roundabout to Dover Road/Chippenham Lane crossroads.

6

Figure 3 – Map of part of Section 1, Dover Road/Chippenham Lane crossroads to start of 30mph limit (Twinches Lane)
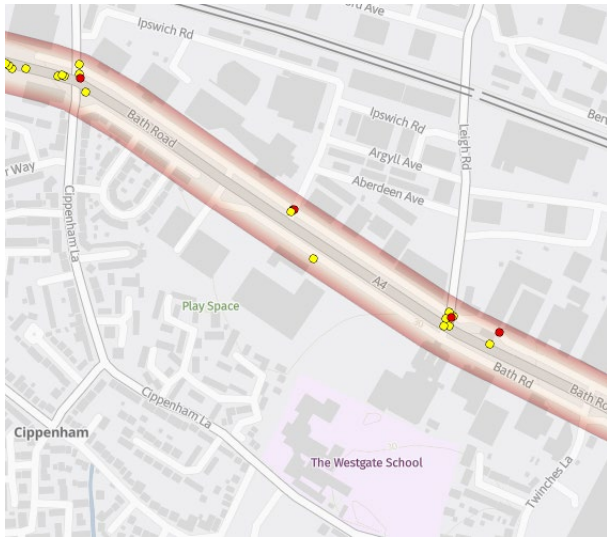
With only **13** occurring between the Dover Road/Chippenham Lane crossroads and the start of the 30mph limit East of Twinches Lane, **7** of these around the junction of Leigh Rd.

Figure 4– Map of part of Section 1, Start of 30mph limit (Twinches Lane) to A355 Farnham Road junction
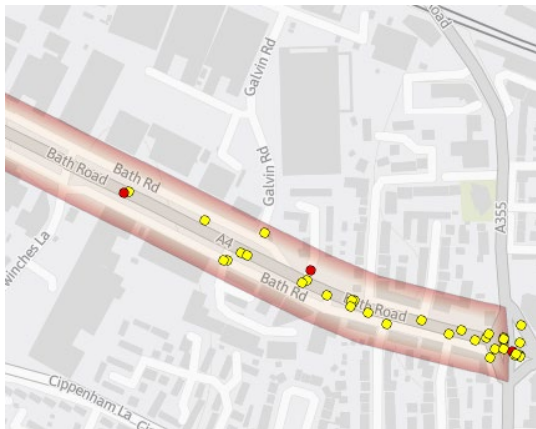
There were **29** recorded between Twinches Lane and the A355 Farnham Road junction, with **9** within 50m of the A355 junction.

Crashes

Of the **93** crashes between M4 Junction 7 Spur Roundabout and the junction with the A355 Farnham Road, **80** were recorded as slight, **13** serious and no fatalities.

Slight	80
Serious	13
Fatal	0

Table 1 – Crashes by Severity in Section 1 2016 to 2020
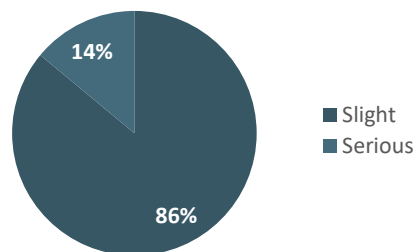
Figure 5 – Percentage of crashes by severity in section 1 2016 to 2020

7

Collisions dropped sharply from **29** to **18** between 2016 and 2017, this has slowed since then, with the percentage of KSI collisions dropping from **27%** to **13%** between 2016 and 2019. Collisions fell to **13** in 2020 with only one recorded as KSI.

Year	Fatal	Serious	KSI	Slight	Total
2016		8	8	21	29
2017				18	18
2018		2	2	16	18
2019		2	2	13	15
2020		1	1	12	13

Table 2 – Collisions in section 1 by year and severity
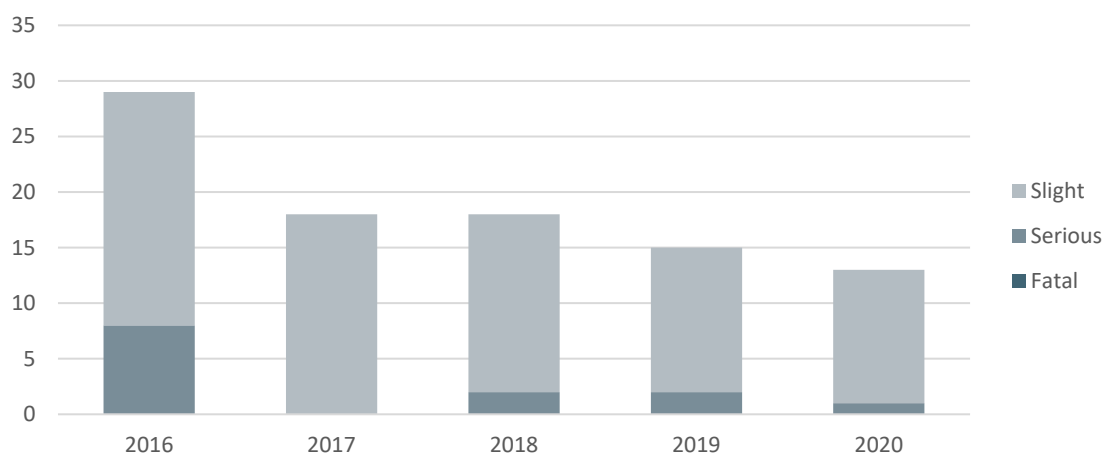
Figure 6 – Collisions in section 1 by year and severity

Collisions involving **2** Vehicles were highest, at **64 (69%)** followed by **21** single vehicle collisions **(22%)**. Collisions involving **3** or more vehicles accounting for **8%** of all recorded collisions.

Number of Vehicles	Fatal	Serious	KSI	Slight	Total
1		4	4	17	21
2		8	8	56	64
3		1	1	5	6
4				1	1
5+				1	1

Table 3 – Collisions in section 1 2016 to 2020 by number of vehicles involved

There were **70 (75%)** collisions with a single casualty, of these **8** were KSI, but none were fatal.

Number of Casualties	Fatal	Serious	KSI	Slight	Total
1		8	8	62	70
2		5	5	13	18
3				4	4
4				1	1
5+					

Table 4 – Collisions in section 1 2016 to 2020 by number of resulting casualties

The majority of collisions, **81 (87%)** occurred in fine weather, with the remaining **12** occurring in the rain. **71 (76%)** collisions occurred when the roads were dry and the remaining **22** on damp or wet roads.

8
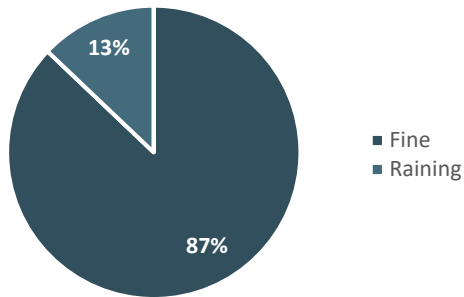
Figure 7 – Percentage of collisions in section 1 2016 to 2020 by weather conditions
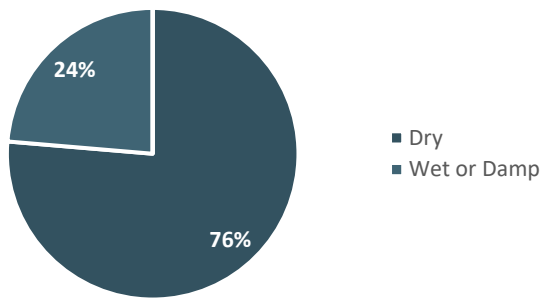
Figure 8 – Percentage of collisions in section 1 2016 to 2020 by road surface conditions

Of the **13** KSI collisions, **11** were recorded as fine weather with only **2** in the rain, with **10** of the KSI collisions occurring on dry roads.

59 (64%) collisions occurred in Daylight, of the **32** in Darkness **1** was recorded as 'Darkness (no lighting)' and **1** 'Darkness (lighting unknown).
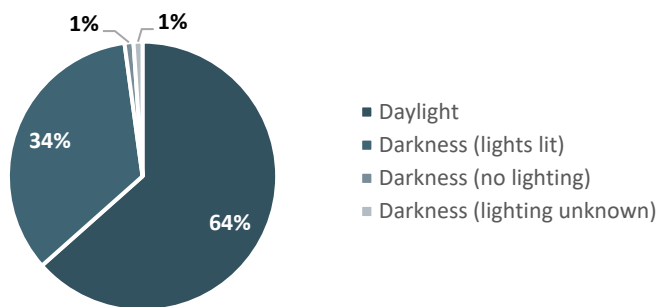
Figure 9 – Percentage of collisions in section 1 2016 to 2020 by lighting conditions

Of all collisions, **57 (61%)** occurred at junctions, **29 (31%)** at a T-Junction and **28 (30%)** at crossroads. **16 (17%)** did not occur at a junction and **15 (16%)** occurred at a private drive.

9
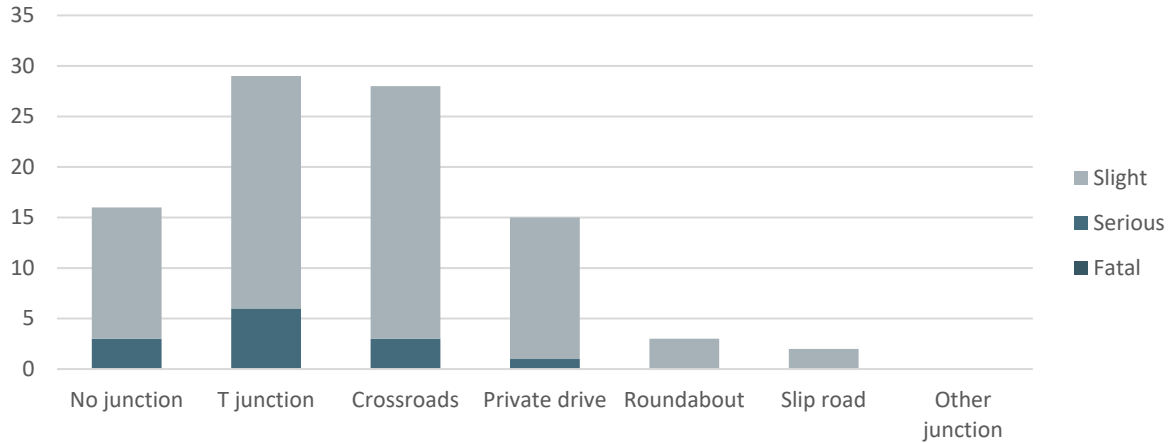
Figure 10 – Collisions in section 1 2016 to 2020 by junction detail

Of the **13** KSI collisions, **6** occurred at a T-Junction, **3** at a crossroads and **3** not at a junction. **34 (37%)** of collisions were recorded at a signal crossing, the majority, **54 (58%)** did not occur at a crossing.
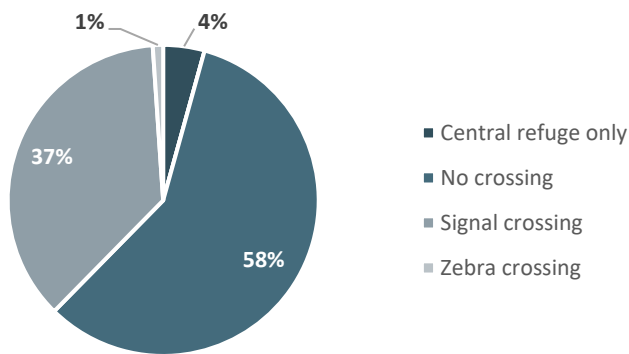
Figure 11 – Percentage of collisions in section 1 2016 to 2020 by pedestrian crossing

The highest number of VRU Casualties were Pedestrians, **19**, of those, **4 (21%)** were KSI. This was followed by Pedal Cyclists **16**, with **1 (6%)** KSI casualty. There were **12** Motorcycle casualties, of which, **5 (41%)** were KSI. There were **12** child casualties, with **1 (8%)** KSI.
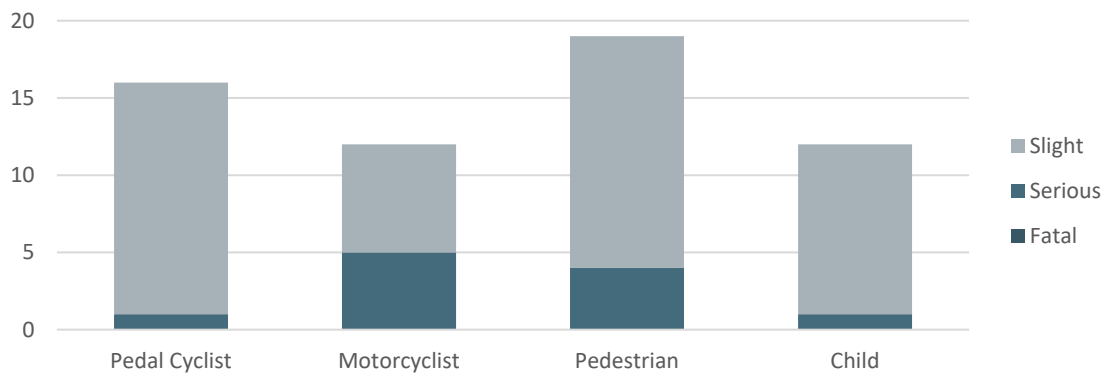
Figure 12 – Collisions in section 1 2016 to 2020 involving Vulnerable Road Users (VRU) by VRU type and severity

10

The majority of collisions involved cars, **62**, this included **7 (11%)** KSI collisions. There were **23** collisions involving a young driver, **4 (17%)** of these were KSI. Pedal Cyclists were involved in **16** collisions, with **1 (6%)** KSI casualty. Of the **13** collisions involving a motorcycle **6 (42%)** were KSI collisions
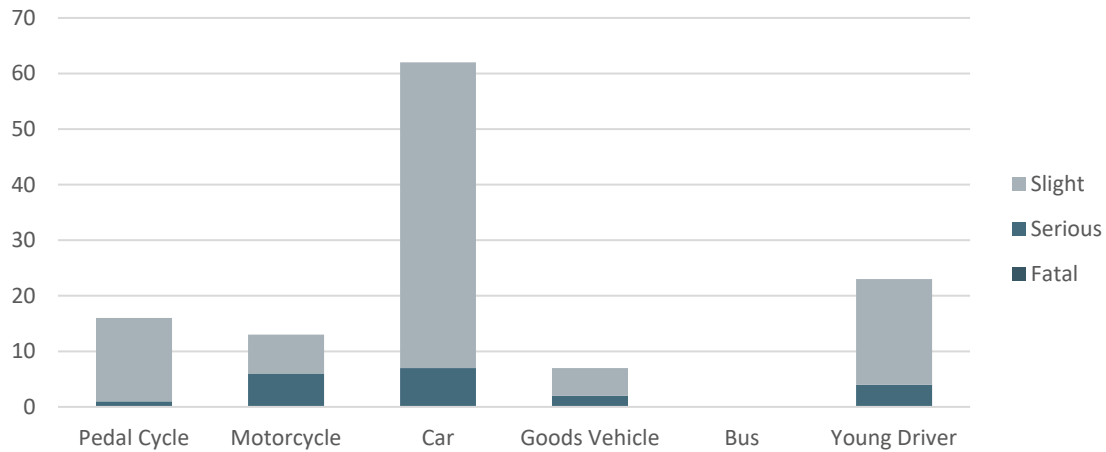
Figure 13 – Collisions in section 1 2016 to 2020 by vehicle involved and severity

Collisions tend to occur during the morning and evening peaks, Monday through Friday, although this shifts to earlier in the afternoon on Fridays.

	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
Monday									2					1	1	2		4	2	1	1			
Tuesday							2	1	1	1			1					4	2			1	1	
Wednesday								2	3	1	1	2	1		1		2	2	1	1	3	2		
Thursday							2		1					1	1			1		4				
Friday	1							1	2					4	3	1			1					1
Saturday					1				1			2		1				1		1		1	1	
Sunday	1		1								1	1		1	1	2		1	1					

Figure 14 – Number of collisions in section 1 2016 to 202 by day of week and hour of day

Vehicles

There were **176** vehicles involved in collisions between M4 Junction 7 Spur Roundabout and the junction with the A355 Farnham Road.

Of these **128 (72%)** were cars, with next highest, Pedal Cycles **17 (10%)** and Goods Vehicles (under 3.5 tonnes) **11 (6%)**.

Combined, Motorcycles accounted for **11 (6%)** of vehicles involved, but these were mainly below 125cc, with **5** or above 500cc with **5**.

11
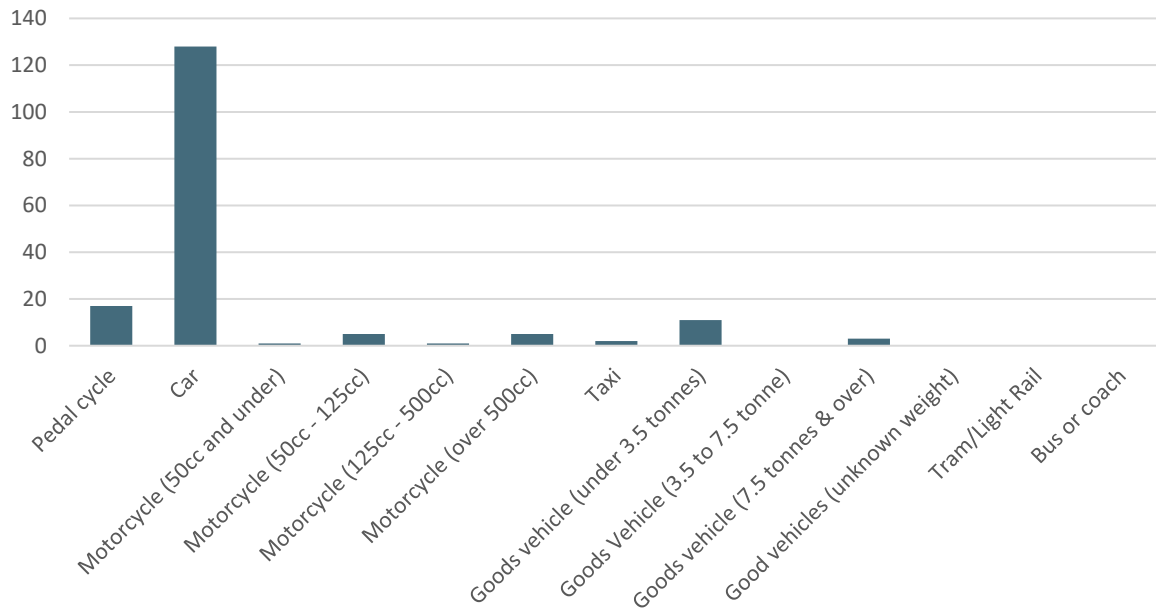
Figure 15 – Number of vehicles involved in section 1 2016 to 2020 by type

The majority of drivers were male **124 (70%)**, with **46 (26%)** female.
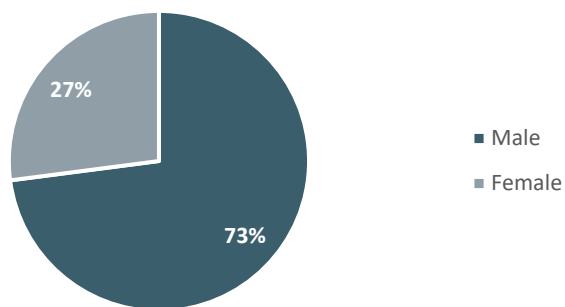
Figure 16 – Percentage breakdown of sex of driver in section 1

When looking at Driver Age, the highest numbers were for drivers from 26 to 55, with **38 (22%)** 26 & 35, **36 (20%)**, 36 & 45 and **26 (15%)** 46 & 55, with drivers 56 to 55 **16 (9%)**. Younger drivers 21 to 25 accounted for **19 (11%)** and drivers 16-20 **14 (8%)** of all drivers.

12
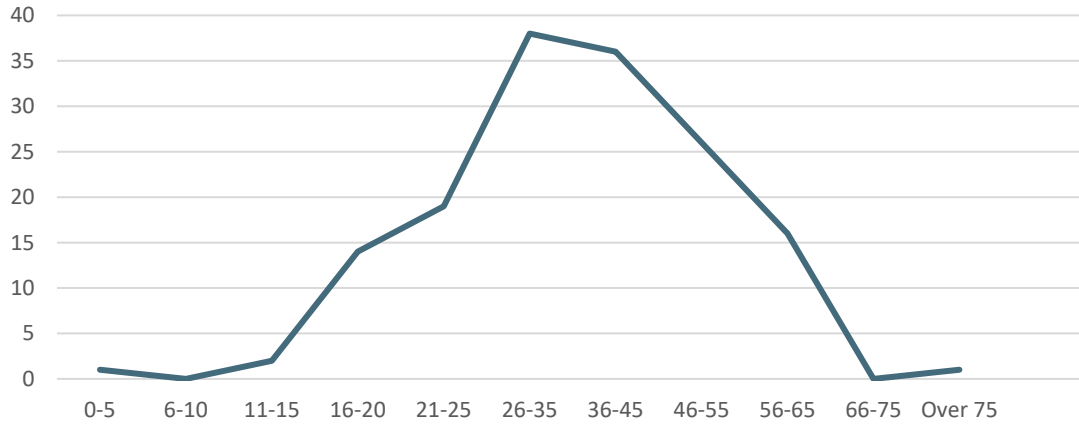
Figure 17 – Driver numbers in section 1 2016 to 2020 by age range

Of recorded Journey purpose, **57 (32%)** were recorded as other, a further **55 (31%)** were unknown, **33 (19%)** were recorded as part of work and **29 (16%)** commuting to/from work. With only **2** recorded as relating to the school run.
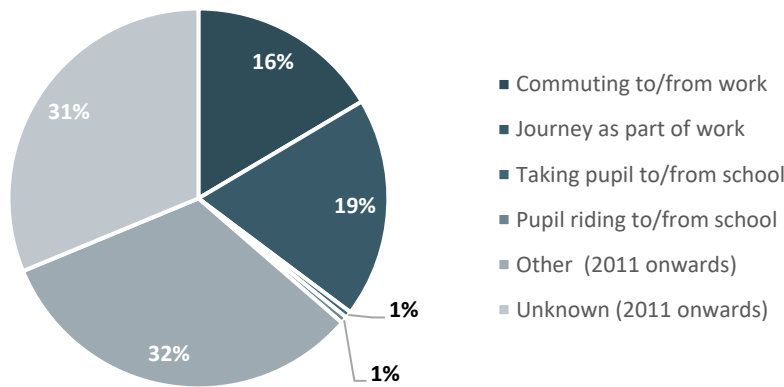
Figure 18 – Percentage of vehicles in section 1 2016 to 2020 by journey purpose

Casualties

Of the **122** recorded casualties between M4 Junction 7 Spur Roundabout and the junction with the A355 Farnham Road., **75 (61%)** were male and **47 (39%)** were female.
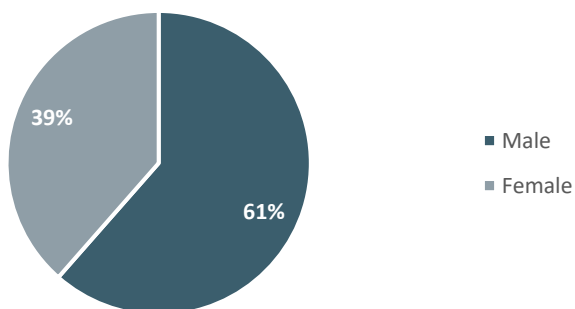
Figure 19 – Percentage of casualties in section 1 2016 to 2020 by sex

13

109 (89%) casualties were recorded as slight and **13 (11%)** serious, with no fatalities.
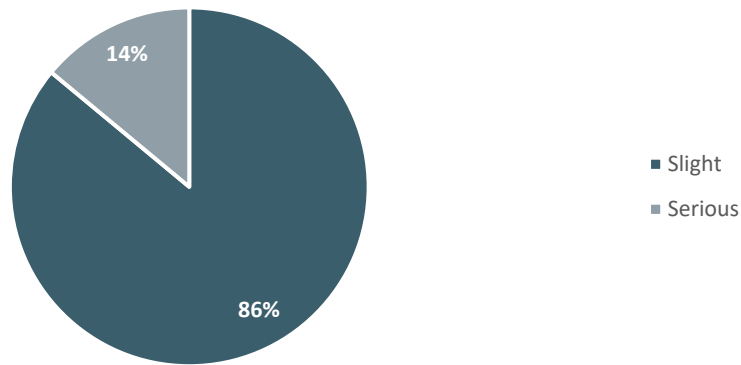
Figure 20 – Percentage of casualties in section 1 2016 to 2020 by severity

76 (62%) of casualties were the driver and **26 (21%)** a passenger, with **20 (17%)** recorded as a pedestrian. Of the **76** Driver casualties, **28 (37%)** were a VRU casualty (**16** Pedal Cyclist and **12** Motorcyclist).
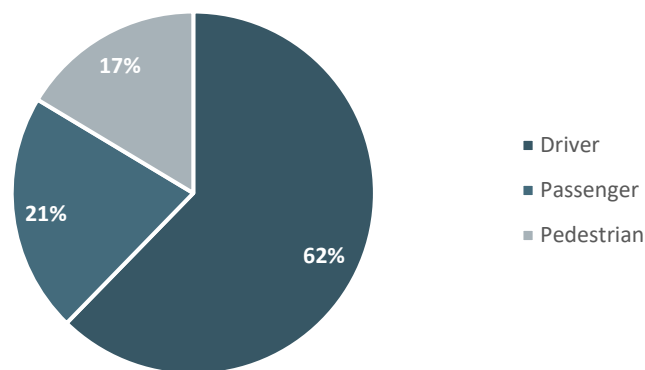
Figure 21 – Percentage of casualties in section 1 2016 to 2020 by class

When looking at age, casualties largely follow the vehicle involved with the majority of casualties between 26 and 55 years of age. **31 (25%)** were 26 to 35, **24 (20%)** 36 to 45 and **17 (20%)** 46 to 55. This was followed by younger drivers, with **16 (13%)** 16 to 20 and **12 (10%)** 21 to 25.

14
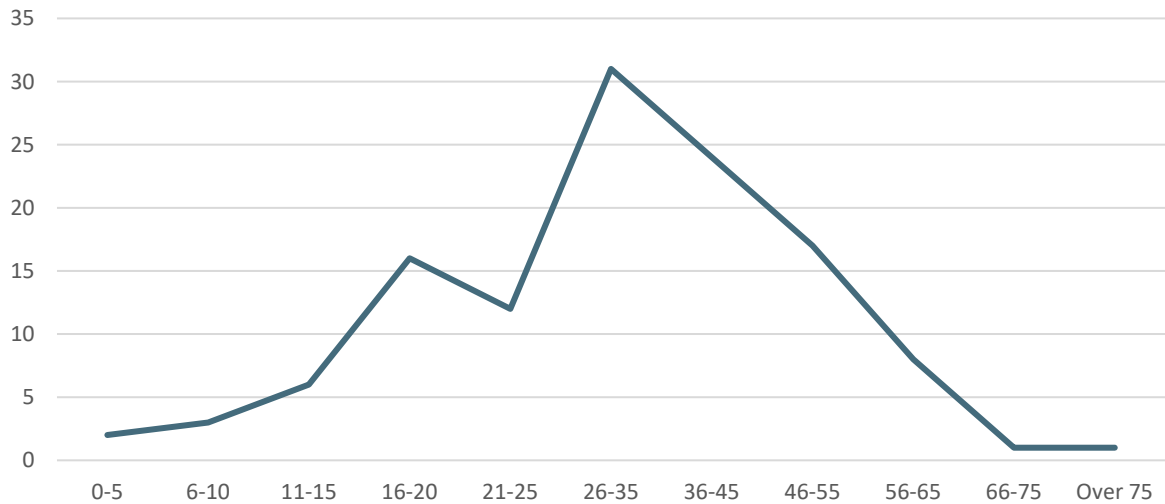
Figure 22 – Breakdown of casualties in section 1 by age band

Of the 20 pedestrian casualties, those at a crossing were the most common casualty with **16 (80%)**.
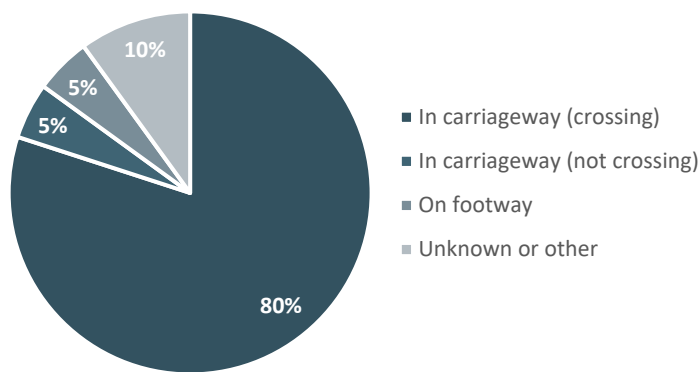
Figure 23 – Percentage of pedestrian casualties in section 1 2016 to 2020 by location

12 (60%) pedestrians were in the act of crossing the road.
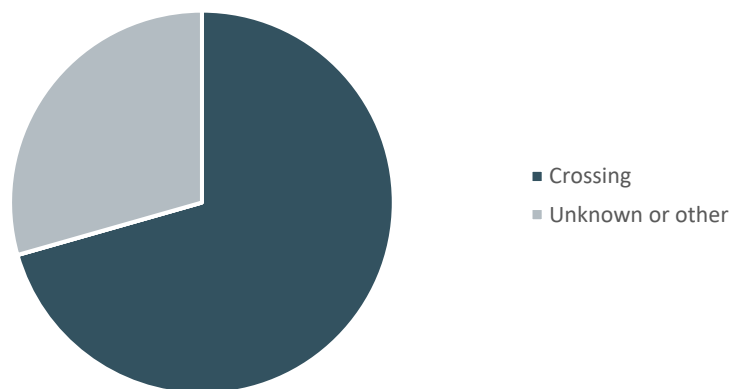
Figure 24 – Percentage of pedestrian casualties in section 1 2016 to 2020 by movement

Contributary Factors

The most common Contributary Factor (CF) for drivers was '405 – Driver Failed to Look Properly' of which **44** were recorded, **30** of these were recorded as Contributary Factor 1.

15

The second most common CF was '406 – Failed to Judge Other Persons Path or Speed' with **20** recorded, with a similar number **19** recording of '602 – Careless, Reckless or in a Hurry'. '306 – Exceeding Speed Limit was recorded **6** times

Of CFs attributed to Pedestrians, the most common were recorded as '802 – Failed to Look Properly' with **10**, and '808 – Careless, Reckless or in a Hurry' with **5**.
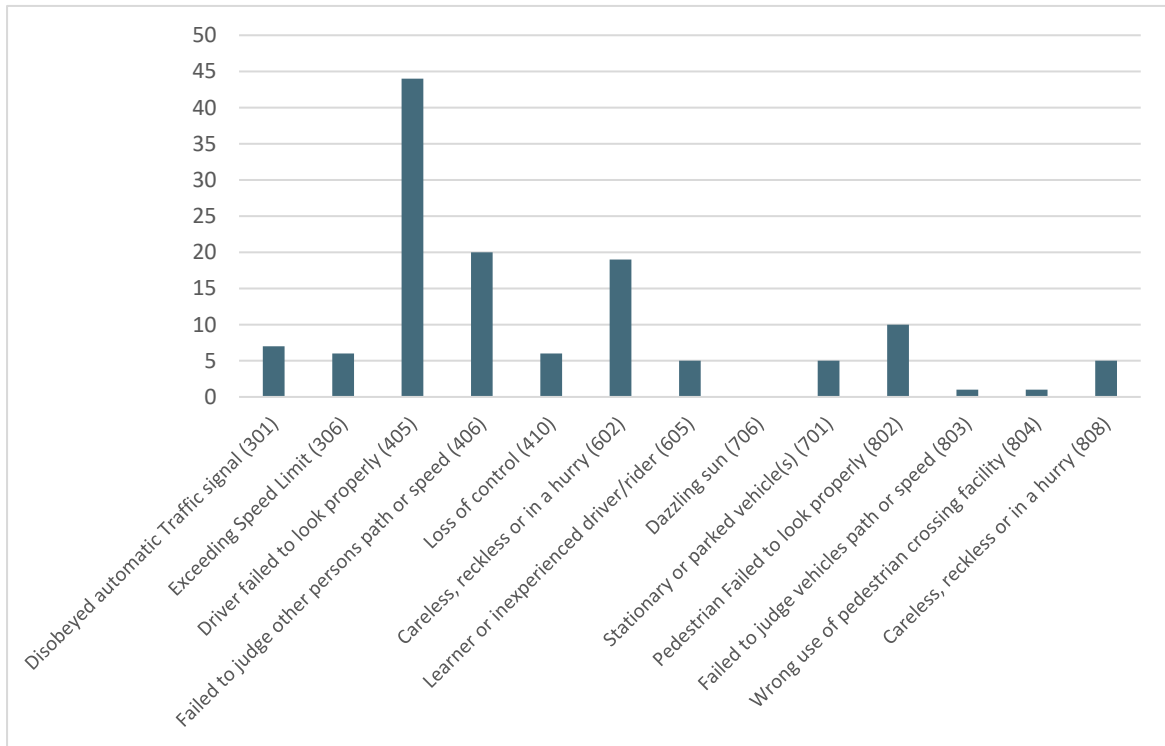
Figure 25 – Breakdown of collisions in section 1 2016 to 2020 by Contributary Factor

16

Section Two –A355 Farnham Road to A412 Uxbridge Road.

Section Two runs from the A355 at The Three Tuns to the roundabout with the A412 Uxbridge Road.
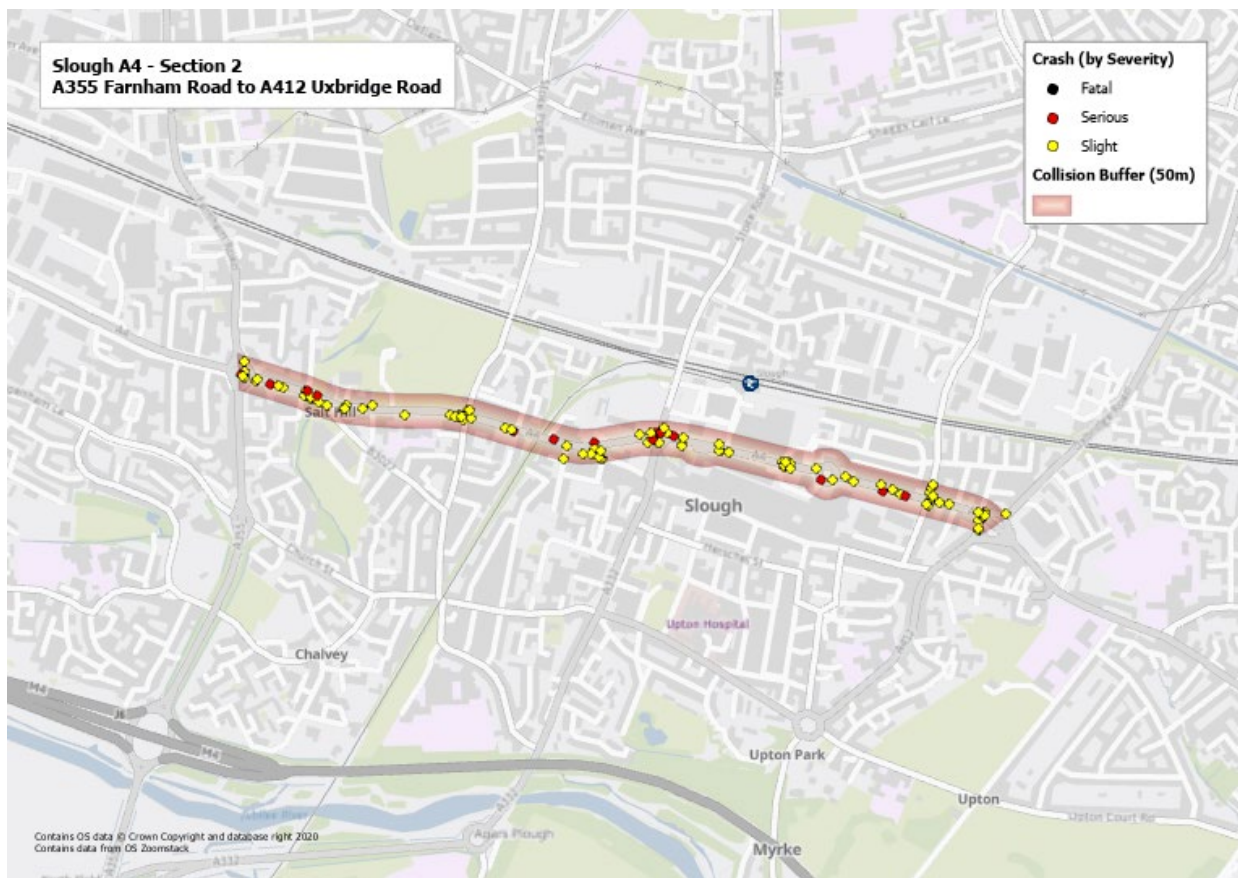
Figure 26 – Map of Section 2: A355 at The Three Tuns to the roundabout with the A412 Uxbridge Road.

Section Two is approximately 2.25km in length with a speed limit of 30mph for the entire length of the section.

There were a total of 121 crashes, involving 221 vehicles, resulting in 152 casualties.

Looking at the collisions spatially, Collisions tend to be clustered around junctions. There were **7** collisions within 50m of the Junction of the A355 Farnham Road and a cluster of **11** collisions around the junction with Stoke Poges Lane

17

There is a cluster of **16** collisions within 50m of the junction with the A332 William Street/B416 Stoke Road and a cluster of **8** collisions around the junction for the Slough Tesco Extra store.
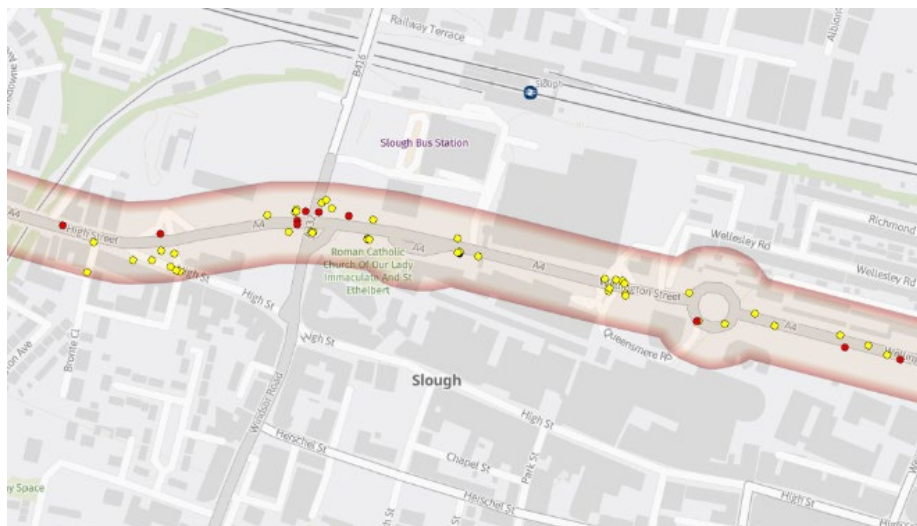
Figure 28 – Map of part of Section 2: Slough Town Centre/Transport Interchange

There are clusters of **10** collisions at the Wexham Road Junction and **13** at the roundabout with the A412 Uxbridge Road.

Figure 29 – Map of part of Section 2: Wexham Road Junction to A412 Uxbridge Road.

18

Crashes

Of the 121 crashes between the junction with the A355 Farnham Road and the A412 Uxbridge Road roundabout junction, 104 were recorded as slight, 16 serious and 1 fatal.

By Severity	
Slight	104
Serious	16
Fatal	1

Table 5 – Crashes by Severity in Section 2 2016 to 2020
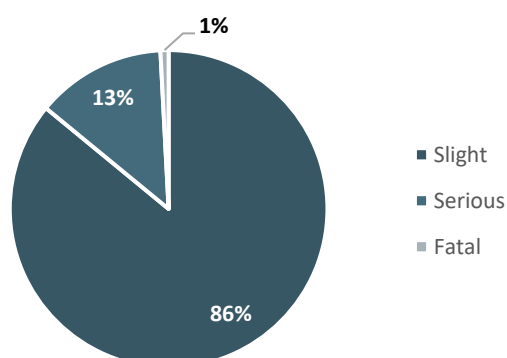
Figure 30 – Percentage of crashes by severity in section 2 2016 to 2020

Collisions rose sharply from **22** to **35** between 2016 and 2017, returning to a similar level as 2016 from 2018 onwards, dropping only slightly in 2019 and rising in 2020 to **23**.

Although the percentage of KSI collisions dropped comparatively from **9%** to **6%** between 2016 and 2017, they have increased and since then with **22%** of collisions recorded as KSI in 2020.

There was **1** fatality recorded in 2016

Year	Fatal	Serious	KSI	Slight	Total
2016	1	1	**2**	20	**22**
2017		2	**2**	33	**35**
2018		4	**4**	17	**21**
2019		4	**4**	16	**20**
2020		5	**5**	18	**23**

Table 6 – Collisions in section 2 by year and severity

19
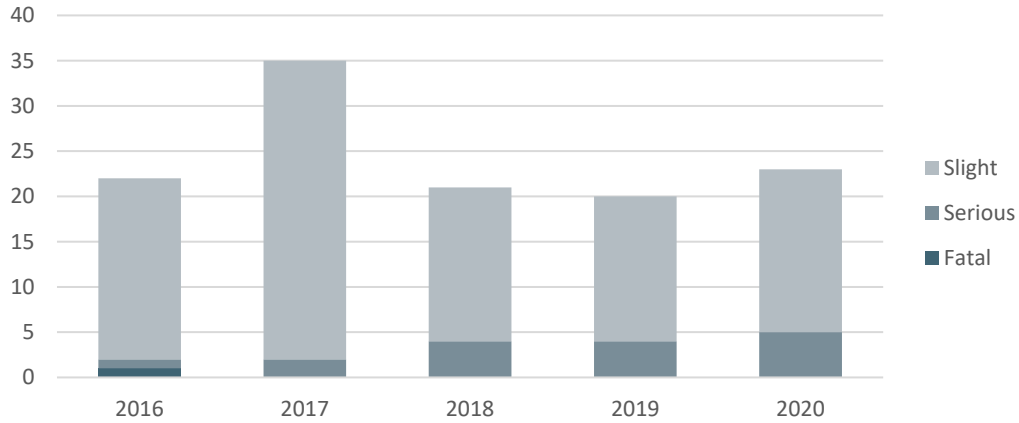
Figure 31 – Collisions in section 2 by year and severity

Collisions involving **2** Vehicles were highest, at **84 (69%)** followed by **25** single vehicle collisions **(21%)**. Collisions involving **3** or more vehicles accounting for **10%** of all recorded collisions.

Number of Vehicles	Fatal	Serious	KSI	Slight	Total
1	1	7	8	17	25
2		6	6	78	84
3		2	2	6	8
4		1	1	2	3
5+				1	1

Table 7 – Collisions 2016 to 2020 in section 2 by number of vehicles involved

There were **96** collisions with a single casualty, of these **16** were KSI, and one was fatal.

Number of Casualties	Fatal	Serious	KSI	Slight	Total
1	1	15	16	80	96
2				21	21
3		1	1	1	2
4				2	2
5+					

Table 8 – Collisions 2016 to 2020 in section 2 by number of resulting casualties
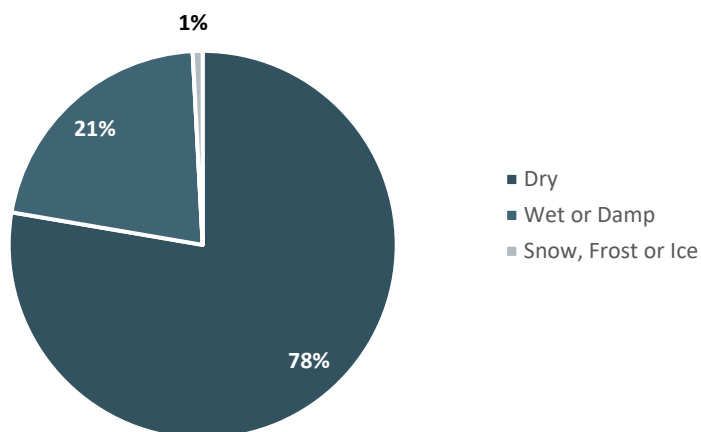
Figure 32 – Percentage of collisions 2016 to 2020 in section 2 by weather conditions
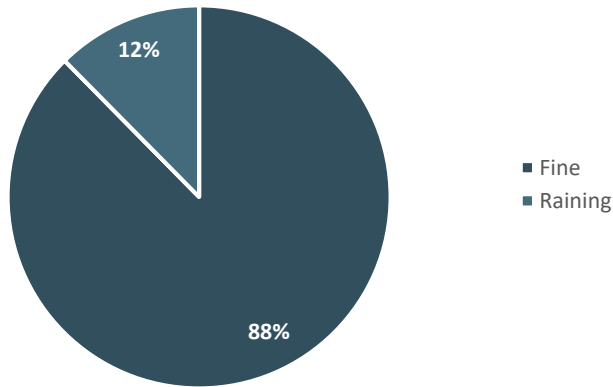
20

The majority of collisions, **106 (88%)** occurred in fine weather, with the remaining **15** occurring in the rain. **94 (78%)** collisions occurred when the roads were dry and of the remaining **27**, **26** occurred on damp or wet roads and **1** in Snow, Frost or Ice.

Of the **17** KSI collisions, **15** were recorded as fine weather, including the **1** fatality, with only **2** in the rain, with **15** of the KSI collisions occurring on dry roads and **2** on Wet or Damp roads.

78 (64%) collisions occurred in Daylight, of the **43** in Darkness only **1** was recorded as 'Darkness (no lighting)'.
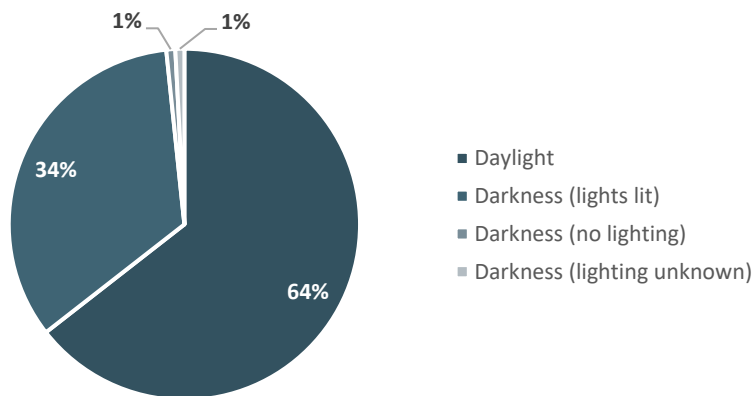
Of all collisions, **83 (69%)** occurred at junctions, **24 (20%)** at a T-Junction, **39 (32%)** at crossroads and **20 (17%)** at a roundabout. **27 (22%)** did not occur at a junction, **8 (7%)** occurred at a private drive and **1** on a slip road.

21
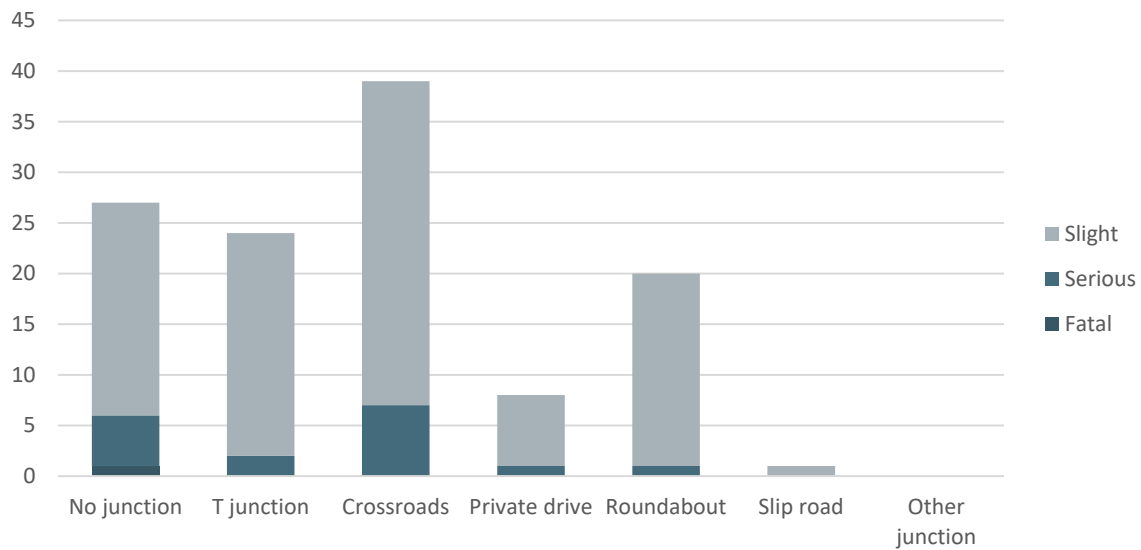
Figure 35 – Collisions in section 2 2016 to 2020 by junction detail

Of the **17** KSI collisions, **7** were recorded at a crossroads, **6** not at a junction and **2** were recorded at a T-Junction. **60 (50%)** of collisions were recorded at a signal crossing, **55 (45%)** did not occur at a crossing and **4 (3%)** were recorded as at a Zebra crossing.
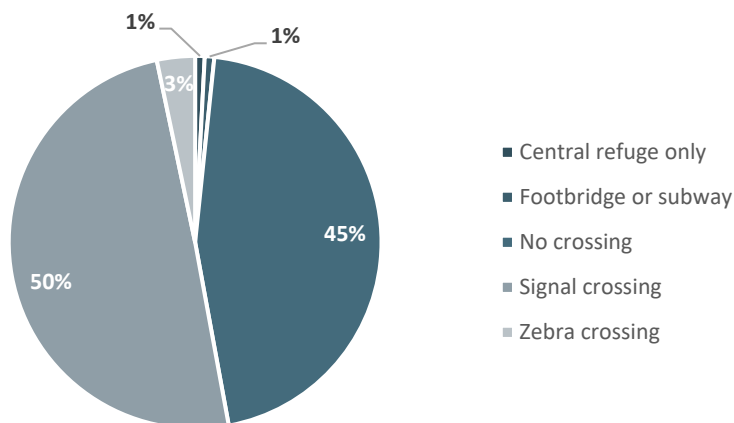
Figure 36 – Percentage of collisions in section 2 2016 to 2020 by pedestrian crossing

The highest number of VRU Casualties were Pedestrians, **24**, of those, **9 (38%)** were KSI, including **1** fatality. This was followed by Pedal Cyclists **18**, with **2 (11%)** KSI casualties. There were **10** Motorcycle casualties, of which, **4 (40%)** were KSI. There were **11** child casualties, with no recorded KSI's.

22
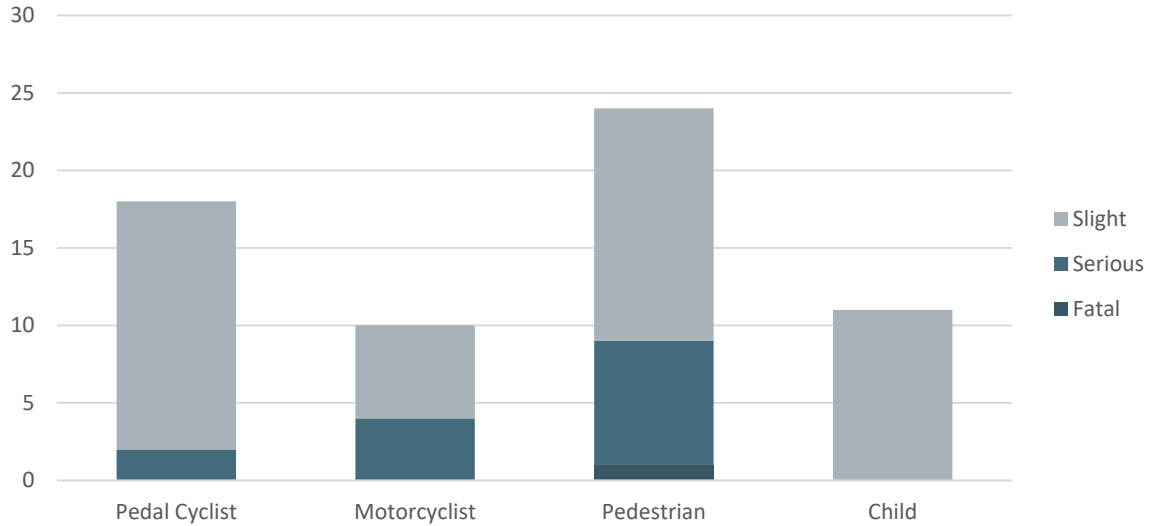
Figure 37 – Collisions in section 2 2016 to 2020 involving Vulnerable Road Users (VRU) by VRU type and severity

The majority of collisions involved cars, **77**, this included **8 (11%)** KSI collisions. There were **17** collisions involving a young driver, none of these were KSI.

Pedal Cyclists were involved in **18** collisions, with **2 (11%)** KSI casualties. Of the **10** collisions involving a motorcycle **4 (40%)** were KSI collisions.

There were **10** collision involving Goods Vehicles, **3 (30%)** were KSI, including **1** fatality
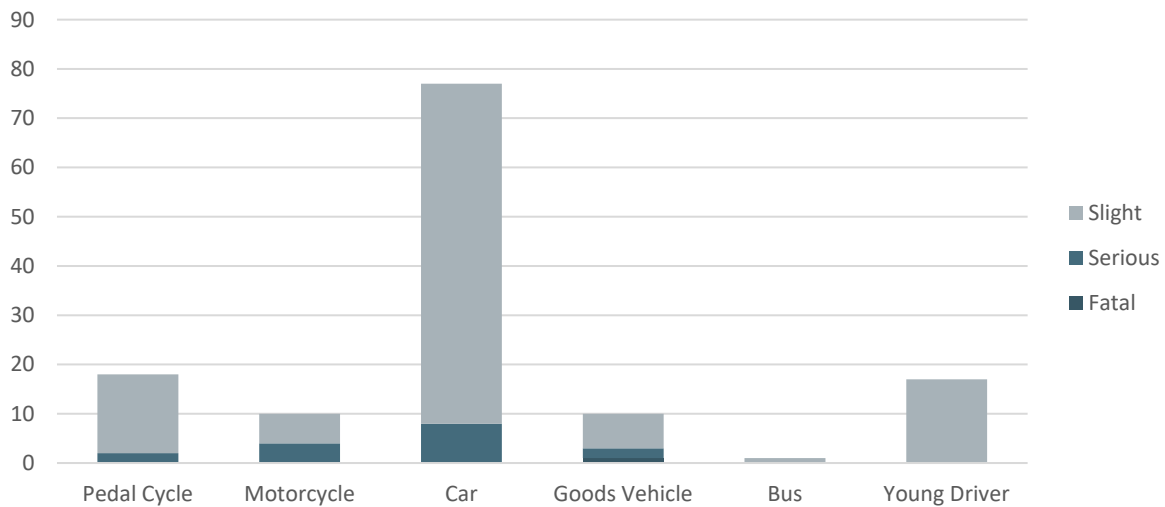
Figure 38 – Collisions in section 2 2016 to 2020 by vehicle involved and severity

Collisions tend to occur during the morning and evening peaks. There are increases around 'lunch time', particularly on a Friday and early on Sunday afternoon and late in the evenings around 21:00.

	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
Monday	1							3		2	1	1	1	2			4	1	1	2	2	3		
Tuesday	1								1	2			2		1			1		1	1	2		
Wednesday									1	2		1	1			2			1			1	1	
Thursday								2	2	2	1		3		1	2	2	2	2	5				2
Friday							1	1	4	2			2	4		1	1	2	2	2	1	1		
Saturday		1					1			2	1		1				1	1	1	1		2		
Sunday	1	1						2						3	3						1	2		

Vehicles

There were **221** vehicles involved in collisions between the junction with the A355 Farnham Road and the A412 Uxbridge Road roundabout junction.

Of these **161 (73%)** were cars, with next highest, Pedal Cycles **18 (8%)** and Goods Vehicles (under 3.5 tonnes) **14 (6%)**.

Combined, Motorcycles accounted for **10 (5%)** of vehicles involved, distributed evenly between engine sizes, except 125-500cc, with **1**.

There were **8** Taxis and **2** buses recorded as vehicle type.
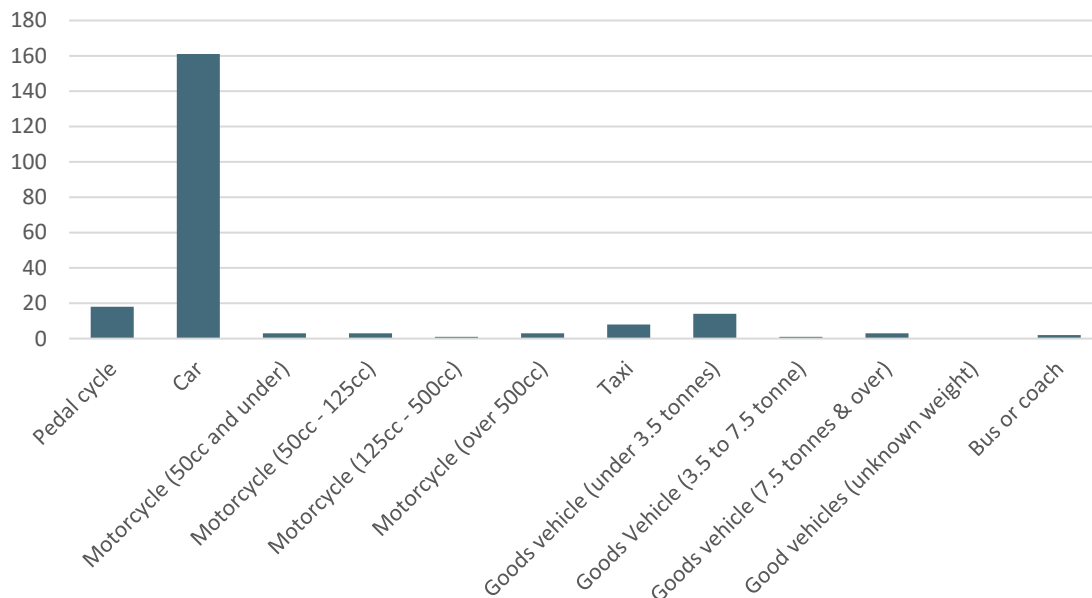
Figure 40 – Number of vehicles involved in section 2 2016 to 2020 by type

The majority of drivers were male **150 (68%)**, with **52 (24%)** female.
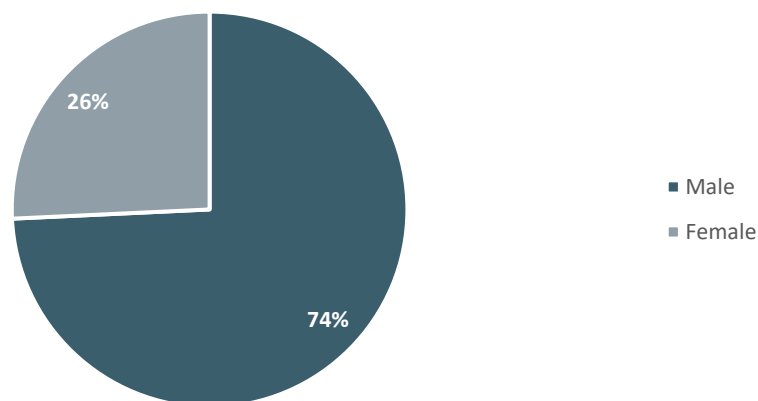
Figure 41 – Percentage breakdown of sex of driver in section 2

When looking at Driver Age, the highest numbers were for drivers from 26 to 55, with **54 (24%)** 26 & 35, **42 (19%)**, 36 & 45 and **32 (14%)** 46 & 55, with drivers 56 to 65 **12 (5%)**.

24

Younger drivers 21 to 25 accounted for **17 (8%)** and drivers 16-20 **9 (4%)** of all drivers. There were **2** drivers recorded between 11 & 15.
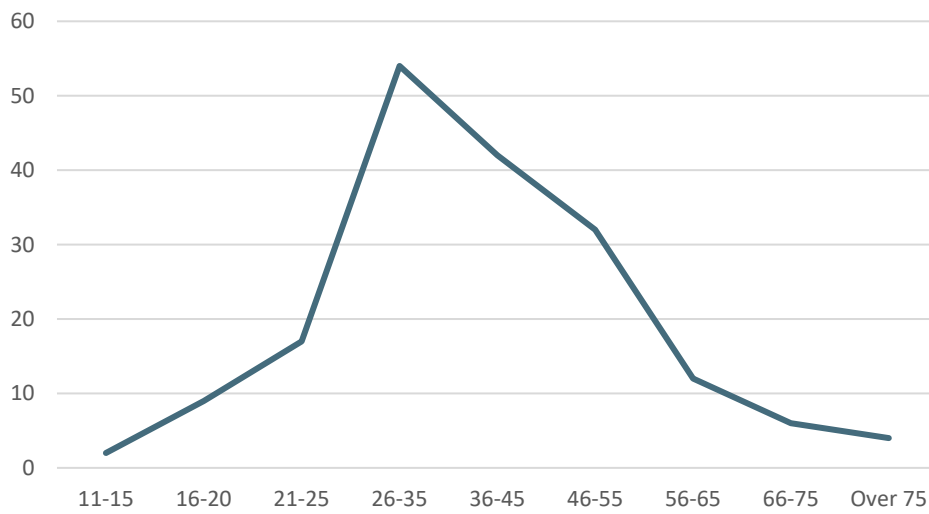
Figure 42 – Driver numbers in section 2 2016 to 2020 by age range

Of recorded Journey purpose, **51 (23%)** were recorded as other, **46 (21%)** were recorded as part of work and **19 (9%)** commuting to/from work. With only **4** recorded as relating to the school run.
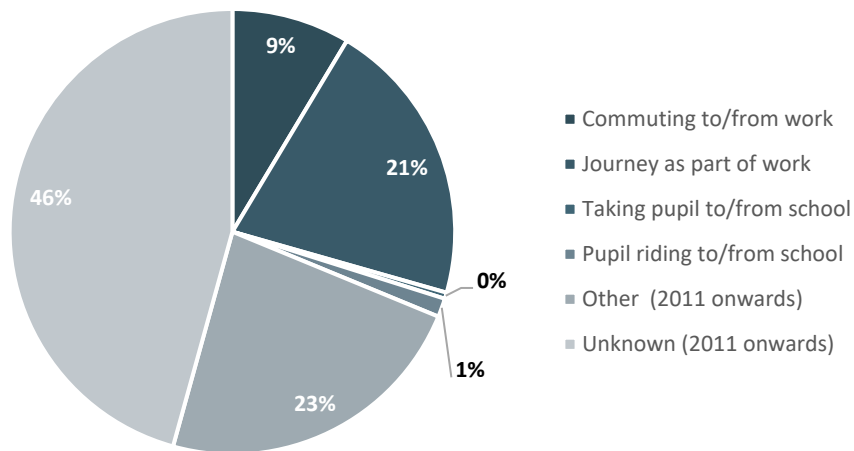
Figure 43 – Percentage of vehicles in section 2 2016 to 2020 by journey purpose

25

Casualties

Of the **122** recorded casualties between the junction with the A355 Farnham Road and the A412 Uxbridge Road roundabout junction, **88 (58%)** were male and **64 (42%)** were female.
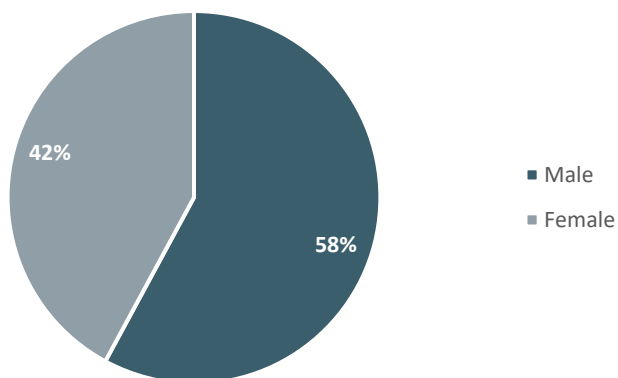
Figure 44 – Percentage of casualties in section 2 2016 to 2020 by sex

135 (89%) casualties were recorded as slight and **16 (11%)** serious, with **1** fatality.
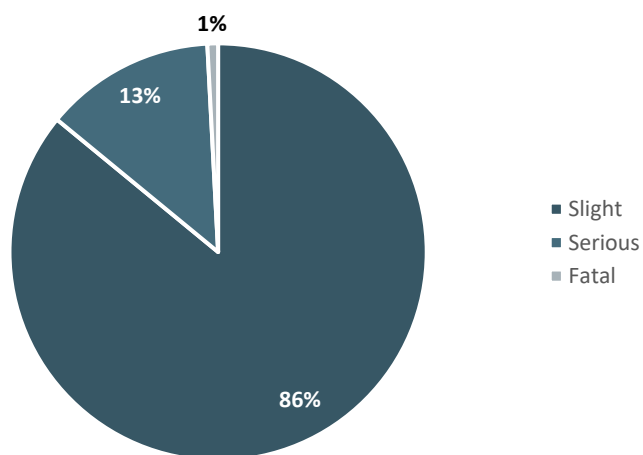
Figure 45 – Percentage of casualties in section 2 2016 to 2020 by severity

96 (63%) of casualties were the driver and **31 (20%)** a passenger, with **25 (16%)** recorded as a Pedestrian. Of the **96** Driver casualties, **28 (29%)** were a VRU casualty (**18** Pedal Cyclist and **10** Motorcyclist).
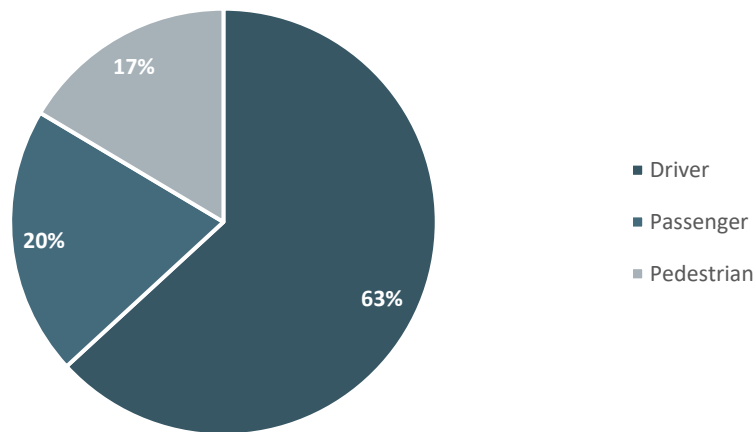
Figure 46 – Percentage of casualties in section 2 2016 to 2020 by class

When looking at age, casualties largely follow the vehicle involved with the majority of casualties between 26 and 55 years of age. **49 (32%)** were 26 to 35, **32 (21%)** 36 to 45 and **15 (10%)** 46 to 55. This was followed by younger drivers, with **13 (9%)** 21 to 25 and **13 (9%)** 16 to 20.

There were **8 (5%)** child casualties, **4** 11-15, **4** 6-10 and **3** 0-5.
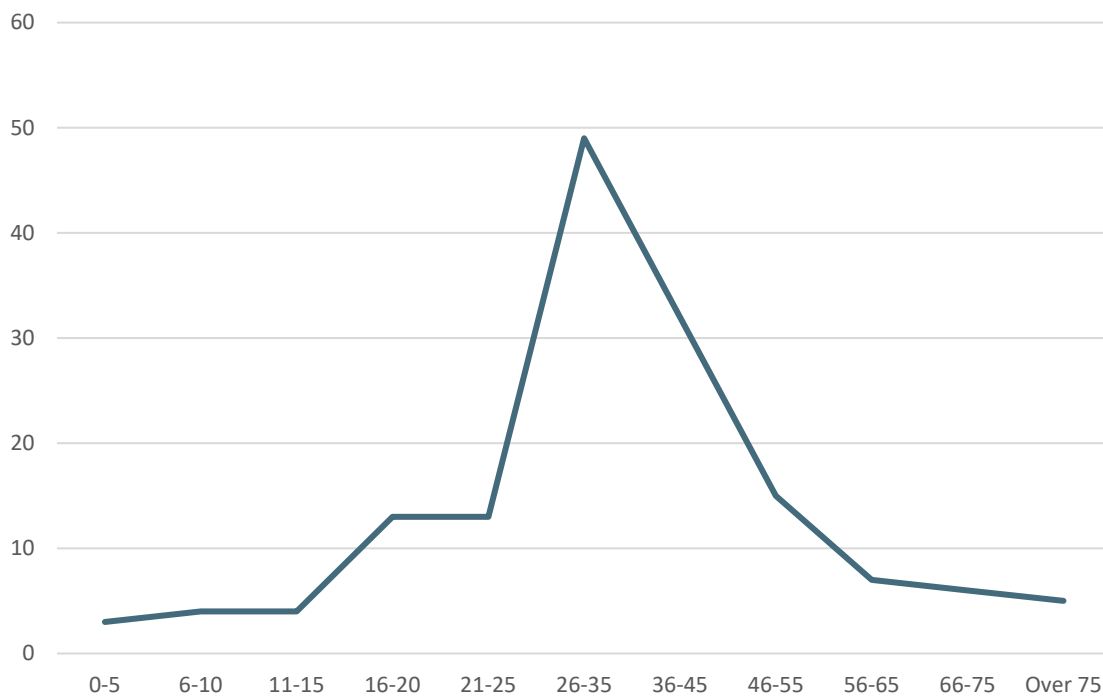
Figure 47 – Breakdown of casualties in section 2 by age band

27

Of the **25** pedestrian casualties, those at a crossing were the most common casualty with **19 (76%)**.
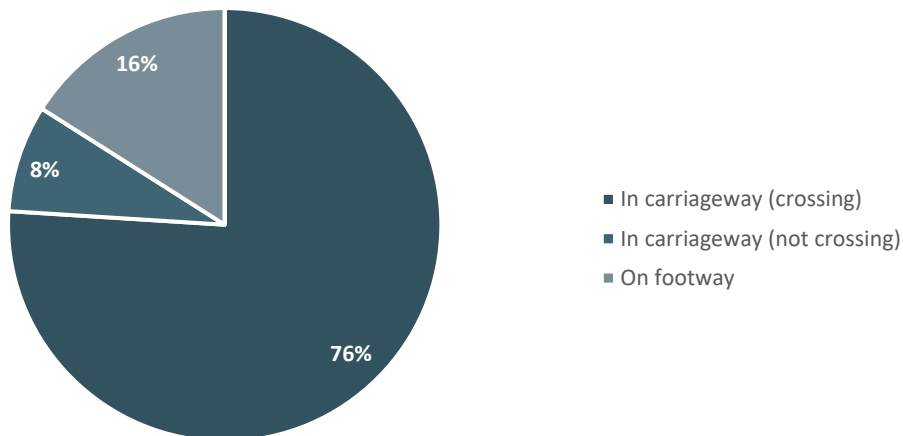
Figure 48 – Percentage of pedestrian casualties in section 2 2016 to 2020 by location

17 (68%) pedestrians were in the act of crossing the road.
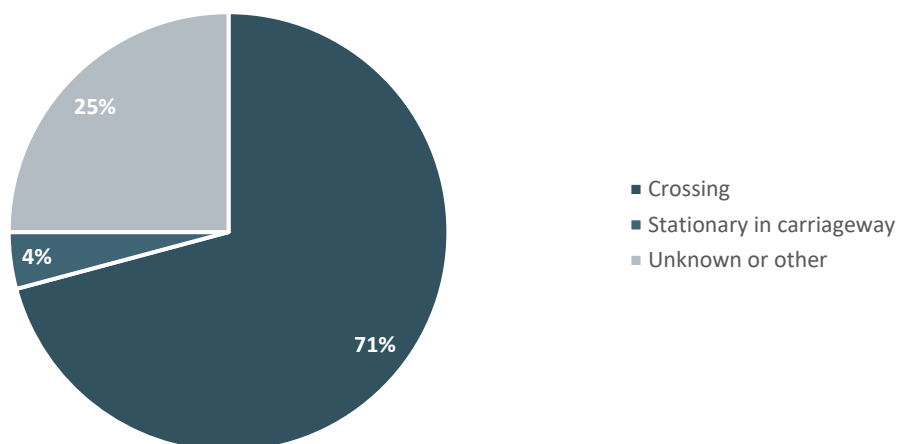
Figure 49 – Percentage of pedestrian casualties in section 2 2016 to 2020 by movement

Contributary Factors

The most common Contributary Factor (CF) for drivers was '405 – Driver Failed to Look Properly' of which **53** were recorded, **32** of these were recorded as Contributary Factor 1.

The second most common CF was '602 – Careless, Reckless or in a Hurry' with **26** recorded, with a similar number **23** recording of '406 – Failed to Judge Other Persons Path or Speed'. '403 – Poor turn or manoeuvre' was recorded **11** times.

'301 – Disobeyed and Automatic Traffic Signal' was recorded **13** times. **5** of these were recorded as Contributary Factor 1 and '306 – Exceeding Speed Limit was recorded **7** times, with '308 – Following to Close' recorded **5** times

28

Of CFs attributed to Pedestrians, the most common were recorded as '802 – Failed to Look Properly' with **7**, and '808 – Careless, Reckless or in a Hurry' with **6**.

There were **3** instances of both '803 – Failed to judge vehicles path or speed' and '804 – Wrong use of pedestrian crossing facility'.
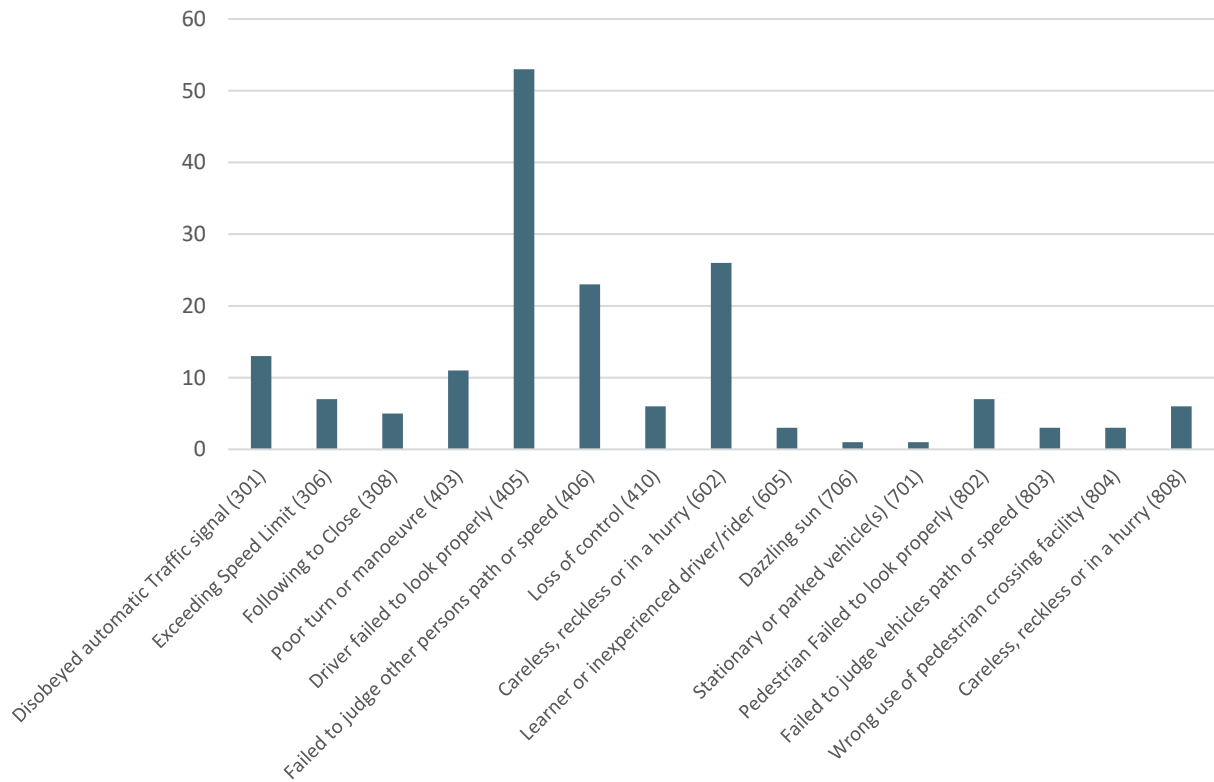
Figure 50 – Breakdown of collisions in section 2 2016 to 2020 by Contributary Factor

29

Section Three – A355 Uxbridge Road to M4 Junction 5 Roundabout.

Section Three runs from the roundabout with the A412 Uxbridge Road to the Entry/Exit of the roundabout of the M4 Junction 5.

Figure 51 – Map of Section 3: A412 Uxbridge Road to the Entry/Exit M4 Junction 5 roundabout

Section Three is approximately 3.2km in length with a speed limit of 30mph changing to 40mph at Langley Fire Station.

There were a total of 88 crashes, involving 165 vehicles, resulting in 124 casualties.

Looking at the collisions spatially, there were **10** collisions within 50m of the Junction of the A412 Uxbridge Road otherwise collisions are spread out along the road.

30
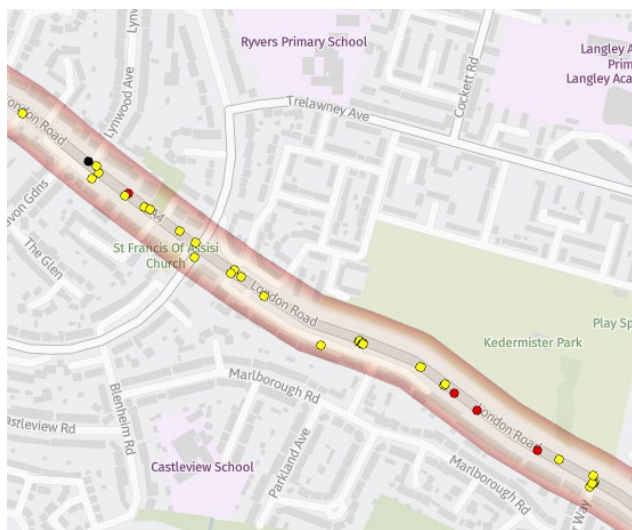
There is a cluster of **4** collisions around Lynwood Road including **1** fatality. There are clusters of **5** collisions around the junctions of Cedar Way and London Road accesses to the Castleview residential area, otherwise collisions tend to be distributed along the road.

Figure 53 – Map of part of Section 2: Lynwood Road to Cedar Way
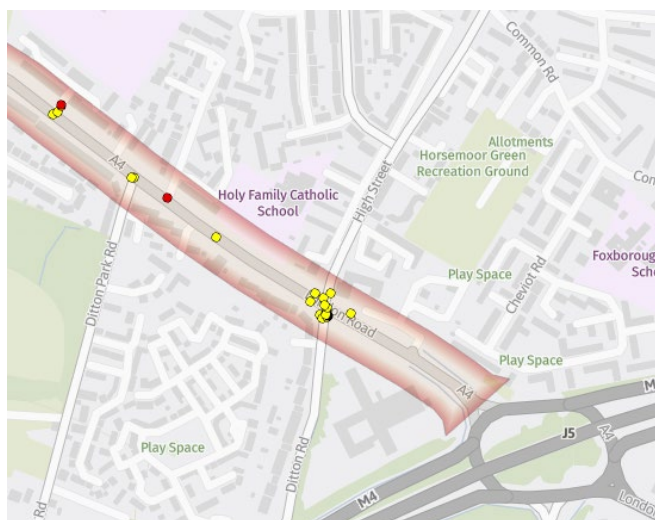
There is a small cluster of Collisions at the junction of Tobermory Close and a large cluster of **15** collisions at the junction with Ditton Road / B470.Langley High Street, which includes **1** fatality.

Figure 54 – Map of part of Section 2: Ditton Park Road to M4 Junction 5 roundabout

31

Crashes

Of the 88 crashes between the roundabout with the A412 Uxbridge Road to the Entry/Exit of the roundabout of the M4 Junction 5., 75 were recorded as slight, 11 serious and 2 fatal.

By Severity	
Slight	75
Serious	11
Fatal	2

Table 9 – Crashes by Severity in Section 3 2016 to 2020
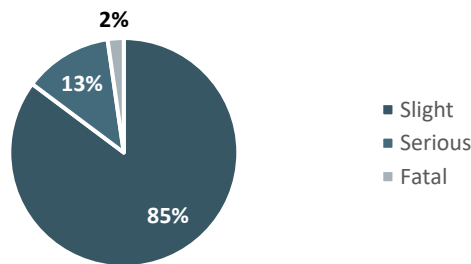
Figure 55 – Percentage of crashes by severity in section 3 2016 to 2020

Collisions changed little from **22** to **23** between 2016 and 2017, with 4 KSI dropping to **17** in 2018 and **16** in 2019. Collisions fell further to **10** in 2020.

Between 2016 and 2017 18% of collisions were KSI, dropping to 12% in 2019 and 10% in 2020. There was **1** fatality in 2016 and **1** in 2018

Year	Fatal	Serious	KSI	Slight	Total
2016	1	3	**4**	18	**22**
2017		4	**4**	19	**23**
2018	1	1	**2**	15	**17**
2019		2	**2**	14	**16**
2020		1	**1**	9	**10**

Table 10 – Collisions in section 1 by year and severity
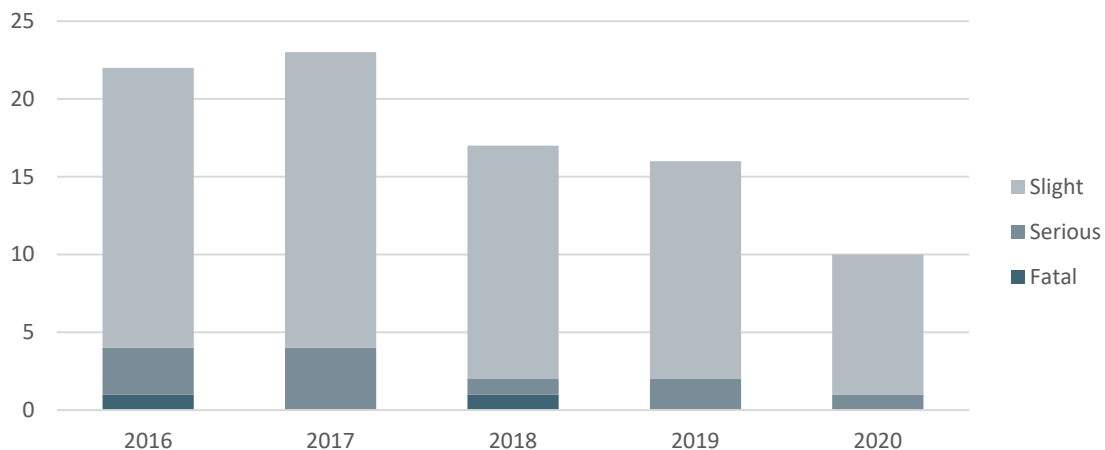
Figure 56 – Collisions in section 3 by year and severity

32

Collisions involving **2** Vehicles were highest, at **72 (82%)** followed by **9** single vehicle collisions **(10%)**. There were **7** collisions recorded involving **3** vehicles.

Number of Vehicles	Fatal	Serious	KSI	Slight	Total
1	1	1	2	7	9
2	1	10	11	61	72
3				7	7
4					
5+					

Table 11 – Collisions 2016 to 2020 by number of vehicles involved

There were **67** collisions with a single casualty **(76%)**, of these **11** were KSI, and **1** was fatal.

Number of Casualties	Fatal	Serious	KSI	Slight	Total
1	1	10	11	56	67
2		1	1	13	14
3	1		1	2	3
4				3	3
5+				1	1

Table 12 – Collisions 2016 to 2020 by number of resulting casualties

The majority of collisions, **80 (88%)** occurred in fine weather, of the remaining, **6 (7%)** occurred in the rain and **1** when it was Snowing.

64 (73%) collisions occurred when the roads were dry and of the remaining **24**, **22 (25%)** occurred on damp or wet roads and **2** in Snow, Frost or Ice.
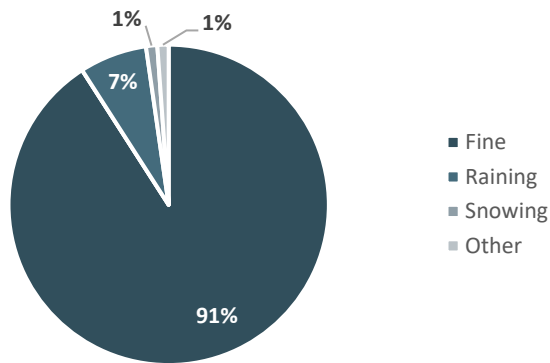

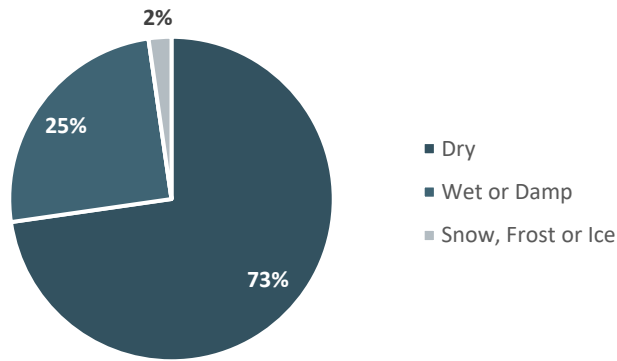*Figure 57 – Percentage of collisions 2016 to 2020 by weather conditions*

33

Figure 58 – Percentage of collisions in section 3 2016 to 2020 by road surface conditions

Of the **13** KSI collisions, **11** were recorded as fine weather with only **2** in the rain, with **8** of the KSI collisions occurring on dry roads. **66 (75%)** collisions occurred in Daylight, and of the **22** in Darkness, all were recorded as 'Darkness (lights lit)'.
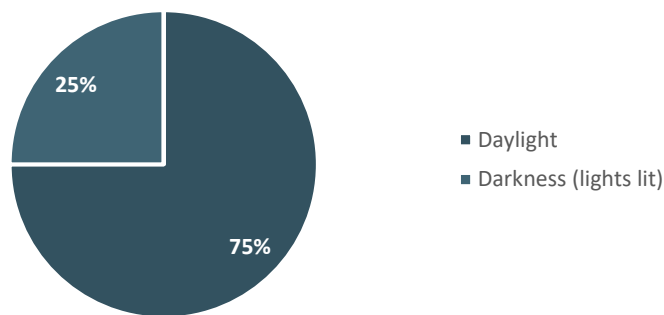

Figure 59 – Percentage of collisions in section 3 2016 to 2020 by lighting conditions

Of all collisions, **63 (72%)** occurred at junctions, **37 (42%)** at a T-Junction, **16 (18%)** at crossroads and **10 (11%)** at a roundabout. **16 (18%)** did not occur at a junction, **9 (10%)** occurred at a private.
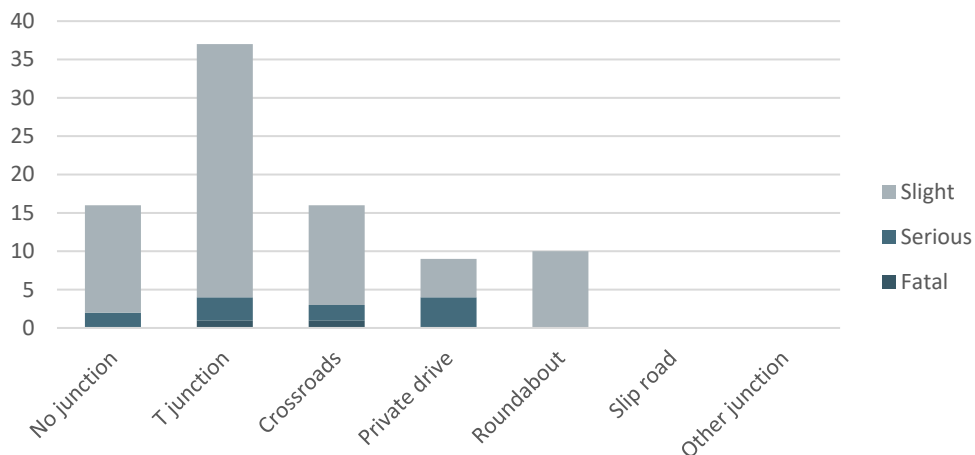

Figure 60 – Collisions in section 3 2016 to 2020 by junction detail

34

31 (35%) of collisions were recorded at a signal crossing, the majority, **57 (65%)** did not occur at a crossing.
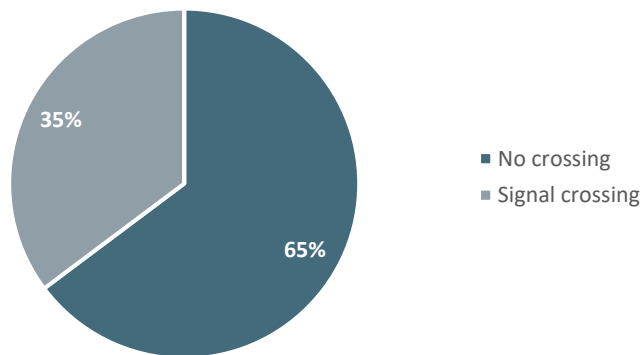

Figure 61 – Percentage of collisions in section 3 2016 to 2020 by pedestrian crossing

The highest number of VRU Casualties were Pedal Cyclists, **21**, of those, **2 (10%)** were KSI. This was followed by Motorcycle **11**, with **5 (45%)** KSI casualty. There were **8** Pedestrians casualties, of which, **2 (25%)** were KSI. There were **11** child casualties, with no recorded KSI.
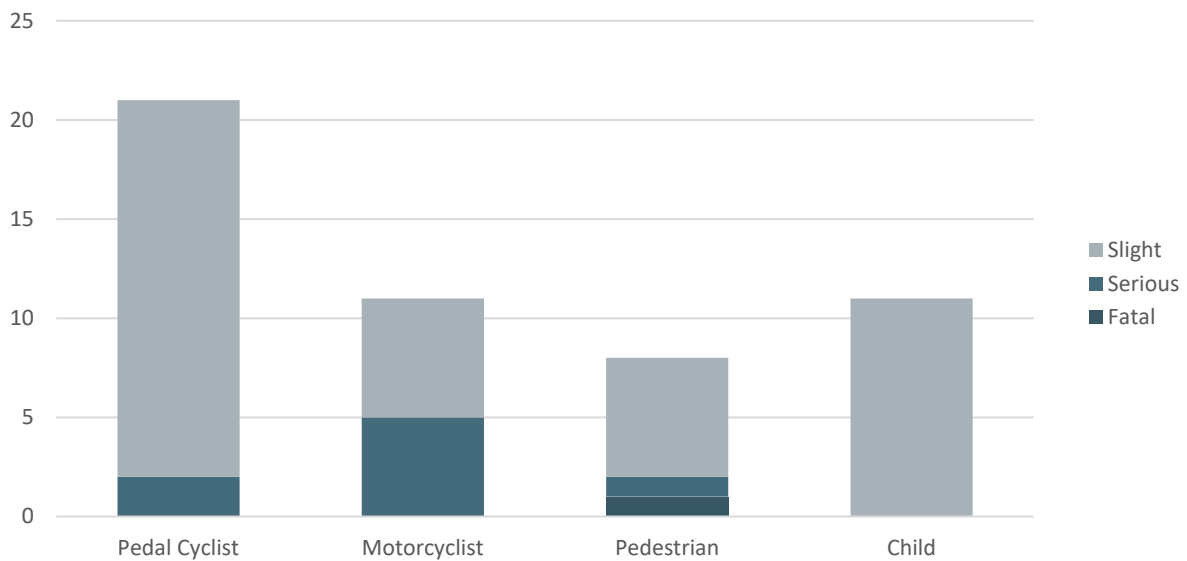

Figure 62 – Collisions in section 3 2016 to 2020 involving Vulnerable Road Users (VRU) by VRU type and severity

The highest number of collisions involved cars, **46**, this included **4 (9%)** KSI collisions, with **1** fatality. There were **15** collisions involving a young driver, **1 (7%)** of these was a KSI.

Pedal Cyclists were involved in **21** collisions, with **2 (10%)** KSI casualties. Of the **11** collisions involving a motorcycle **5 (45%)** were KSI collisions.

There were **4** collision involving Goods Vehicles, there was **1 (25%)** KSI, which resulted in a fatality
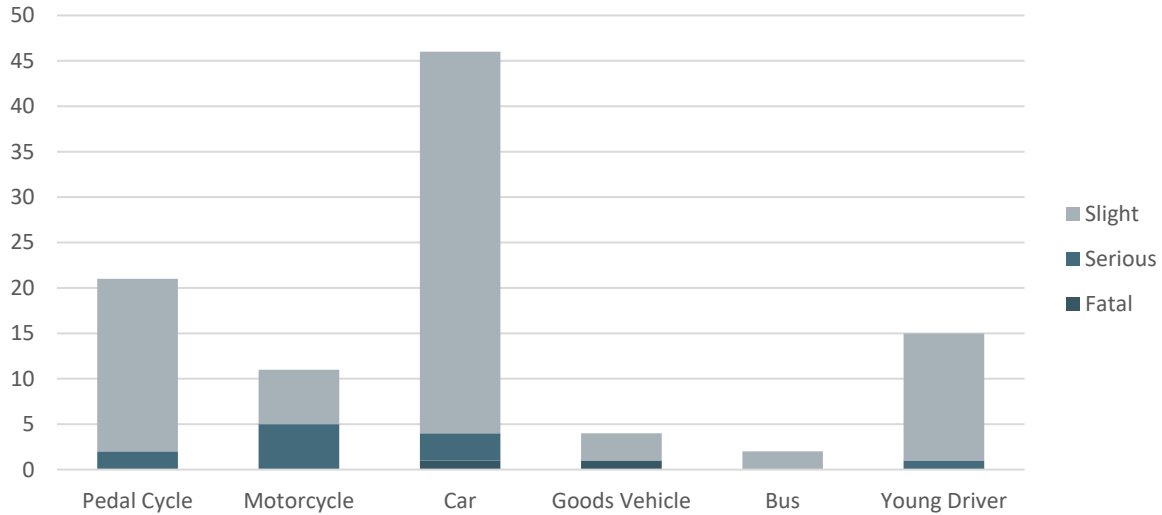
35

Figure 63 – Collisions in section 3 2016 to 2020 by vehicle involved and severity

Collisions tend to occur during the morning and the evening peaks, Monday to Friday. At weekends there is an increase around Noon and early evening on Saturdays.

	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
Monday								1	1	1			1		1	1		4		2		1		
Tuesday								1		1			1	1			2	4	1	1				2
Wednesday								1	1			1	1		1	2	1	1	3	1	1	2	1	
Thursday								2	1								3	2	1	2				
Friday	1							2	2				1	1		2		2		1	1	1		
Saturday											2	1	2			2	1	2	2	1			1	
Sunday												2	2			1								

Figure 64 – Number of collisions in section 3 2016 to 202 by day of week and hour of day

Vehicles

There were **165** vehicles involved in collisions between the roundabout with the A412 Uxbridge Road to the Entry/Exit of the roundabout of the M4 Junction 5.

Of these **114 (69%)** were cars, with next highest, Pedal Cycles **21 (13%)** and Goods Vehicles (under 3.5 tonnes) **9 (5%)**.

Combined, Motorcycles accounted for **11 (7%)** of vehicles involved, **3** were '50cc and Under', **3** were '50cc to 125cc' and **5** were 'over 500cc'.

There were **4** Taxis and **3** buses recorded as vehicle type.
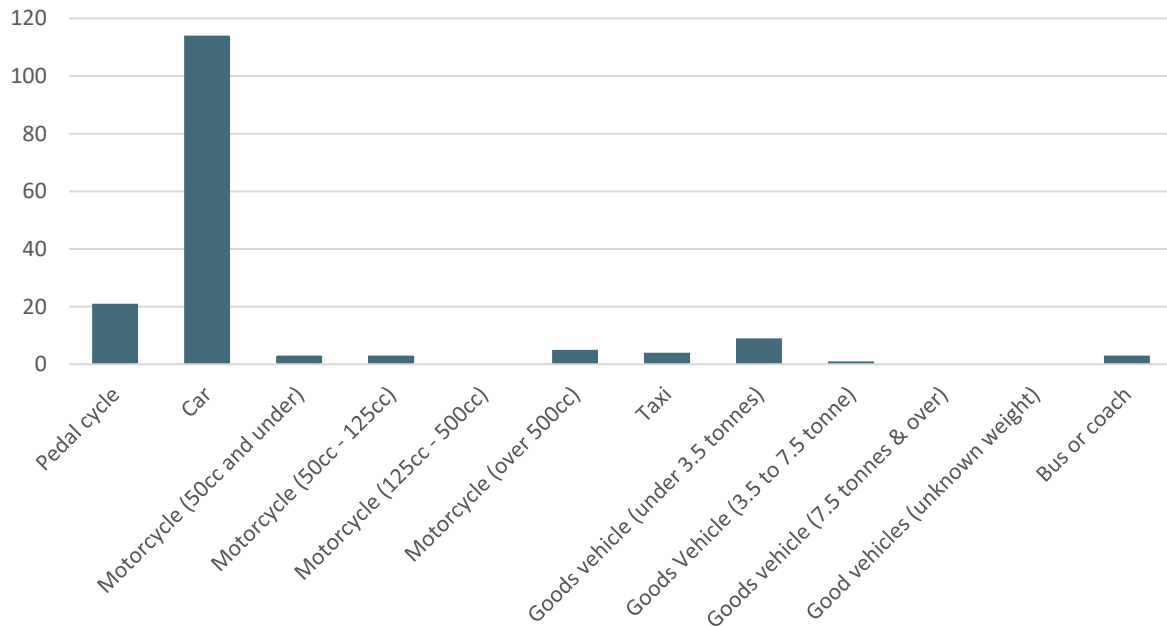
Figure 65 – Number of vehicles involved in section 3 2016 to 2020 by type

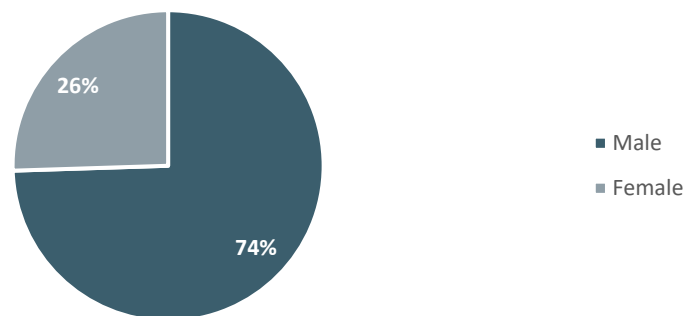The majority of drivers were male **111 (67%)**, with **38 (23%)** female.

Figure 66 – Percentage breakdown of sex of driver in section 3

When looking at Driver Age, the highest numbers were for drivers from 26 to 45, with **36 (29%)** 26 & 35 and **26 (21%)**, 36 & 45. Followed by drivers 46 & 55 and 56 to 55 with **20 (16%)** each.

Younger drivers 21 to 25 accounted for **18 (15%)** and drivers 16-20 **6 (5%)** of all drivers. There were **3** drivers recorded between 11 & 15.
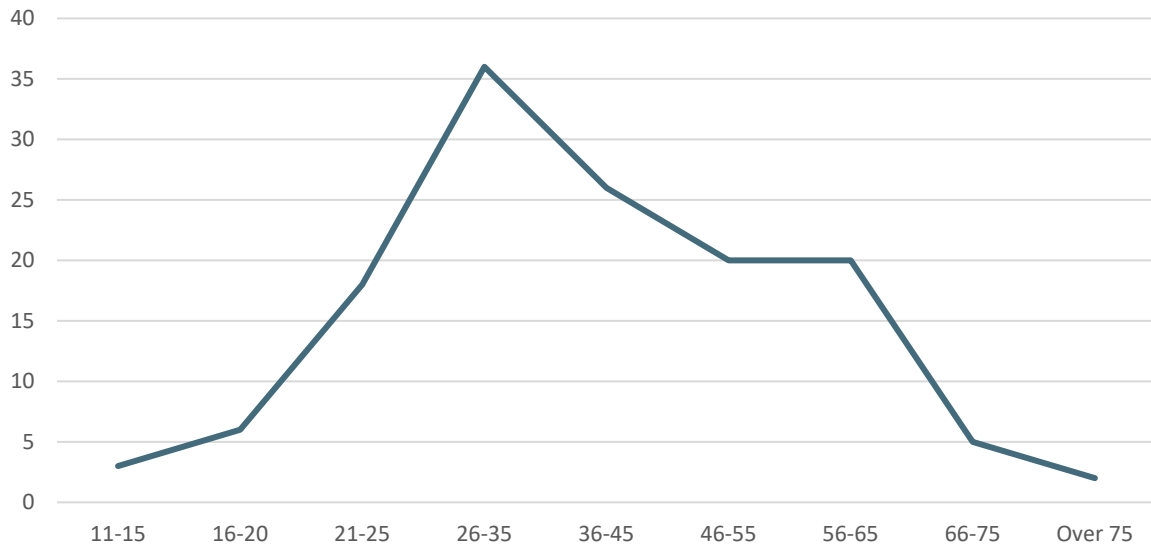
37

Figure 67 – Driver numbers in section 3 2016 to 2020 by age range

Of recorded Journey purpose, **45 (27%)** were recorded as other, **27 (16%)** were recorded as commuting to/from work and **21 (13%)** as part of work. With only **2** recorded as relating to the school run.
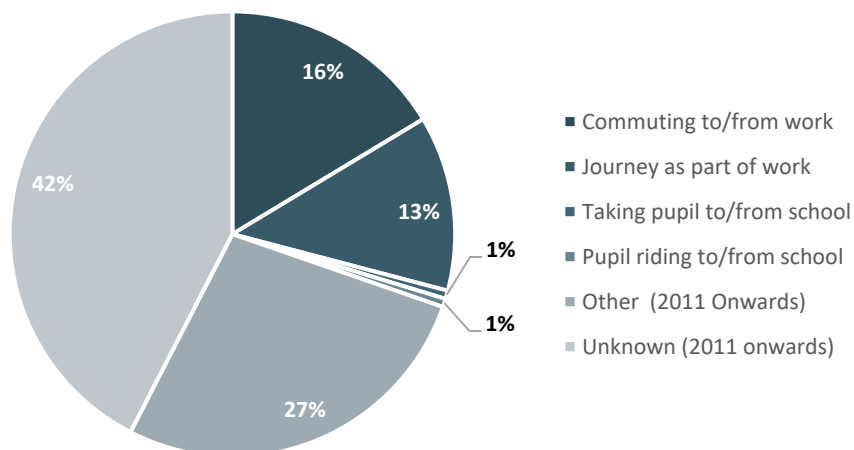

Figure 68 – Percentage of vehicles in section 3 2016 to 2020 by journey purpose

Of the **124** recorded casualties, **80 (65%)** were male and **44 (35%)** were female.
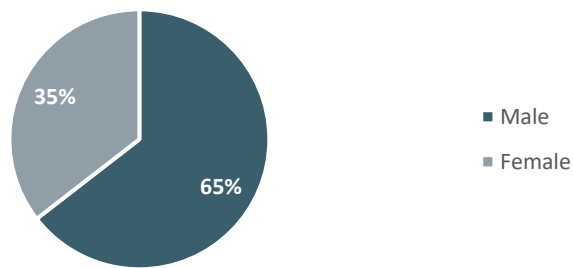
Figure 69 – Percentage of casualties in section 3 2016 to 2020 by sex

109 (88%) casualties were recorded as slight, **13 (11%)** as serious, and **2** fatalities.

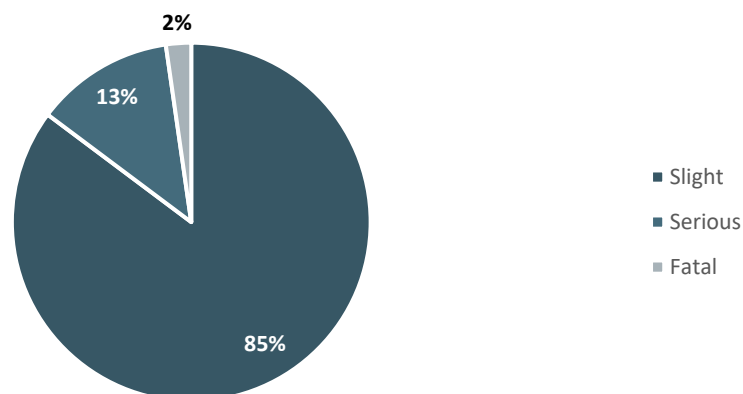*Figure 70 – Percentage of casualties in section 3 2016 to 2020 by severity*

83 (67%) of casualties were the driver and **31 (25%)** a passenger, with **10 (8%)** recorded as a pedestrian. Of the **83** Driver casualties, **31 (37%)** were a VRU casualty (**21** Pedal Cyclist and **11** Motorcyclist).
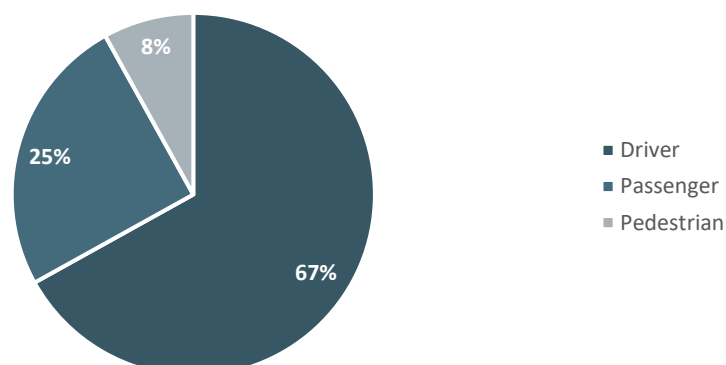
Figure 71 – Percentage of casualties in section 3 2016 to 2020 by class

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When looking at age, casualties largely follow the vehicle involved with the majority of casualties between 26 and 45 years of age. **27 (22%)** were 26 to 35, **18 (15%)** 36 to 45. Followed by those 46-55 and 56-65, both with **16 (13%)** 46 to 55. This was followed by younger drivers, with **13 (10%)** 21 to 25 and **11 (9%)** 16 to 20.

There were **13 (10%)** child casualties, **7** 11-15, **3** 6-10 and **3** 0-5

Figure 72 – Breakdown of casualties in section 3 by age band

Of the **10** pedestrian casualties, all were recorded as being at a crossing.

100%   ■ In carriageway (crossing)
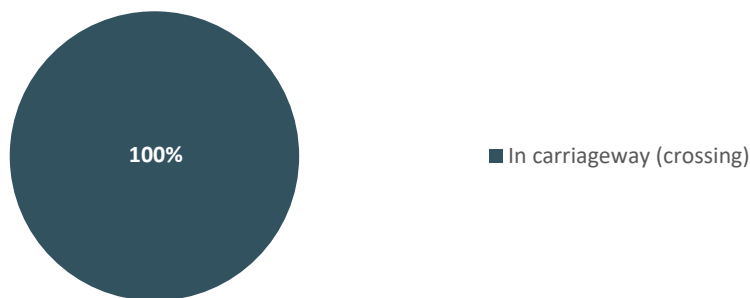
Figure 73 – Percentage of pedestrian casualties in section 3 2016 to 2020 by location

8 (80%) pedestrians were in the act of crossing the road.

40

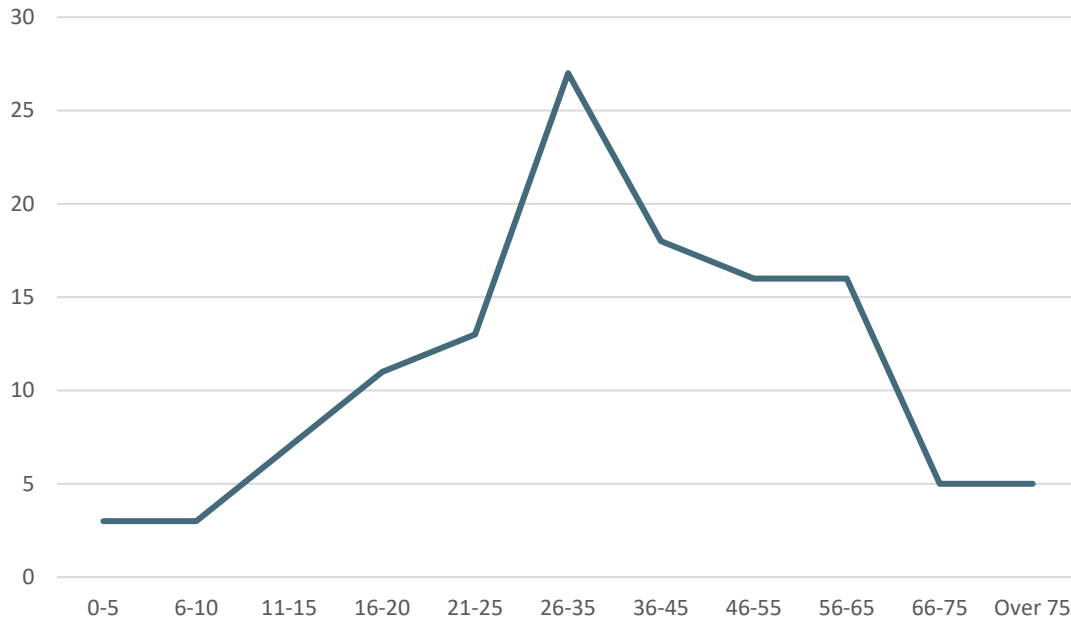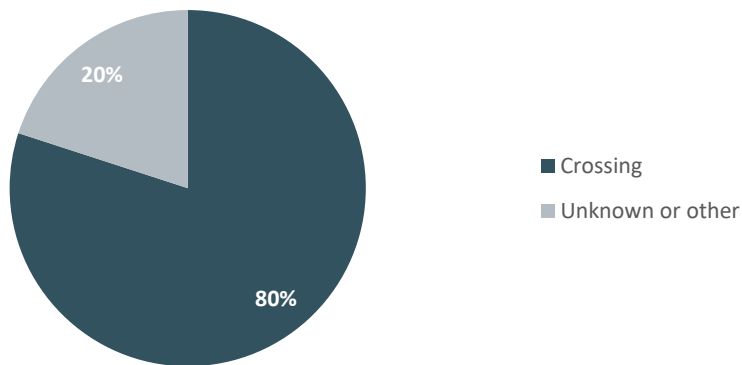*Figure 74 – Percentage of pedestrian casualties in section 3 2016 to 2020 by movement*

Contributary Factors

The most common Contributary Factor (CF) for drivers was '405 – Driver Failed to Look Properly' of which **42** were recorded, **20** of these were recorded as Contributary Factor 1.

The second most common CF was '406 – Failed to Judge Other Persons Path or Speed' with **15** recorded, with a similar number **14** recording of '602 – Careless, Reckless or in a Hurry'. '301 – Disobeyed automatic Traffic signal' was recorded **13** times. '706 – Dazzling Sun' was recorded **5** times.

Of CFs attributed to Pedestrians, the most common were recorded as '803 – Failed to judge vehicles path or speed' with **7**, and '802 – Failed to Look Properly' with **5**.

Figure 75 – Breakdown of collisions in section 3 2016 to 2020 by Contributary Factor

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ROAD DANGER ASSESSMENT – IRAP APPROACH

iRAP has developed five globally-consistent protocols to assess and improve the safety of roads by building on the work of Road Assessment Programmes (RAP) in high-income countries. This is a well-recognised and highly regarded process for assessing roads risk, and helping to identify which improvements will achieve the highest improvements to safety given a certain budget.
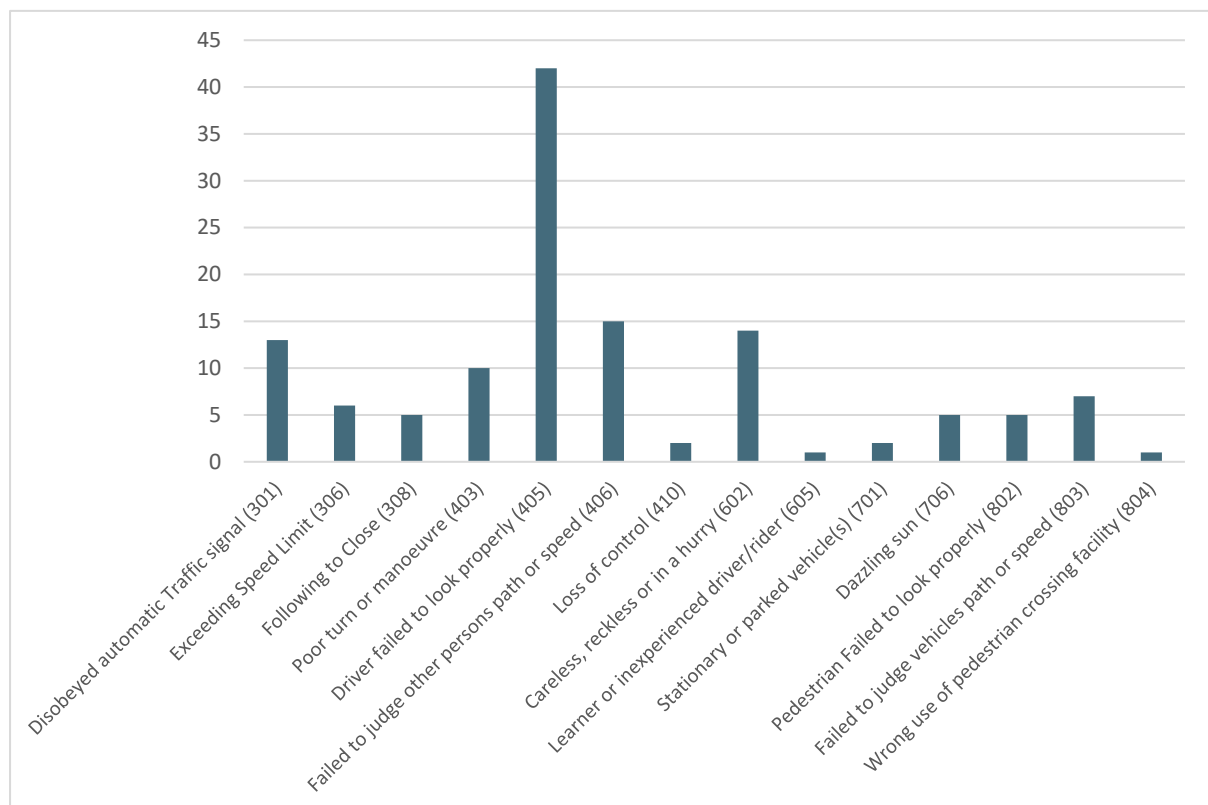
The iRAP Protocols:

1. Crash Risk Mapping uses detailed crash data to illustrate the distribution of recorded fatalities and serious injuries on a road network.
2. Star Ratings provide a simple and objective measure of the level of safety provided by a road's design.
3. Fatality Estimation Mapping illustrates the distribution of the expected number of fatalities and serious injuries across a road network.
4. Safer Road Investment Plans (SRIP) draw on approximately 90 proven road improvement options to generate affordable and economically sound infrastructure options for saving lives.
5. Performance Tracking enables the use of Star Ratings and Crash Risk Mapping to track road safety performance and establish policy positions
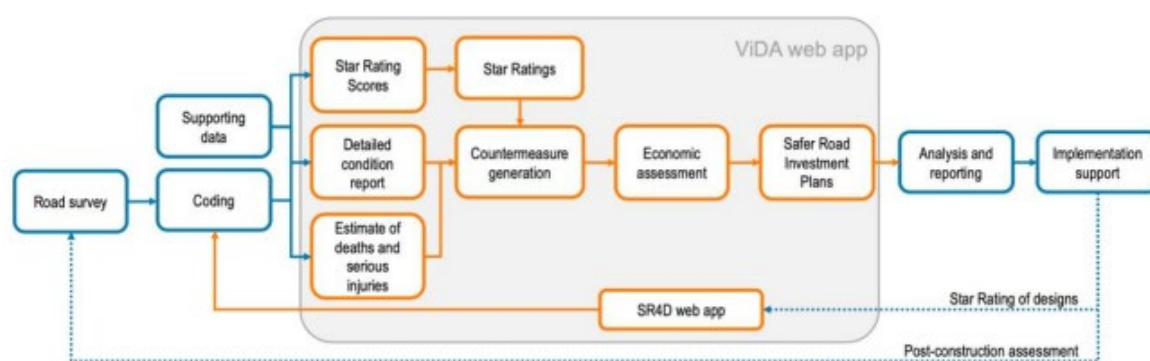
Figure 76 – iRAP Process

Road attribute coding is the heart of an iRAP project. The purpose of road attribute coding is to use georeferenced images collected during a survey or road designs to record road attributes for each 100m segment of road. This coding data is then combined with other supporting data and uploaded in ViDA to produce Star Ratings, Safer Roads Investment Plans and, ultimately promote the implementation of road safety countermeasures that can save lives. This manual describes the coding process and defines the road attributes that must be recorded. Throughout the manual, the following symbols are used to highlight key issues or provide additional information.

PROCESS

The original data provided in the bid to the DfT is now out of date with more current data from STATS19 and know changes to the A4 such of the use of the bus lanes by cyclists and the likelihood of degradation to the road surface, or repairs to areas which previously would have been flagged.

New data needed to be collected for the IRAP process, which meant recording a new video with integrated GPS data along this stretch of the A4. The video was recorded on 23rd August 2021 between 1pm and 3pm and was collected by attaching a portable camera to the front of a car which would drive in both directions along the full stretch of the A4.

Figure 77 – Imagel from video footage of the A4

The video recording was then provided to a third party organisation FPZ to code this data following the IRAP process. Still images are extracted from the video at 100m segments for the entire length of the road, and are repeated where the road has segregation between the lanes. Each of these images is then coded according to the IRAP coding manual which includes 90 different criteria for each segment. Recording things such as road condition, pavement width and adjoining land use (i.e.: residential, business, undeveloped) to name but a few.

The final data required at this stage in the process is to include vehicle speed and flow data. Agilysis has access to this data from Ordnance Survey and is already processed and included in some of our tools such as the Active Streets Assessment tool. This data is extracted for this length of road at each of the 100m segments and added to the coding file for each direction of travel. Note that the observed speeds of vehicles are banded into 5mph figures. However overall compliance along the A4 is within the existing speed limits.

Following the initial coding process by FPZ, it is then submitted to another organisation for quality assurance and a second opinion. For this project the QA process was provided by the Road Safety Foundation. They raised a couple of the queries on one of two of the segments, and these were amended in the final coding file.

Once the coding file is completed, it is then uploaded into the VIDA software for further calibration and processing in order for it to generate a risk profile. A copy of the raw coding can be found in appendix A.

CALLIBRATION

The calibration is the next step in providing context to the coding data so that it can produce some meaningful outputs. This is where the casualty information is added, including the costs associated with KSI's and countermeasures.

The casualty data was discussed earlier in this report, and advice was sought from the Road Safety Foundation as how best to accurately represent this information within the tool. The table below

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summarises how casualties have been split between each of the road user groups during the calibration process.

User Group	Vehicle Occupant	Motorcyclist	Pedestrian	Bicyclist
Percentage of total KSI's	35%	5%	25%	35%

A further figure for the fatality estimation needs to be provided. Under advisement from RSF this was set at 3.53 in line with National figures given that there were 69 reported KSIs, and an under-reporting figure of 1. This calculates an estimated number of annual fatalities on the network of 0.706.

The iRAP research paper "the true cost of roads crashes" provides an estimation for value of life as determined by the Gross Domestic Product per capita of any given country, followed by a multiplier. The figure for value of life in the UK is £ 1,926,380 with a separate multiplier of 0.11 of this figure for serious injuries, giving a figure of £ 211,901.80. This figures are crucial in order to calculate the cost benefit ratio of any given scheme.

The final data included in the calibration is the costs associated with each of the different types of countermeasure. This includes different costs depending on whether the road is urban or rural, and whether the flow of traffic is low, medium, or high. It may well be that these costs increase or decrease on a local level or by service provider, however they are a good indicator as to the overall costs of any given scheme and what CBR it will deliver. A full list of countermeasures and the figures associated with them can be found in appendix b.

STAR RATINGS

iRAP Star Ratings are an objective measure of the likelihood of a road crash occurring and the severity of the crash outcome. Star Ratings are produced by identifying and recording the road attributes which influence the most common and severe types of crashes, based on scientific evidence-based research. In this way, the level of risk to an individual road user on a particular road section or network can be defined without the need for detailed crash data. Research shows that a person's risk of death or serious injury is highest on a 1-Star road and lowest on a 5-Star road. Star Ratings are produced for vehicle occupants, motorcyclists, pedestrians and bicyclists.

A Star Rating Score (SRS) is calculated for each 100m segment of road for vehicles occupants, motorcyclists, pedestrians and bicyclists. The SRS—that is, the relative risk of death and serious injury for an individual road user—is calculated using the following equation:

$$\text{crash type score} \quad \times \quad \begin{array}{c} \text{likelihood} \\ \text{severity} \\ \text{operating speed} \\ \text{external flow influence} \end{array} \quad \times \quad \text{risk factors}$$

Motorised road user scores (vehicle occupants and motorcyclists) are based on head-on, run-off road and intersection crash types. Pedestrian scores are based on walking along- and across-the-road crash types. Bicyclist scores are based on riding along-the-road and intersections crash types. Risk factors

are associated with road attributes, which are recorded during the survey and coding part of the assessment, for different crash types.

Below are the star ratings split by different road user groups for the route. These are an assessment of the A4 as it is today.

SUMMARY
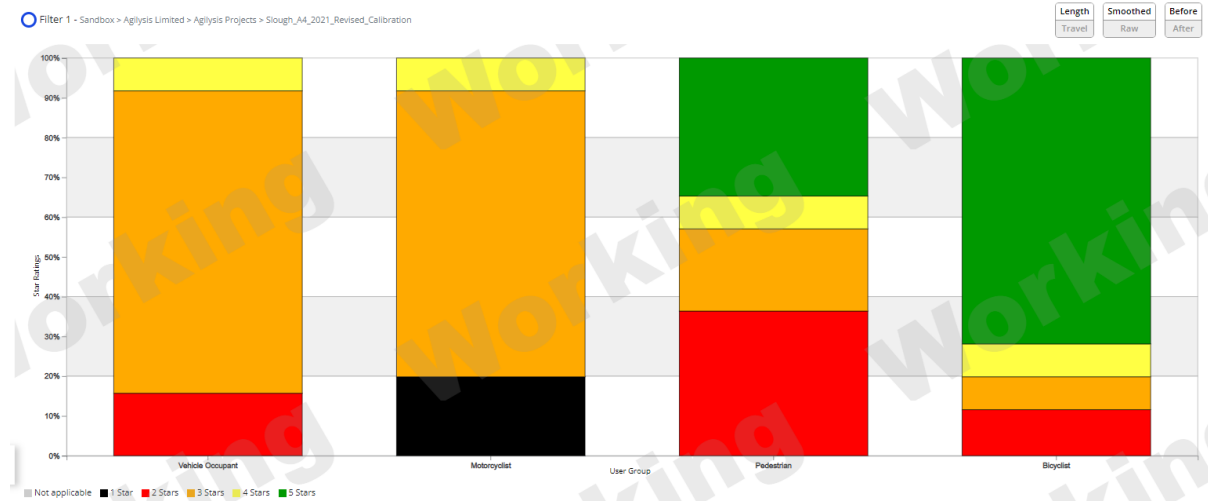
Figure 78 – Star Rating breakdown by road user group for entire length of A4

Vehicle users

Current star rating assessment map:

Figure 79 – Current Star Rating profile for Vehicle users

Star Rating	Percentage of Length of route
1 Star	-

2 Star	16%
3 Star	76%
4 Star	8%
5 Star	-

Motorcycles

Current star rating assessment map:

Figure 80 – Current Star Rating profile for Motorcycle users

Star Rating	Percentage of Length of route
1 Star	20%
2 Star	-
3 Star	72%
4 Star	8%
5 Star	-

Bicyclists

Current star rating assessment map:
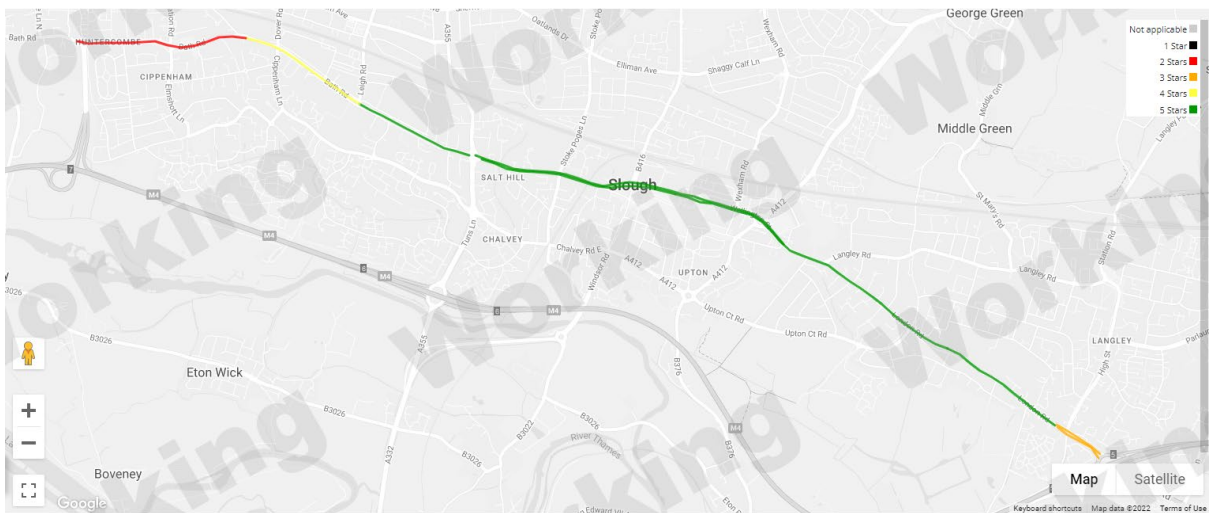
Figure 81 – Current Star Rating profile for Cyclists

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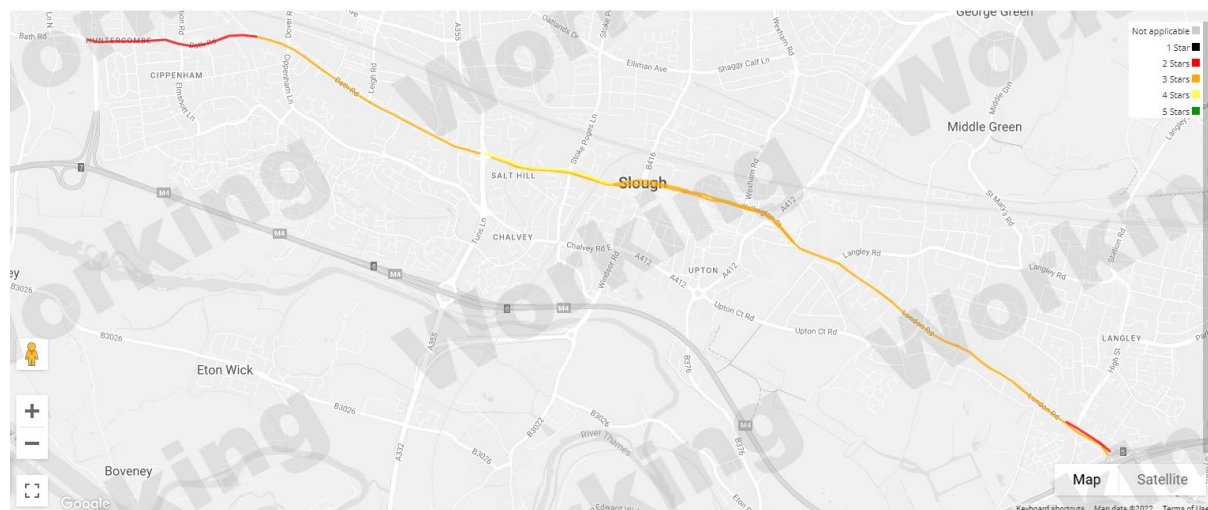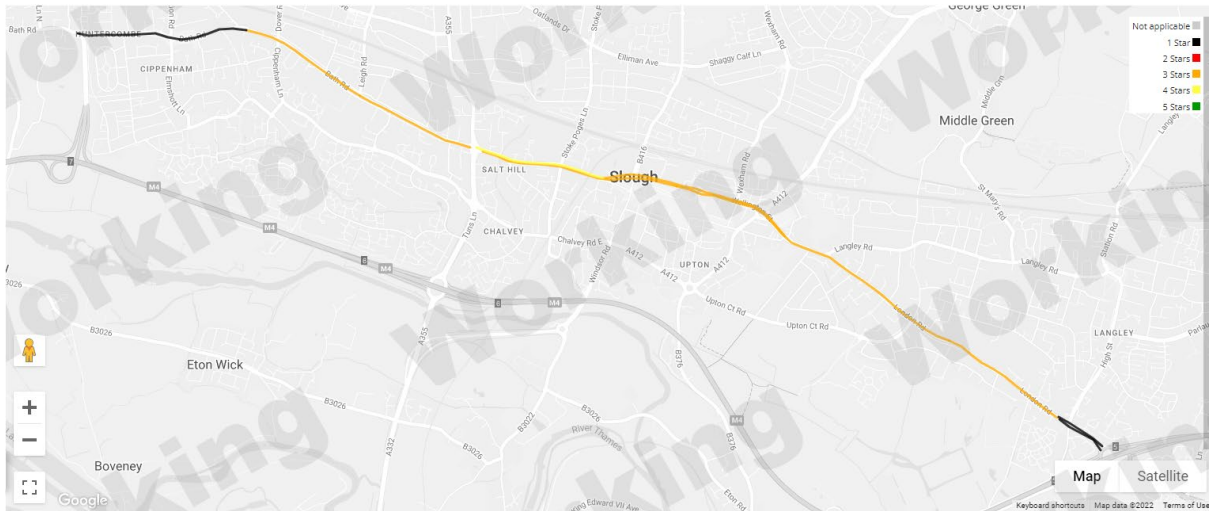| Star Rating	Percentage of Length of route
1 Star	
2 Star	12%
3 Star	8%
4 Star	8%
5 Star	72%

Pedestrians

Current star rating assessment map:
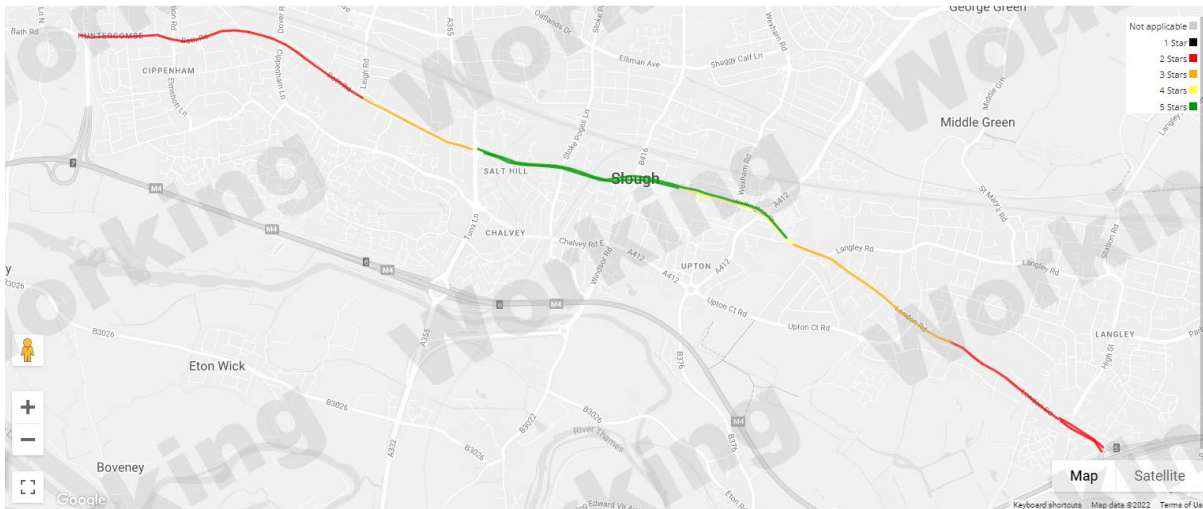
Figure 82 – Current Star Rating profile for Pedestrians

Star Rating	Percentage of Length of route
1 Star	-
2 Star	36%
3 Star	21%
4 Star	8%
5 Star	35%

SAFER ROADS INVESTMENT PLAN

An Investment Plan is a prioritised list of countermeasures (safety treatments) that can cost-effectively improve Star Ratings and reduce infrastructure-related risk. More than 90 road improvement options can be analysed by the iRAP model to generate affordable and economically sound investment that improve a road's Star Ratings and, when implemented, can save lives. Investment Plans are based on an economic analysis of a range of countermeasures, which is undertaken by comparing the cost of implementing the countermeasure with the reduction in crash costs that would result from its implementation. They contain extensive planning and engineering information such as road attribute records, countermeasure proposals and economic assessments for 100 metre segments of a road network.

Estimation of fatalities and serious injuries are used in Investment Plans to assess the benefits and costs of implementing infrastructure safety countermeasures on a road. FSI estimates are made for each 100m segment of the existing road under existing conditions.

SPEED LIMIT REDUCTION

The original proposal stated that the ambition was to extend the 30mph speed limit to the entire length of this route.

While this is not an option available through the VIDA software, a comparison set of coding has been created with the speed limits, and speed compliances altered to reflect these changes, while all other information has remained the same. It is from this that we are able to calculate the different in KSI estimation simply as a result of altering the speed limit and maintaining a compliance within 5mph of the posted limit.

Without knowing the costs associated with a change to the speed limit, we are unable to calculate a cost benefit ratio, however we anticipate that that costs for simple changing the limit would be low. We have also assumed that in the absence of any additional speed enforcement to areas where there has a speed limit reduction, that compliance would be within 5mph of the limit. Note that current compliance is within the existing speed limit of both the 30mph and 40mph sections.

A change in the speed limits where they are currently 40mph to 30mph would result in a **38 KSI** saving over a period of 20 years. The table below shows the adjustments in the star ratings for each road user group simply by changing the speed limit.

Star Rating	Vehicle Before	Vehicle After	Motorcycle Before	Motorcycle After	Pedestrians Before	Pedestrians After	Bicyclists Before	Bicyclists After
1 Star	-	-	20%	-	-	-	-	-
2 Stars	16%	12%	-	20%	36%	8%	12%	-
3 Stars	76%	80%	72%	72%	21%	49%	8%	20%
4 Stars	8%	8%	8%	8%	8%	8%	8%	-
5 Stars	-		-	-	35%	35%	72%	80%

ADDITIONAL COUNTERMEASURES

Following the assumed change in speed limit, VIDA will suggest a list of countermeasures or safety treatments in its Safer Roads investment plan. The costs and BCR is reliant on the information input curing the calibration process, and are there to give an indication rather than an exact figure.

The investment plan will only identify countermeasures which deliver a cost benefit ratio of 2 or above. The table below outlines the suggested measures as well as the overall cost, KSI's saved and the CBR. The overall analysis period has been set to 20 years, and you will note that each countermeasure has a different lifespan. For example improving delineation will only have a life span of 5 years, and the output will recognise that this will need to be implemented 4 times across the 20 year analysis period.

Countermeasure	Length / Sites	FSIs saved	PV of safety benefit	Estimated Cost	Cost per FSI saved	Program BCR
Bicycle Lane (off-road)	0.30 km	2	£502,661	£55,355	£22,402	9
Bicycle Lane (on-road)	0.30 km	0.9	£179,745	£3,547	£4,014	51
Central hatching	2.90 km	3	£528,812	£38,605	£14,851	14
Centreline rumble strip / flexi-post	1.90 km	1	£226,393	£26,955	£24,221	8
Clear roadside hazards (bike lane)	0.90 km	2	£452,965	£182,515	£81,969	2
Clear roadside hazards - driver side	2.70 km	10	1,993,749	£513,677	£52,413	4
Clear roadside hazards - passenger side	1.50 km	5	1,083,246	£291,648	£54,771	4
Footpath provision driver side (>3m from road)	0.20 km	0.6	£116,395	£36,000	£62,919	3
Footpath provision driver side (adjacent to road)	0.50 km	0.8	£167,609	£76,939	£93,382	2
Footpath provision driver side (informal path >1m)	0.50 km	0.5	£102,585	£17,340	£34,387	6
Footpath provision passenger side (>3m from road)	0.20 km	0.6	£126,560	£36,000	£57,866	4
Parking improvements	0.40 km	0.2	£44,152	£5,532	£25,488	8
Pedestrian fencing	3.90 km	10	£ 2,129,899	£331,500	£31,662	6
Road surface rehabilitation	0.70 km	1	£292,887	£125,985	£87,505	2
Roadside barriers - driver side	0.70 km	4	£816,362	£203,000	£50,586	4
Roadside barriers - passenger side	0.70 km	3	£614,348	£203,000	£67,220	3
Side road signalised pedestrian crossing	2 sites	2	£409,968	£116,189	£57,654	4
Signalised crossing	20 sites	6	£1,229,591	£926,688	£153,316	1
Traffic calming	4.10 km	12	£2,339,683	£754,567	£65,608	3
Unsignalised raised crossing	14 sites	3	£650,738	£750,351	£234,571	1
		69	£ 14,008,349	£ 4,695,393	£68,187	3
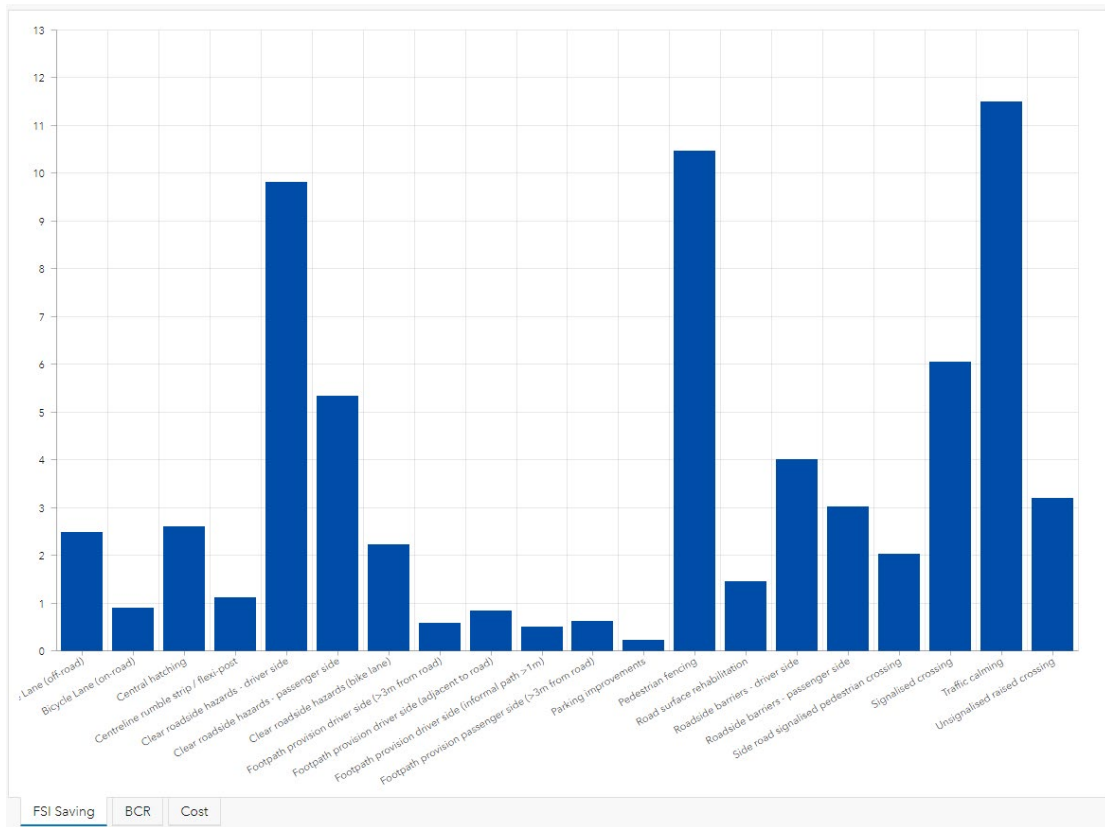
Figure 83 – Breakdown of FSI/KSI saved by each countermeasure suggested
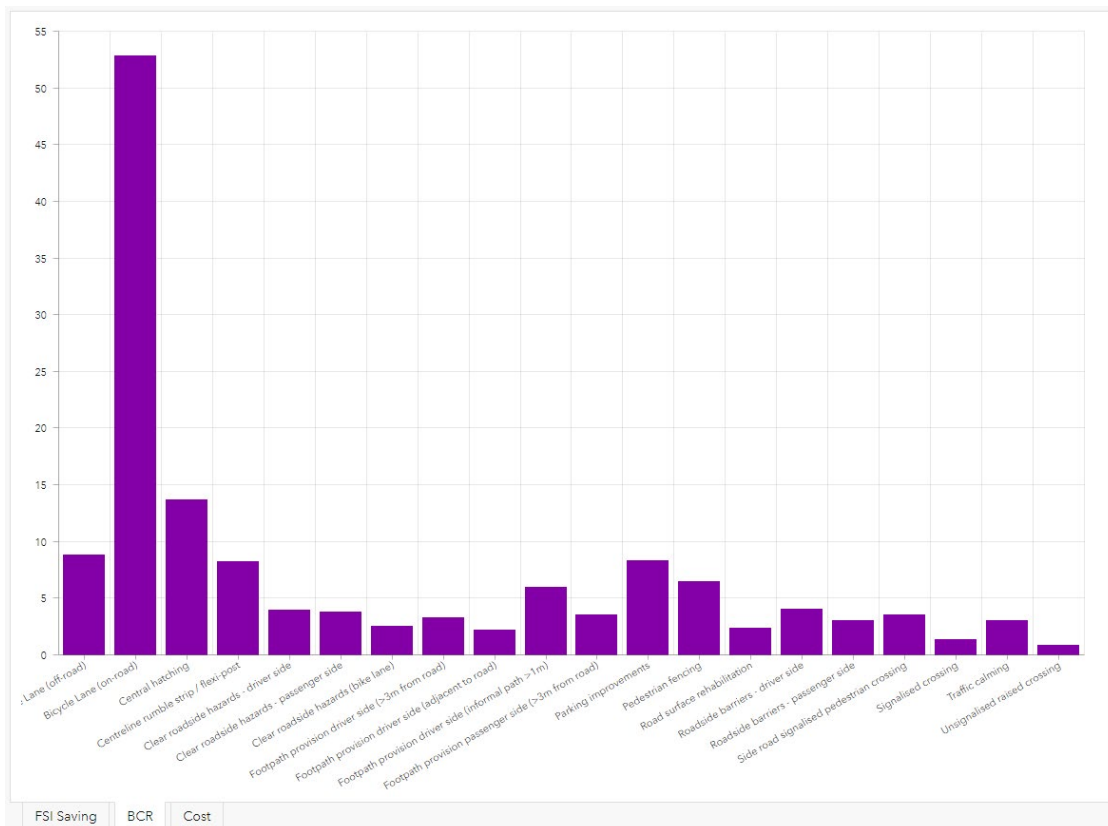
Figure 84 – Breakdown of BCR by each countermeasure suggested

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Note that the original coding was made for every 100m section of the route, and therefore each countermeasure suggested will be limited by section. Therefore it may suggest that only 2 sections (200m) may require one type of measure, whereas others may be suggested over longer or shorted lengths. Additionally the BCR is calculated if that countermeasure was implemented across all of the suggested sections, however it is likely that some single sections may carry a higher BCR or KSI saving than others.
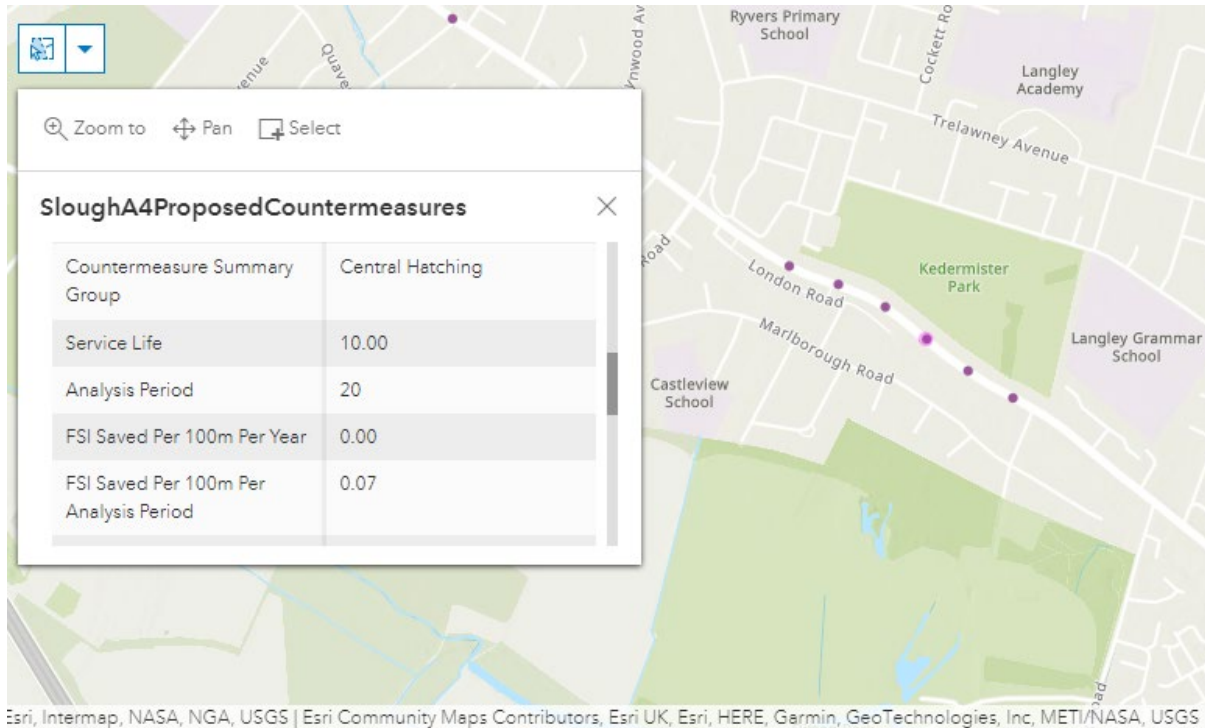
Figure 85 – Example of detail surrounding single countermeasure at single 100m location

To help interrogate this information by looking at individual sites for each countermeasure, we have put this data into an interactive dashboard which can be accessed here: Countermeasures Dashboard
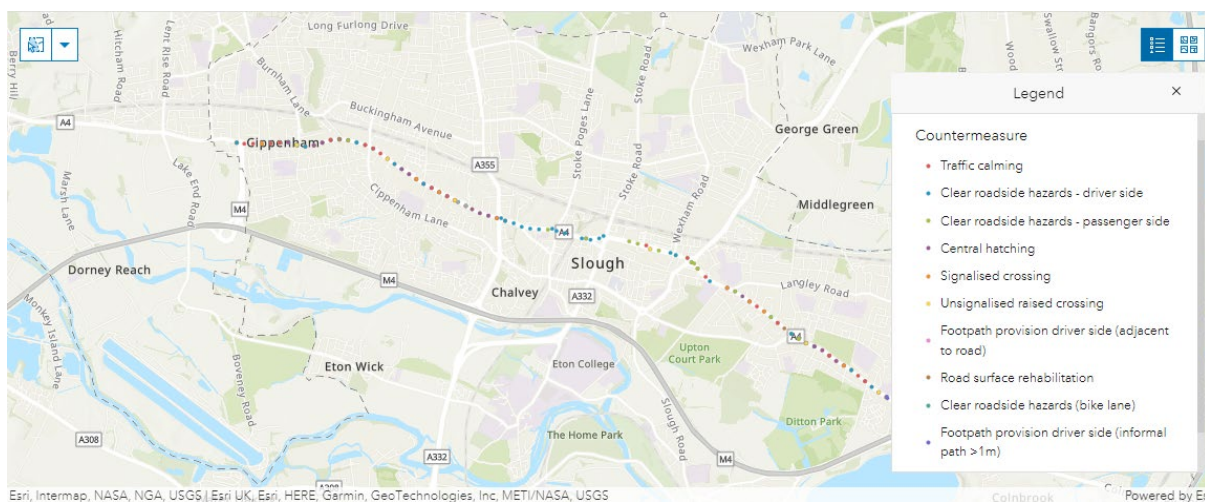
Figure 86 – View from the countermeasures dashboard

A further point of consideration is that these countermeasures are not necessarily prescriptive but rather point to areas of concern. A prime example of this is 'traffic calming', which is something that would be largely unsuitable for the A4 however points to speed management being an area of interest at those defined locations.

Clearly the total estimated cost exceeds the programme budget and for some interventions the BCR value is low. BCRs also vary at different locations which is why we are recommending a consultation and review using the tool to finalise the proposals following an on-the-ground visit to sense check the proposals.

Once this exercise is complete a final plan will be drawn up and an addendum to this report will be produced.

REFERENCES

Anderson, E. (2018). *Developing safe system road safety indicators for the UK.* London: Parliamentary Advisory Council for Transport Safety.

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Coder name	Coding date	Road survey date	Image reference	Road name	Section	Distance	Length	Latitude	Longitude	Landmark	Comments	Carriageway	Upgrade cost	Motorcycle observed flow	Bicycle observed flow	Pedestrian observed flow across the road	Pedestrian observed flow along the road driver-side	Pedestrian observed flow along the road passenger-side	Land use - driver-side	Land use - passenger-side	Area type	Speed limit	Motorcycle speed limit	Truck speed limit	Differential speed limits	Median type	Centreline rumble strips	Roadside severity - driver-side distance	Roadside severity - driver-side object	Roadside severity - passenger-side distance	Roadside severity - passenger-side object	Shoulder rumble strips	Paved shoulder - driver-side	Paved shoulder - passenger-side	Intersection type	Intersection channelisation	Intersecting road volume	Intersection quality	Property access points	Number of lanes	Lane width	Curvature	Quality of curve	Grade	Road condition	Skid resistance / grip	Delineation	Street lighting	Pedestrian crossing facilities - inspected road	Pedestrian crossing quality	Pedestrian crossing facilities - intersecting road	Pedestrian fencing	Speed management / traffic calming	Vehicle parking	Sidewalk - driver-side
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0	0.1	51.49212	-0.54442	662741	662742 66274	1	1	1	1	1	1	1	1	1	2	35	35	35	1	6	1	2	12	2	12	1	4	4	2	2	1	1	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.1	0.1	51.49281	-0.54523	662751	662752 66275	1	1	1	1	1	1	1	1	1	2	35	35	35	1	6	1	2	12	2	12	1	4	4	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.2	0.1	51.49325	-0.54649	662761	662762 66276	1	3	1	1	1	1	1	1	3	2	35	35	35	1	6	1	1	12	1	12	1	4	4	9	2	4	1	2	2	2	1	3	1	1	1	1	2	2	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.3	0.1	51.4937	-0.54773	662771	662772 66277	1	3	1	1	1	1	4	1	3	2	35	35	35	1	6	1	2	12	1	12	1	4	4	12	1	7	3	2	2	2	1	3	1	2	1	1	2	7	3	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.4	0.1	51.49423	-0.54889	662781	662782	1	3	1	1	1	1	4	1	3	2	35	35	35	1	6	1	4	12	2	12	1	4	4	12	1	7	3	2	2	2	1	3	1	1	1	1	2	7	3	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.5	0.1	51.49433	-0.54913	662783	662784 66278	3	1	1	1	1	1	4	3	3	2	35	35	35	1	11	1	2	12	2	12	1	4	4	3	1	5	1	2	1	2	1	3	1	1	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.6	0.1	51.49484	-0.55031	662793	662794 66279	3	2	1	1	1	3	2	3	3	2	35	35	35	1	11	1	2	11	2	12	1	4	4	4	1	6	1	2	1	2	1	3	1	1	1	1	2	7	2	5	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.7	0.1	51.49539	-0.55146	662803	662804 66280	3	1	1	1	1	3	2	3	3	2	35	35	35	1	10	1	1	12	2	12	1	4	4	3	1	5	1	2	1	2	1	3	1	1	1	1	2	6	2	5	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.8	0.1	51.49596	-0.55256	662813	662814 66281	3	1	1	1	1	2	1	3	3	2	35	35	35	1	11	1	1	11	2	12	1	4	4	3	1	5	1	2	1	2	1	3	1	1	1	1	2	6	2	5	1	1	2	2
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	0.9	0.1	51.49652	-0.55369	662823	662824 66282	3	1	1	1	1	2	1	3	3	2	35	35	35	1	10	1	2	12	2	12	1	4	4	3	1	6	1	2	2	2	2	1	1	1	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1	0.1	51.4971	-0.55479	662833	662834 66283	3	1	1	1	1	1	2	3	3	2	35	35	35	1	10	1	1	12	1	12	1	4	4	3	1	5	1	2	2	2	2	1	1	1	1	1	2	2	1	7	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.1	0.1	51.49755	-0.55603	662843	662844 66284	3	1	1	1	1	1	2	3	3	2	35	35	35	1	11	1	2	12	2	12	1	4	4	12	1	7	3	2	2	2	1	3	1	1	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.2	0.1	51.49802	-0.55727	662853	662854 66285	3	1	1	1	1	1	1	1	3	2	35	35	35	1	11	1	2	12	2	12	1	4	4	12	1	7	3	2	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	2
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.3	0.1	51.49856	-0.55841	662863	662864 66286	3	1	1	1	1	2	1	1	3	2	35	35	35	1	11	1	2	12	2	11	1	4	4	12	1	7	3	2	2	2	2	1	1	1	1	1	2	7	3	7	1	1	2	2
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.4	0.1	51.49911	-0.55955	662873	662874 66287	3	1	1	1	1	2	2	1	3	2	35	35	35	1	11	1	2	12	2	11	1	4	4	12	1	7	3	4	2	2	2	1	1	1	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.5	0.1	51.4995	-0.56084	662883	662884 66288	3	1	1	1	1	1	2	3	3	2	35	35	35	1	11	1	1	12	2	12	1	4	4	3	2	5	1	4	2	2	2	1	1	1	1	1	2	6	2	6	1	1	2	2
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.6	0.1	51.49981	-0.56219	662893	662894 66289	3	1	1	1	1	1	1	3	3	2	35	35	35	1	11	1	1	12	2	12	1	4	4	12	1	7	3	4	2	2	2	1	1	1	1	1	2	6	2	7	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.7	0.1	51.50028	-0.56342	662903	662904 66290	3	1	1	1	3	1	1	3	3	2	33	33	33	1	10	1	2	12	1	12	1	4	4	3	1	6	1	1	1	2	1	3	1	2	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.8	0.1	51.50079	-0.56461	662913	662914 66291	3	3	1	1	3	3	2	3	3	2	33	33	33	1	10	1	1	12	1	12	1	4	4	9	2	4	1	2	1	2	1	3	1	2	1	1	2	2	1	2	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	1.9	0.1	51.50133	-0.56576	662923	662924 66292	3	3	1	1	1	3	2	4	4	2	33	33	33	1	10	1	2	12	2	12	1	4	4	3	1	6	1	1	1	2	1	3	1	1	1	1	2	7	3	7	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2	0.1	51.50189	-0.56688	662933	662934 66293	3	3	1	1	1	1	1	3	4	2	33	33	33	1	10	1	2	12	2	12	1	4	4	7	1	5	1	1	1	2	1	3	1	2	1	1	2	7	2	5	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.1	0.1	51.50248	-0.56797	662943	662944 66294	3	3	1	1	2	2	1	3	3	2	33	33	33	1	10	1	1	12	1	12	1	4	4	7	1	5	1	2	1	2	1	3	1	1	1	1	2	2	2	5	1	1	2	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.2	0.1	51.50305	-0.56907	662953	662954 66295	3	2	1	1	2	2	3	3	3	2	33	33	33	1	11	1	2	12	2	11	1	4	4	3	1	6	1	2	1	2	1	3	1	1	1	1	2	7	2	5	1	1	3	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.3	0.1	51.50355	-0.57027	662963	662964 66296	3	3	1	1	1	2	3	3	3	2	33	33	33	1	10	1	2	11	2	11	1	4	4	3	1	5	1	1	1	2	1	3	1	1	1	1	2	7	2	5	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.4	0.1	51.50405	-0.57147	662973	662974 66297	3	2	1	1	1	1	2	3	3	2	33	33	33	1	11	1	2	11	2	11	1	4	4	3	1	5	1	1	1	2	1	3	1	1	1	1	2	7	3	7	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.5	0.1	51.50459	-0.57262	662983	662984 66298	3	3	1	1	1	4	2	3	3	2	33	33	33	1	11	1	2	12	2	11	1	4	4	12	1	7	3	2	1	2	2	1	1	1	1	1	2	7	3	7	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	2.6	0.1	51.50509	-0.57381	662993	662994 66299	3	3	1	1	1	4	1	3	3	2	33	33	33	1	11	1	2	11	1	12	1	4	4	5	2	4	1	3	1	2	2	1	1	1	1	1	2	3	1	2	1	1	1	4
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FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	7.9	0.1	51.5202	-0.64139	663506	663507 66350	3	3	1	1	1	1	1	4	4	2	35	35	35	1	11	1	2	12	2	12	1	2	2	4	1	5	1	1	2	2	2	1	1	2	1	1	2	3	1	7	1	1	1	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8	0.1	51.51993	-0.64276	663516	663517 66351	3	3	1	1	1	1	3	4	4	2	35	35	35	1	11	1	2	12	2	12	1	2	2	12	1	7	3	1	2	2	2	1	1	1	1	1	2	7	3	7	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.1	0.1	51.51982	-0.64419	663526	663527 66352	3	3	1	2	2	1	5	4	4	2	35	35	35	1	10	1	2	12	2	12	1	3	2	9	2	4	1	1	2	2	4	1	1	1	1	1	2	2	1	2	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.2	0.1	51.51997	-0.64559	663536	663537 66353	3	3	1	2	2	1	5	4	4	2	35	35	35	1	11	1	2	12	2	12	1	3	2	4	1	5	1	4	2	2	3	1	1	1	1	1	2	7	2	5	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.3	0.1	51.52024	-0.64696	663546	663547 66354	3	3	1	1	1	1	1	4	4	2	35	35	35	1	11	1	2	12	2	12	1	2	2	4	1	5	1	4	2	2	3	1	1	1	1	1	2	7	3	7	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.4	0.1	51.5202	-0.6484	663556	663557 66355	3	3	1	1	1	1	1	4	4	2	35	35	35	1	11	1	2	12	2	12	1	4	2	4	1	5	1	1	2	2	1	3	1	1	1	1	2	7	2	5	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.5	0.1	51.52013	-0.64983	663566	663567 66356	3	3	1	1	1	1	1	4	4	2	35	35	35	1	10	1	2	12	2	12	1	4	2	9	2	4	1	4	2	2	1	3	1	2	1	1	2	2	1	2	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.6	0.1	51.52011	-0.65127	663576	663577 66357	3	1	1	1	1	1	1	3	3	2	35	35	35	1	11	1	2	12	2	12	1	2	2	12	1	7	3	4	2	2	1	3	1	2	1	1	2	7	3	7	1	1	2	3
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.7	0.1	51.52011	-0.65272	663586	663587 66358	3	1	1	1	1	3	1	3	3	2	35	35	35	1	11	1	2	12	2	12	1	4	4	4	1	5	1	4	2	2	1	3	1	2	1	1	2	7	3	7	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.8	0.1	51.5201	-0.65415	663596	663597 66359	3	3	1	1	1	3	1	1	3	2	35	35	35	1	6	1	2	12	2	12	1	4	4	2	2	4	1	4	2	2	1	3	1	2	1	1	2	6	1	6	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_A	A4_A	8.9	0.1	51.52021	-0.65541	663606	663607 66360	3	3	1	1	1	3	1	3	3	2	35	35	35	1	11	1	2	12	2	12	1	4	4	4	1	5	1	3	2	2	3	1	1	2	1	1	2	7	1	6	1	1	1	4
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0	0.1	51.51253	-0.61212	663691	663692 66369	2	3	1	1	1	1	4	1	4	2	33	33	33	1	6	1	1	12	2	12	1	4	3	12	1	7	3	3	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.1	0.1	51.51223	-0.61076	663701	663702 66370	2	3	1	1	1	1	4	1	4	2	33	33	33	1	6	1	2	12	2	12	1	4	3	8	1	6	1	3	2	2	1	3	1	1	1	1	2	3	2	5	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.2	0.1	51.51195	-0.6094	663711	663712 66371	2	3	1	1	1	1	2	1	4	2	33	33	33	1	6	1	1	14	2	12	1	4	3	12	1	7	3	1	2	2	2	1	1	1	1	1	2	3	1	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.3	0.1	51.51164	-0.60805	663721	663722 66372	2	3	1	1	1	1	2	1	4	2	33	33	33	1	6	1	1	14	2	12	1	4	3	4	1	6	1	4	2	2	2	1	1	1	1	1	2	7	2	5	2	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.4	0.1	51.51152	-0.60662	663731	663732 66373	2	1	1	1	1	1	1	1	3	2	33	33	33	1	6	1	1	14	2	12	1	4	3	12	1	7	3	1	2	2	1	3	1	1	1	1	2	7	3	7	2	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.5	0.1	51.51145	-0.60519	663741	663742 66374	2	1	1	2	1	1	3	1	3	2	33	33	33	1	6	1	1	14	2	12	1	4	3	12	1	7	3	4	2	2	3	1	1	1	1	1	2	7	3	7	2	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.6	0.1	51.51145	-0.60375	663751	663752 66375	2	3	1	2	1	1	3	1	4	2	33	33	33	1	6	1	1	12	2	12	1	4	3	9	2	4	1	4	2	2	3	1	1	1	1	1	2	2	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.7	0.1	51.51125	-0.60235	663761	663762 66376	2	3	1	1	1	1	3	1	4	2	33	33	33	1	6	1	1	14	2	12	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	2	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.8	0.1	51.51097	-0.60098	663771	663772 66377	2	3	1	1	1	1	5	1	4	2	33	33	33	1	6	1	1	14	2	12	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	2	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	0.9	0.1	51.51069	-0.59961	663781	663782 66378	2	3	1	1	1	1	5	1	4	2	33	33	33	1	6	1	1	14	2	12	1	4	3	4	1	5	1	4	2	2	3	1	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1	0.1	51.51047	-0.59822	663791	663792 66379	2	2	1	1	1	1	2	1	3	2	33	33	33	1	6	1	1	12	1	12	1	4	3	10	2	4	1	4	2	2	3	1	1	1	1	1	2	2	1	2	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.1	0.1	51.5106	-0.5968	663801	663802 66380	2	2	1	1	2	1	4	1	3	2	33	33	33	1	5	1	2	12	2	13	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.2	0.1	51.51072	-0.59537	663811	663812 66381	2	3	1	1	2	1	6	1	4	2	33	33	33	1	5	1	1	12	2	12	1	4	3	9	2	3	1	4	2	2	2	1	1	1	1	1	2	2	1	2	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.3	0.1	51.51063	-0.59395	663821	663822 66382	2	3	1	1	3	1	6	1	4	2	33	33	33	1	5	1	1	12	2	12	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	3	1	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.4	0.1	51.51041	-0.59255	663831	663832 66383	2	3	1	2	4	1	6	1	4	2	33	33	33	1	6	1	1	12	2	12	1	4	3	10	2	4	1	4	2	2	1	3	1	1	1	1	2	3	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.5	0.1	51.51017	-0.59116	663841	663842 66384	2	3	1	2	4	1	2	1	4	2	33	33	33	1	6	1	1	12	1	12	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.6	0.1	51.50994	-0.58977	663851	663852 66385	2	3	1	1	1	1	2	1	4	2	33	33	33	1	6	1	2	12	1	12	1	4	3	10	2	4	1	1	2	2	1	3	1	1	1	1	2	3	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.7	0.1	51.50976	-0.58837	663861	663862 66386	2	3	1	1	1	1	2	1	3	2	33	33	33	1	6	1	2	12	2	12	1	4	3	2	2	4	1	4	2	2	1	3	1	1	1	1	2	3	1	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.8	0.1	51.5095	-0.58717	663871	663872 66387	2	3	1	1	1	1	2	1	3	2	33	33	33	1	6	1	2	14	2	11	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	2	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	1.9	0.1	51.50926	-0.58578	663881	663882 66388	2	3	1	1	1	1	2	1	3	2	33	33	33	1	6	1	2	12	2	11	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2	0.1	51.50901	-0.58439	663891	663892 66389	2	3	1	1	1	1	2	1	3	2	33	33	33	1	6	1	1	12	2	11	1	4	3	10	2	4	1	4	2	2	1	3	1	1	1	1	2	3	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2.1	0.1	51.50877	-0.583	663901	663902 66390	2	3	1	1	1	1	1	1	3	2	33	33	33	1	6	1	2	12	2	13	1	4	3	12	1	7	3	4	2	2	3	1	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2.2	0.1	51.50849	-0.58164	663911	663912 66391	2	3	1	1	2	1	4	1	3	2	33	33	33	1	6	1	2	12	1	12	1	4	4	2	2	2	1	4	2	2	3	1	1	1	1	1	2	3	1	2	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2.3	0.1	51.50792	-0.58053	663921	663922 66392	2	1	1	1	2	1	4	1	3	2	33	33	33	1	6	1	2	14	1	12	1	4	4	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	2	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2.4	0.1	51.50725	-0.57957	663931	663932 66393	2	1	1	1	1	1	3	1	3	2	33	33	33	1	6	1	2	14	2	12	1	4	3	12	1	7	3	2	2	2	3	1	1	1	1	1	2	7	3	7	2	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B	A4_B	2.5	0.1	51.50657	-0.57864	663941	663942 66394	2	3	1	1	1	1	1	1	3	2	33	33	33	1	6	1	2	14	2	12	1	4	3	4	2	5	1	2	2	2	3	1	1	1	1	1	2	7	2	6	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B_Part	A4_B_Part	0	0.1	51.4944	-0.549	663949	663950 66395	2	3	1	1	1	1	2	1	3	2	35	35	35	1	6	1	1	12	2	12	1	4	3	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B_Part	A4_B_Part	0.1	0.1	51.49394	-0.54776	663959	663960 66396	2	3	1	1	1	1	2	1	3	2	35	35	35	1	6	1	1	12	1	12	1	4	4	9	2	4	1	4	2	2	1	3	1	1	1	1	2	3	1	2	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B_Part	A4_B_Part	0.2	0.1	51.49348	-0.54653	663969	663970 66397	2	1	1	1	1	1	1	1	3	2	35	35	35	1	6	1	1	12	2	12	1	4	4	8	2	5	1	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	2	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B_Part	A4_B_Part	0.3	0.1	51.49298	-0.54532	663979	663980 66398	2	2	1	1	1	1	1	1	1	2	35	35	35	1	6	1	2	12	2	12	1	4	4	12	1	7	3	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5
FPZ	21/09/2021	26/08/2021	[seg. no. 6	A4_B_Part	A4_B_Part	0.4	0.1	51.4924	-0.54423	663989	663990 66399	2	2	1	1	1	1	1	1	1	2	35	35	35	1	6	1	2	12	2	12	1	4	3	2	2	1	1	4	2	2	1	3	1	1	1	1	2	7	3	7	1	1	1	5

Sidewalk - passenger side	Service road	Facilities for motorised two wheelers	Facilities for bicycles	Roadworks	Sight distance	Vehicle flow (AADT)	Motorcycle %	Pedestrian peak hour flow across the road	Pedestrian peak hour flow along the road driver-side	Pedestrian peak hour flow along the road passenger-side	Bicycle peak hour flow	Operating Speed (85th percentile)	Operating Speed (mean)	Roads that cars carried	Vehicle Occupant Star Rating Policy Target	Motorcycle Star Rating Policy Target	Pedestrian Star Rating Policy Target	Bicycle Star Rating Policy Target	Annual Fatality Growth Multiplier	School zone warning	School zone crossing supervisor
5	1	6	4	1	1	21500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
5	1	6	4	1	1	21500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
4	1	6	4	1	1	21000	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
3	1	6	7	1	1	11500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	17000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	17000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
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4	1	6	7	1	1	16500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
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4	1	6	7	1	1	16000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
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4	1	6	7	1	1	13000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
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4	1	6	7	1	1	13000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	17500	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	7000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	12000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	7500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	2000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	7000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16000	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	4	5	5	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	12500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	12500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	3	1	1	6500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	13000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	13000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	8000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	14000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	13500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	13500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	3	1	1	10500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	10500	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	15000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
3	1	6	3	1	1	15000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	3	1	1	15000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	3	1	1	17000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	4	1	1	17000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	4	1	1	18000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	4	1	1	21000	3	4	5	5	5	35	35	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	13500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	2000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	7500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	9500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	16500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	12000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	4	1	1	7000	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	4	1	1	10500	3	3	3	1	5	33	33	2	6	6	6	6	1	4	3
4	1	6	7	1	1	11500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
2	1	6	7	1	1	21500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3
2	1	6	4	1	1	21500	3	2	2	2	4	35	35	2	6	6	6	6	1	4	3

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ID	Name	Carriagewa	Unit of Cos	Service Life	Rural-Low	Rural-Med	Rural-High	Urban-Low	Urban-Me	Urban-Hig	Divided Ca	Hide	Ignore
1	Improve D i	lane km	5	4234	4704	5174	5504	6115	6727	1	0	0
2	Bicycle Lan i	per km	20	16934	18816	20698	22015	24461	26907	1	0	0
3	Bicycle Lan i	per km	20	123621	137357	151092	160707	178564	196420	1	0	0
4	Motorcycle i	per km	5	7620	8467	9314	9907	11007	12108	1	0	0
5	Motorcycle i	per km	20	8467	9408	10349	11007	12230	13453	1	0	0
6	Motorcycle i	per km	20	127008	141120	155232	165110	183456	201802	1	0	0
7	Horizontal i	lane km	20	458922	509914	560905	458922	509914	560905	1	0	0
8	Improve cu i	per carriag	5	8467	9408	10349	8467	9408	10349	1	0	0
9	Lane wider i	lane km	10	233695	259661	285627	233695	259661	285627	1	0	0
10	Lane wider i	lane km	10	542748	603053	663358	542748	603053	663358	1	0	0
11	Protected m	intersectio	10	94833	105370	115907	94833	105370	115907	1	0	0
12	Protected m	intersectio	10	127008	141120	155232	127008	141120	155232	1	0	0
13	Delineation m	intersectio	5	4234	4704	5174	5504	6115	6727	1.5	0	0
14	Protected m	intersectio	10	150716	167462	184209	150716	167462	184209	1	0	0
15	Protected m	intersectio	10	169344	188160	206976	169344	188160	206976	1	0	0
16	Signalise in m	intersectio	20	677376	752640	827904	880589	978432	1076275	1.5	0	0
17	Signalise in m	intersectio	20	846720	940800	1034880	1100736	1223040	1345344	1.5	0	0
18	Grade sepa m	intersectio	20	10377400	11530445	12683489	10377400	11530445	12683489	1.5	0	0
19	Rail crossin m	unit	20	846720	940800	1034880	846720	940800	1034880	1.5	0	0
20	Roundabou m	intersectio	20	846720	940800	1034880	846720	940800	1034880	1.5	0	0
21	Central hat u	per km	10	7200	8000	8800	7200	8000	8800	1	0	0
22	Centreline u	per km	10	7620	8467	9314	7620	8467	9314	1	0	1
23	Central tur m	per km	10	1088035	1208928	1329821	1088035	1208928	1329821	1	0	0
24	Central me m	per km	10	169344	188160	206976	169344	188160	206976	1	0	0
25	Duplication u	per carriag	20	5080320	5644800	6209280	5080320	5644800	6209280	1	0	0
26	Duplicate - u	per carriag	20	5080320	5644800	6209280	5080320	5644800	6209280	1	0	0
27	Duplicate - u	per carriag	20	5927040	6585600	7244160	7705152	8561280	9417408	1	0	0
28	Duplicate - u	per carriag	20	5927040	6585600	7244160	7705152	8561280	9417408	1	0	0
29	Duplicate - u	per carriag	20	6773760	7526400	8279040	8805888	9784320	10762752	1	0	0
30	Duplicate - u	per carriag	20	6773760	7526400	8279040	8805888	9784320	10762752	1	0	0
31	Service roa i	per km	20	1270080	1411200	1552320	1651104	1834560	2018016	1	0	0
32	Additional i	per km	20	1270080	1411200	1552320	1651104	1834560	2018016	1	0	0
33	Implement u	per carriag	20	508032	564480	620928	508032	564480	620928	1	0	0
34	Upgrade p i	unit	10	12701	14112	15523	12701	14112	15523	1	0	0
35	Refuge Isla m	unit	10	21168	23520	25872	21168	23520	25872	1	0	0
36	Unsignalise m	unit	10	29635	32928	36221	29635	32928	36221	1.5	0	0
37	Signalised m	unit	20	42336	47040	51744	42336	47040	51744	1.5	0	0
38	Grade sepa m	unit	20	1378629	1531810	1684991	1792218	1991353	2190489	1.5	0	0
40	Road surfa i	lane km	10	31329	34810	38291	31329	34810	38291	1	0	0
41	Clear roads i	per linear I	20	169344	188160	206976	169344	188160	206976	1	0	0
42	Clear roads i	per linear I	20	169344	188160	206976	169344	188160	206976	1	0	0
43	Sideslope i i	per linear I	20	3446150	3829056	4211962	3446150	3829056	4211962	1	0	0
44	Sideslope i i	per linear I	20	3446150	3829056	4211962	3446150	3829056	4211962	1	0	0
45	Roadside b i	per linear I	20	230000	261000	290000	230000	261000	290000	1	0	0
46	Roadside b i	per linear I	20	230000	261000	290000	230000	261000	290000	1	0	0
47	Shoulder s i	per linear I	20	35562	39514	43465	35562	39514	43465	1	0	0
48	Shoulder s i	per linear I	20	70278	78086	85895	70278	78086	85895	1	0	0
52	Restrict/cc i	per km	10	259943	288826	317708	259943	288826	317708	1	0	0
54	Footpath p i	per linear I	20	147329	163699	180069	147329	163699	180069	1	0	0
55	Footpath p i	per linear I	20	180000	180000	180000	180000	180000	180000	1	0	0
56	Speed mar i	per carriag	5	2117	2352	2587	2117	2352	2587	1	0	0
57	Traffic calm i	per carriag	10	98000	109000	121168	98000	109000	121168	1	0	0
59	Vertical rea i	lane km	20	1148999	1276666	1404332	1148999	1276666	1404332	1	0	0
60	Overtaking i	per linear I	20	1270080	1411200	1552320	1270080	1411200	1552320	1	0	0
61	Median cro m	intersectio	10	508032	564480	620928	508032	564480	620928	1	0	0
62	Clear roads i	per km	20	169344	188160	206976	169344	188160	206976	1	0	0
63	Sideslope i i	per km	20	3446150	3829056	4211962	3446150	3829056	4211962	1	0	0
64	Roadside b i	per km	20	127008	141120	155232	127008	141120	155232	1	0	0
65	Clear roads i	per km	20	169344	188160	206976	169344	188160	206976	1	0	0
66	Sideslope i i	per km	20	3446150	3829056	4211962	3446150	3829056	4211962	1	0	0
67	Roadside b i	per km	20	127008	141120	155232	127008	141120	155232	1	0	0
68	Speed mar i	per carriag	5	2117	2352	2587	2117	2352	2587	1	0	0
69	Central me m	per km	10	169344	188160	206976	169344	188160	206976	1	0	0
71	Skid Resist i	lane km	10	152410	169344	186278	198132	220147	242162	1	0	0
72	Skid Resist i	per carriag	10	18628	20698	22767	24216	26907	29598	1	0	0
73	Pave road i	lane km	10	169344	188160	206976	169344	188160	206976	1	0	0
74	Street light i	lane km	20	67738	75264	82790	54190	60211	66232	1	0	0
75	Street light i	intersectio	20	33869	37632	41395	27095	30106	33116	1	0	0
76	Street light i	unit	20	16934	18816	20698	13548	15053	16558	1	0	0
77	Shoulder ri i	per carriag	10	8467	9408	10349	8467	9408	10349	1	0	0
78	Parking im i	per carriag	20	11854	13171	14488	11854	13171	14488	1	0	0
79	Sight dista i	per linear I	20	23708	26342	28977	30821	34245	37670	1	0	0
80	Pedestrian i	per carriag	20	85000	85000	85000	85000	85000	85000	1	0	0

81	Side road g i	intersectio	20	1378629	1531810	1684991	1792218	1991353	2190489	1	0	0
152	Side road s i	intersectio	20	42336	47040	51744	55037	61152	67267	1	0	0
153	Side road u i	intersectio	10	29635	32928	36221	38526	42806	47087	1	0	0
163	Footpath p i	per linear l	20	279926	311028	342131	279926	311028	342131	1	0	0
164	Footpath p i	per linear l	10	16934	18816	20698	16934	18816	20698	1	0	0
171	Shoulder s i	per linear l	20	35562	39514	43465	35562	39514	43465	1	0	0
172	Shoulder s i	per linear l	20	70278	78086	85895	70278	78086	85895	1	0	0
173	Footpath p i	per linear l	20	147329	163699	180069	147329	163699	180069	1	0	0
174	Footpath p i	per linear l	20	180000	180000	180000	180000	180000	180000	1	0	0
177	Footpath p i	per linear l	20	279926	311028	342131	279926	311028	342131	1	0	0
178	Footpath p i	per linear l	10	16934	18816	20698	16934	18816	20698	1	0	0
182	Realignme i	lane km	20	70278	78086	85895	70278	78086	85895	1	0	0
186	Central me u	per km	20	169344	188160	206976	220147	244608	269069	1	0	0
187	Clear roads i	per km	20	169344	188160	206976	220147	244608	269069	1	0	0
188	Sideslope i i	per km	20	3446150	3829056	4211962	4479996	4977773	5475550	1	0	0
189	Roadside b i	per km	20	127008	141120	155232	165110	183456	201802	1	0	0
190	Wide centr u	per linear l	20	5673	6303	6934	5673	6303	6934	1	0	0
191	School zon i	lane km	5	4234	4704	5174	5504	6115	6727	1	0	0
192	School zon i	unit	20	5080	5645	6209	4064	4516	4967	1	0	0
193	School zon m	unit	1	8467	9408	10349	11007	12230	13453	1	0	0
194	Unsignalis m	unit	10	29635	32928	36221	29635	32928	36221	1	0	0

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DfT Safer Roads Fund

Slough A4

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A4 SLOUGH SAFER ROADS FUND

In 2017 Slough Borough Council (SBC) was approved funding of £1.7m to deliver safety improvements along the A4 as part of the Department for Transport's Safer Roads Fund.

In the period since the scheme was designed a number of local and national priorities have changed and in addition, SBC have been awarded £10.4m of Active Travel funding to deliver improved cycle facilities along the same route.

Having worked with SBC on the initial submission Agilysis have been asked to review the original proposals and confirm or identify new safety improvements that can be delivered in conjunction with the proposed cycle facility.

The proposed Safer Roads Scheme extends from Huntercombe Roundabout at the junction of Bath Road with Huntercombe Spur, through to London Road junction with the M4, J5 Langley Roundabout.

In order to review previously proposed countermeasures in light of changing local circumstances and identify new measures where appropriate, the original coding used in the iRAP ViDA tool[1] has been amended to capture the proposed off-road cycle route along the route. In addition, iRAP have recently released a new set of countermeasures specific for urban environments and these have been added to the model used for the A4.

The countermeasures identified are based on an evaluation of the road user risk along the route both in terms of the type of road users likely to be involved in collisions and the type of collisions they could be involved in. The following section provides a summary of the countermeasures proposed.

SPEED- RELATED COLLISIONS

Speed Limit change
Changes to existing 40mph speed limits, reducing them to 30mph at the western and eastern ends of the route.

Speed Control
Introduction of speed enforcement measures to reinforce the change in speed limit and improve compliance where speed limits are already 30mph.

HEAD-ON COLLISIONS

Central Hatching
Improving the division of opposing flows of traffic to reduce risk of head-on collisions.

RUN-OFF COLLISIONS

Road Surface Rehabilitation
Improving the surface of the carriageway to reduce the risk of run-off, loss of control collisions.

Clearing roadside hazards
Removing larger, roadside features to reduce risk to road users in the event of leaving the carriageway and colliding with roadside objects.

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[1] https://vida.irap.org/en-gb/home

PEDESTRIAN-INVOLVED COLLISIONS

Flush Crossings

Giving priority to pedestrians and cyclists at side road crossings.

Zebra Crossing

Improving crossing facilities for pedestrians at junctions.

Pedestrian Refuge

Providing pedestrians with a dedicated place to cross the A4.

BICYCLE-INVOLVED COLLISIONS

Off-road cycle track

Upgrading existing cycle facilities to provide an improved route for cyclists that is away from other motorised road users.

Shared Use Path

Upgrading existing facilities to provide cyclists with a continuous off-road route, alongside pedestrians.

The exact location and extent of the above countermeasures will be confirmed following further consultation with external suppliers and detailed design of the scheme in conjunction with the A4 cycle improvements.

3

Countermeasure	Estimated cost	Cost per FSI saved
Improve Delineation	105,293.00	105,293.00
Off road cycle track (Urban)	545,800.00	648,615.00
Flush crossings (side road)	360,246.00	597,791.00
Speed control	217,823.00	207,809.00
Central hatching 0.3m-1m wide or structured road marking	9,266.00	15,484.00
Central hatching >1m wide	8,713.00	5,025.00
Pedestrian refuge island (through road)	35,468.00	246,328.00
Shared use path	21,600.00	5,030.00
Clear roadside hazards - passenger side	20,698.00	38,040.00
Road surface rehabilitation	51,327.00	64,729.00
Clear roadside hazards - driver side - 1-5 m	14,488.00	14,488.00
Clear roadside hazards - passenger side -1-5 m	14,488.00	14,488.00
Clear roadside hazards from cycle lane	20,698.00	90,965.00
Zebra without a refuge (side road)	74,221.00	2,000,749.00
	Total Estimated Cost	**Overall Cost per FSI saved**
	1,500,129.00	139,159.00

Table 1: A4 Proposed Countermeasures

4

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A4 Cycle Route and Road Safety Improvements: Summary report

This report was created on Thursday 05 October 2023 at 15:30 and includes **184** responses.

The activity ran from 18/08/2023 to 29/09/2023.

Contents

Question 1: Whom do you represent? (please select only one item)

.

I am stating my own views	(bar extends nearly to 181)
I am an elected representative (council member, MP etc.) or a group leader, and I am stating the views of my constituents / members	(small bar)
I represent a business or organisation, and I am stating the views of my business or organisation and / or its members	(small bar)
Not Answered	

0   181

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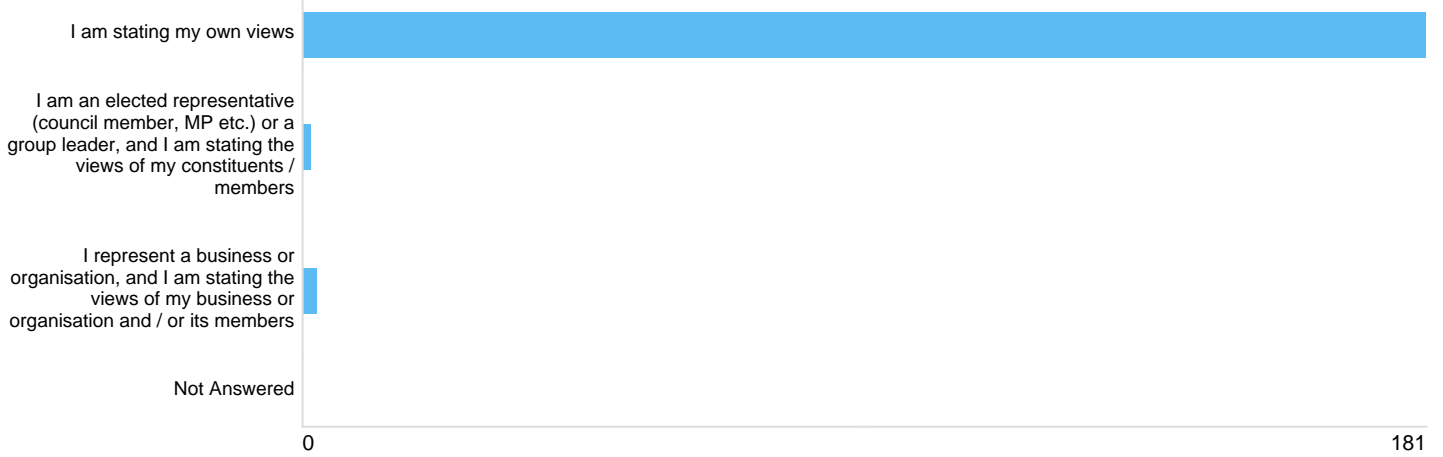
Option	Total	Percent
I am stating my own views	181	98.37%
I am an elected representative (council member, MP etc.) or a group leader, and I am stating the views of my constituents / members	1	0.54%
I represent a business or organisation, and I am stating the views of my business or organisation and / or its members	2	1.09%
Not Answered	0	0.00%

Question 2: What is the postcode sector of your home address (the first four digits of the postcode)? (please select only one item)

.
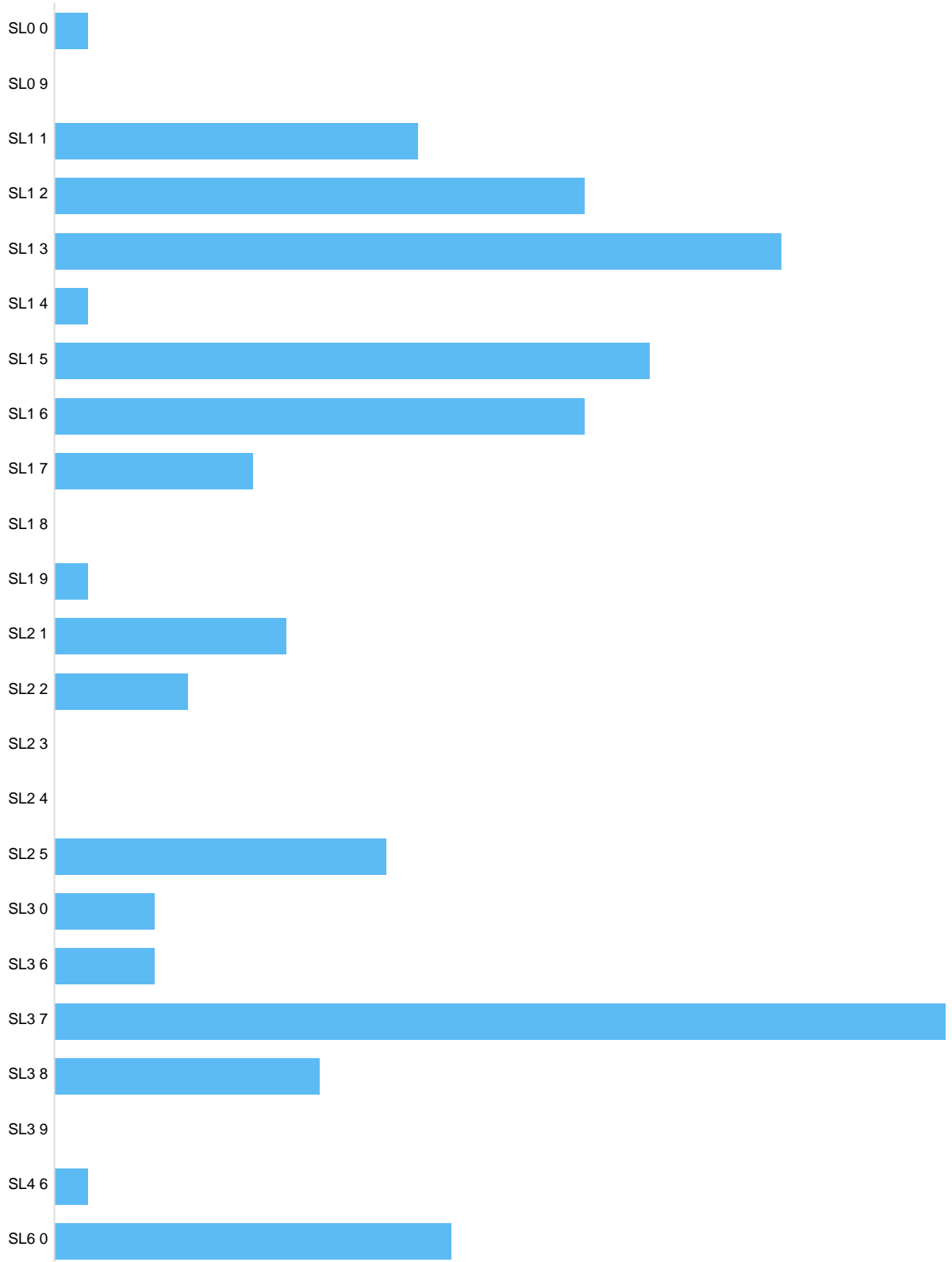
Option		Total	Percent
SL0 0		1	0.54%
SL0 9		0	0.00%
SL1 1		11	5.98%
SL1 2		16	8.70%
SL1 3		22	11.96%
SL1 4		1	0.54%
SL1 5		18	9.78%
SL1 6		16	8.70%
SL1 7		6	3.26%
SL1 8		0	0.00%
SL1 9		1	0.54%
SL2 1		7	3.80%
SL2 2		4	2.17%
SL2 3		0	0.00%
SL2 4		0	0.00%
SL2 5		10	5.43%
SL3 0		3	1.63%
SL3 6		3	1.63%
SL3 7		27	14.67%
SL3 8		8	4.35%
SL3 9		0	0.00%
SL4 6		1	0.54%
SL6 0		12	6.52%
Postcode sector not listed above		5	2.72%
Do not wish to provide this information		9	4.89%
Not Answered		3	1.63%

Question 3: How often do you use the A4 in Slough between Huntercombe Lane and Uxbridge Road (travelling along or crossing over)? (please select only one item)

.

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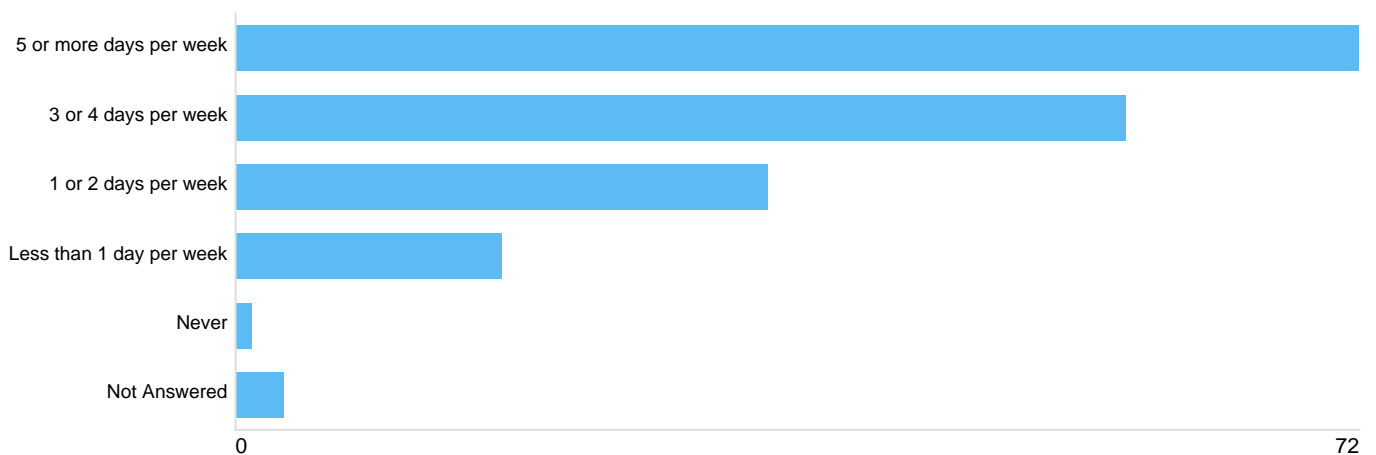
Option	Total	Percent
5 or more days per week	72	39.13%
3 or 4 days per week	57	30.98%
1 or 2 days per week	34	18.48%
Less than 1 day per week	17	9.24%
Never	1	0.54%
Not Answered	3	1.63%

Question 4: What mode(s) of transport do you currently use on the A4 in Slough between Huntercombe Lane and Uxbridge Road (travelling along or crossing over)? (please select all that apply)

.
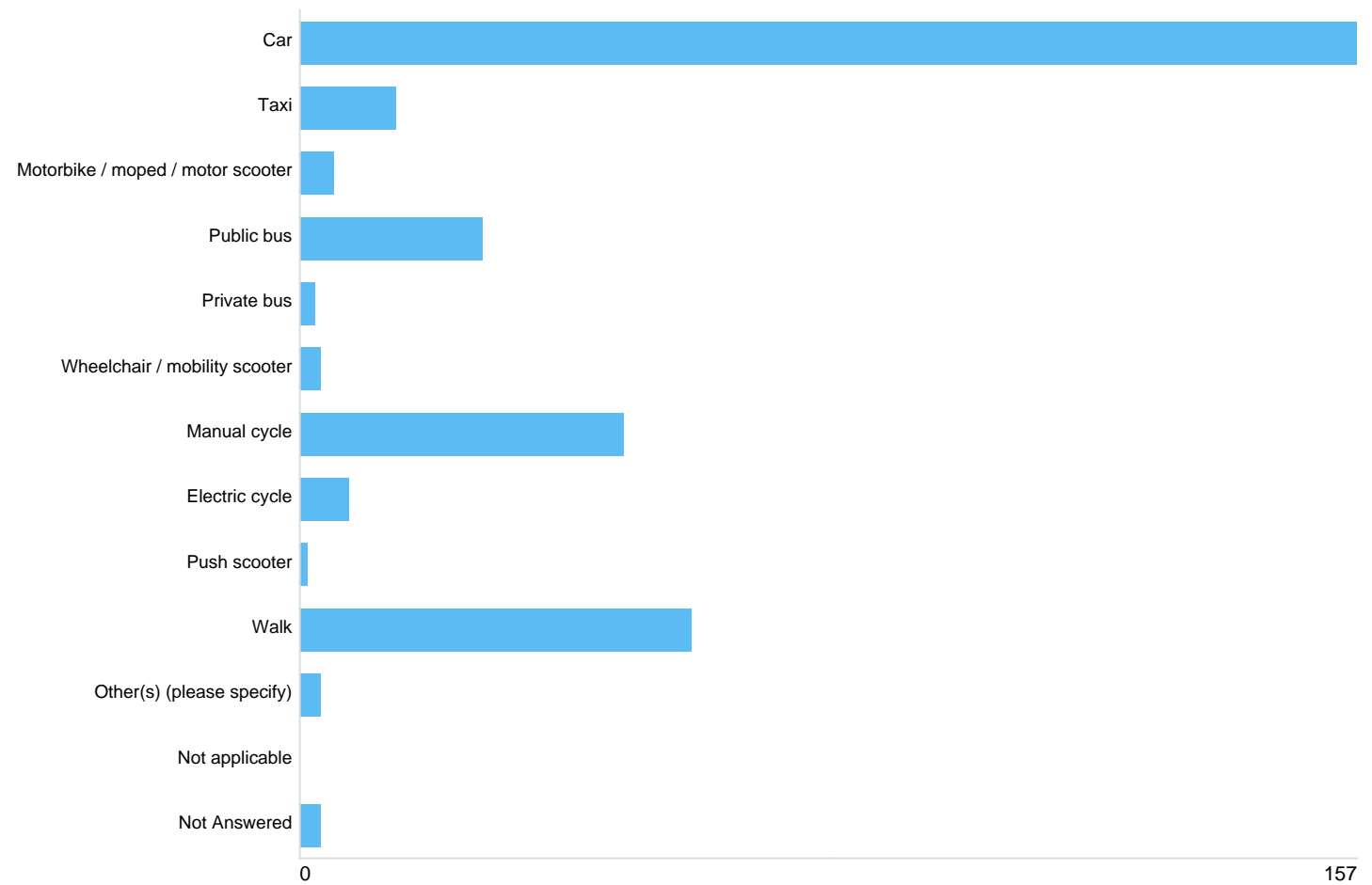
Option	Total	Percent
Car	157	85.33%
Taxi	14	7.61%
Motorbike / moped / motor scooter	5	2.72%
Public bus	27	14.67%
Private bus	2	1.09%
Wheelchair / mobility scooter	3	1.63%
Manual cycle	48	26.09%
Electric cycle	7	3.80%
Push scooter	1	0.54%
Walk	58	31.52%
Other(s) (please specify)	3	1.63%
Not applicable	0	0.00%
Not Answered	3	1.63%

Please specify Other(s)

There were **7** responses to this part of the question.

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Question 5: For what purpose(s) do you use the A4 in Slough between Huntercombe Lane and Uxbridge Road (travelling along or crossing over)? (please select all that apply)

.
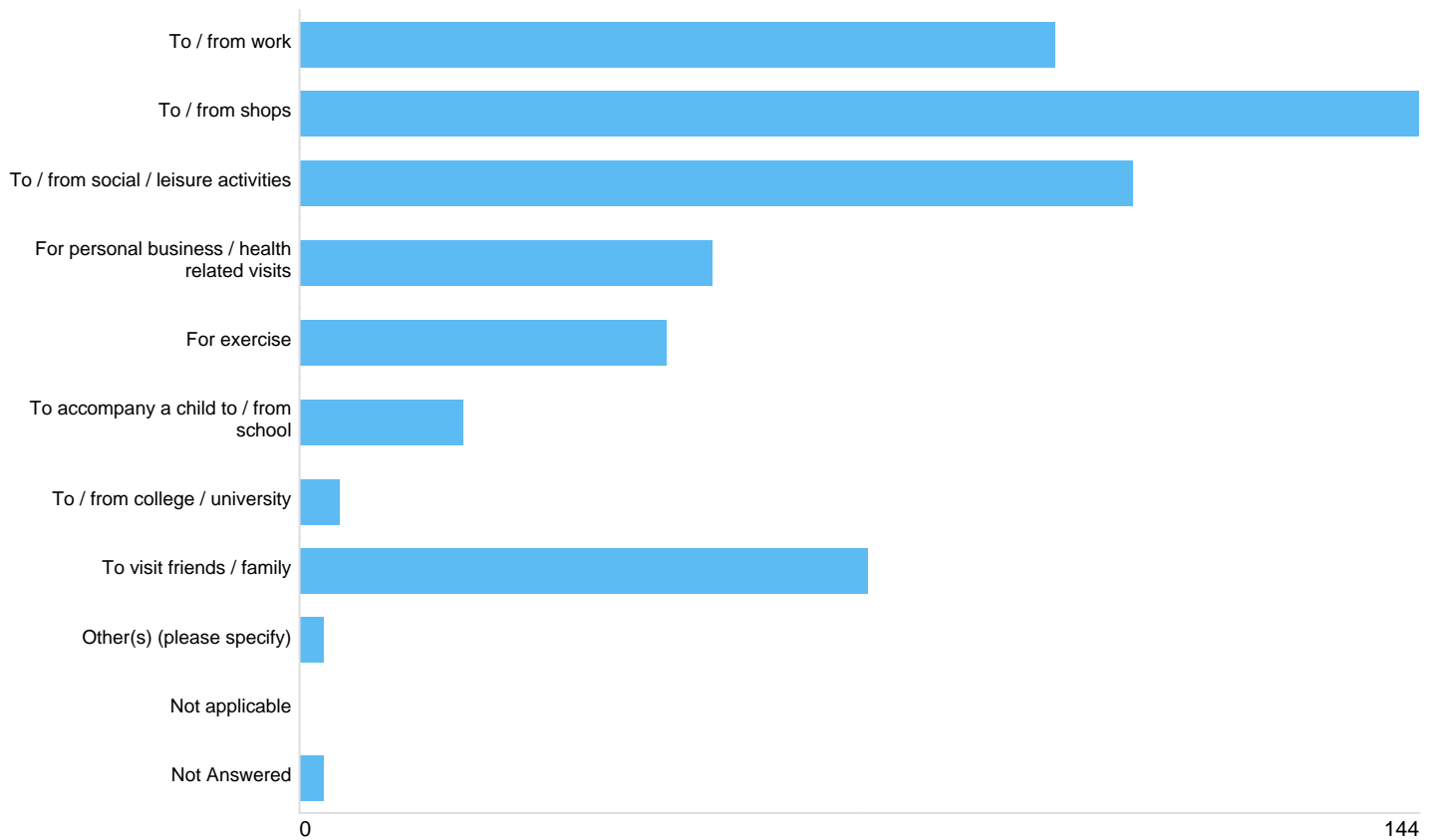
Option	Total	Percent
To / from work	97	52.72%
To / from shops	144	78.26%
To / from social / leisure activities	107	58.15%
For personal business / health related visits	53	28.80%
For exercise	47	25.54%
To accompany a child to / from school	21	11.41%
To / from college / university	5	2.72%
To visit friends / family	73	39.67%
Other(s) (please specify)	3	1.63%
Not applicable	0	0.00%
Not Answered	3	1.63%

Please specify Other(s)

There were **5** responses to this part of the question.

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Question 6: Which of the following best describes your gender? (please select only one item)

.
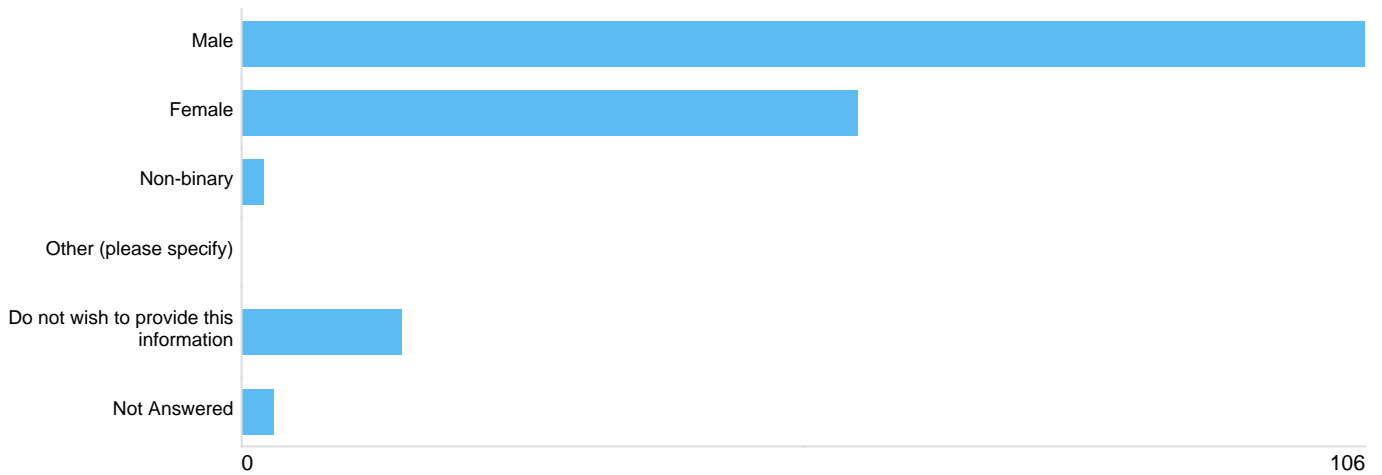
Option	Total	Percent
Male	106	57.61%
Female	58	31.52%
Non-binary	2	1.09%
Other (please specify)	0	0.00%
Do not wish to provide this information	15	8.15%
Not Answered	3	1.63%

Please specify Other

There were **0** responses to this part of the question.

Question 7: What is your age bracket? (please select only one item)

.
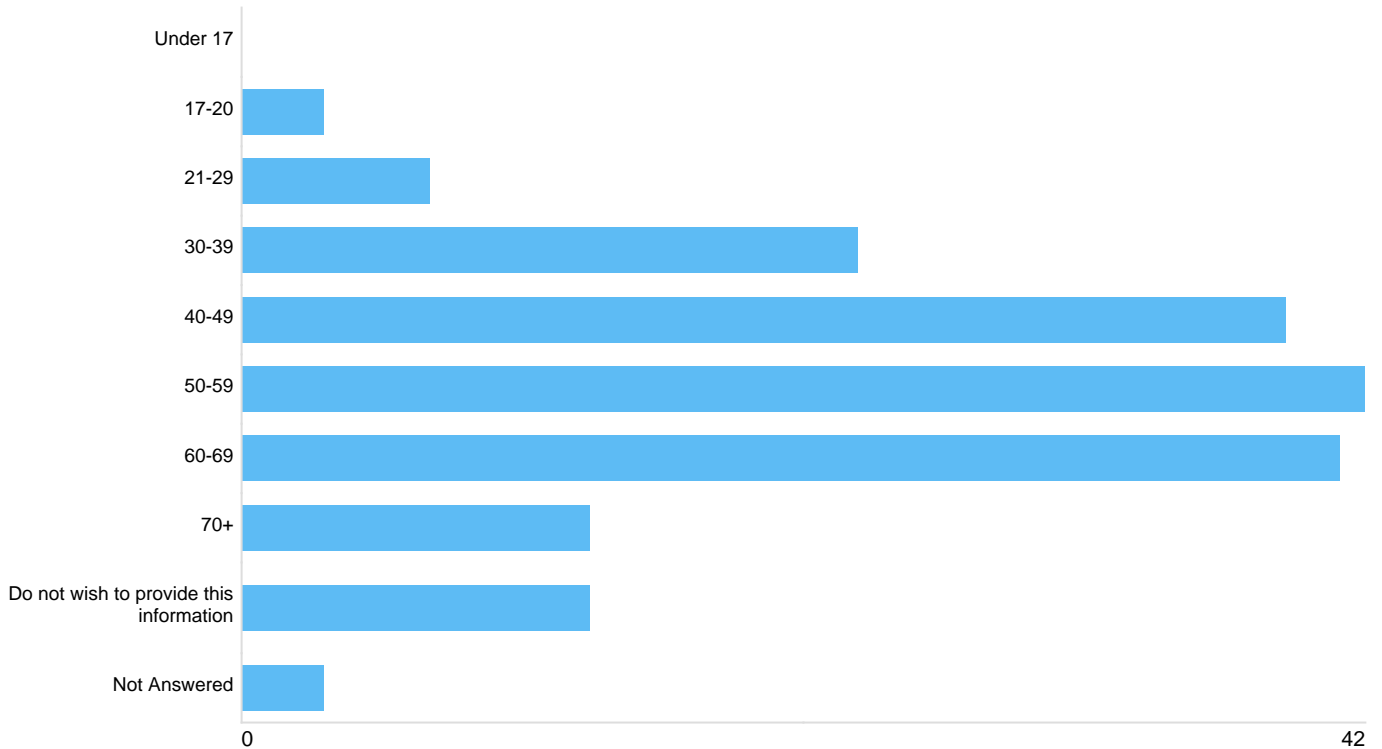
Option	Total	Percent
Under 17	0	0.00%
17-20	3	1.63%
21-29	7	3.80%
30-39	23	12.50%
40-49	39	21.20%
50-59	42	22.83%
60-69	41	22.28%
70+	13	7.07%
Do not wish to provide this information	13	7.07%
Not Answered	3	1.63%

Question 8: Do you have a long-standing illness, disability, or infirmity? The Equality Act 2010 defines disability as a physical or mental impairment with substantial and long-term adverse effects on ability to perform day to day activities. (please select only one item)

.

Option	Total	Percent
Yes	20	10.87%
No	141	76.63%
Do not wish to provide this information	20	10.87%
Not Answered	3	1.63%

Question 9: Which of the following best describes your ethnic group? (please select only one item)

.
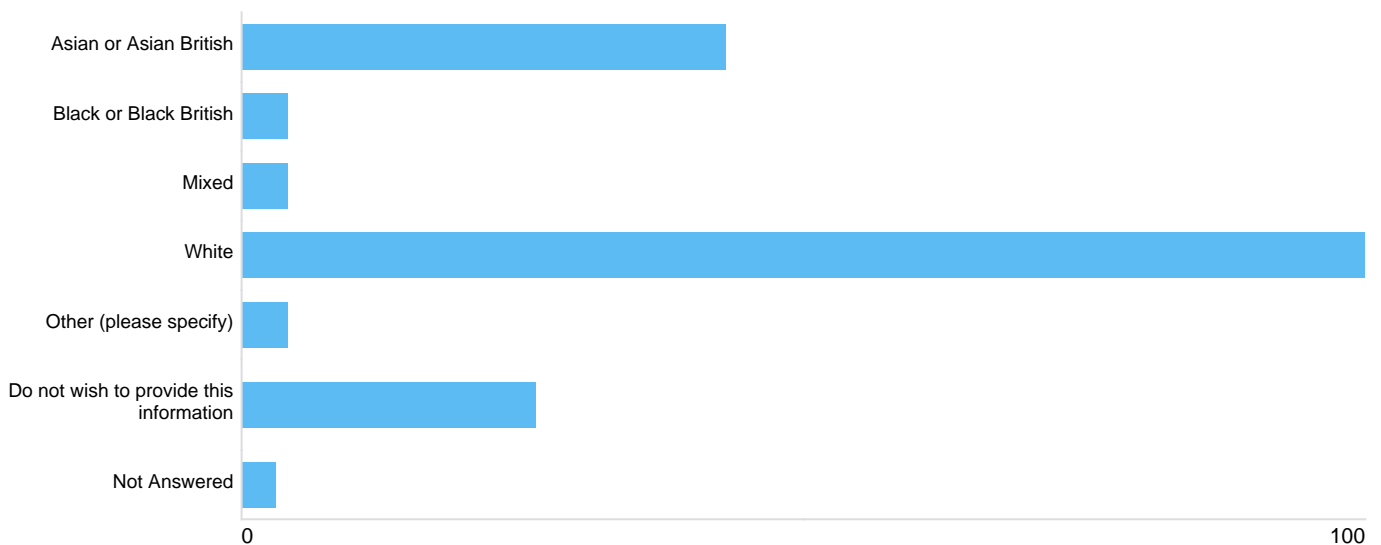
Option	Total	Percent
Asian or Asian British	43	23.37%
Black or Black British	4	2.17%
Mixed	4	2.17%
White	100	54.35%
Other (please specify)	4	2.17%
Do not wish to provide this information	26	14.13%
Not Answered	3	1.63%

Please specify Other

There were **4** responses to this part of the question.

Question 10: To what extent do you agree or disagree that each of the proposed changes listed below would improve safety for all road users, including cyclists and pedestrians? (please select one item per row)

. - A new off-road, mostly segregated, two-way, cycle route alongside the A4 between Huntercombe Lane and Uxbridge Road, with associated road safety improvements along the A4 (the overall scheme)
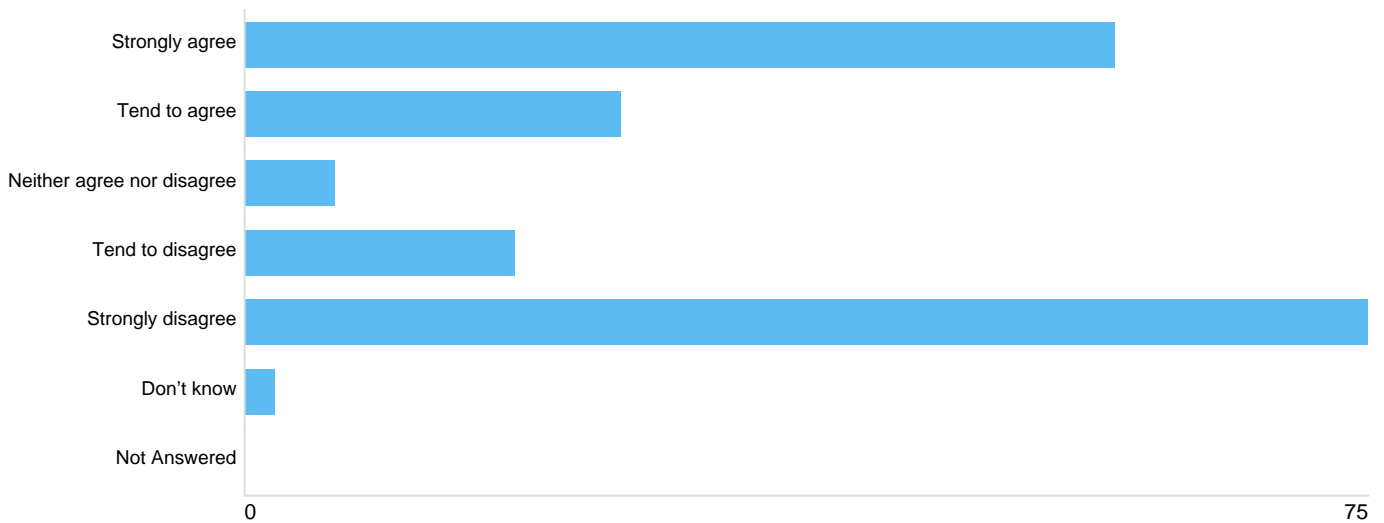
Option	Total	Percent
Strongly agree	58	31.52%
Tend to agree	25	13.59%
Neither agree nor disagree	6	3.26%
Tend to disagree	18	9.78%
Strongly disagree	75	40.76%
Don't know	2	1.09%
Not Answered	0	0.00%

*. - A continuous, raised cycle route and footway across the side road at most non-signalised side road junctions*
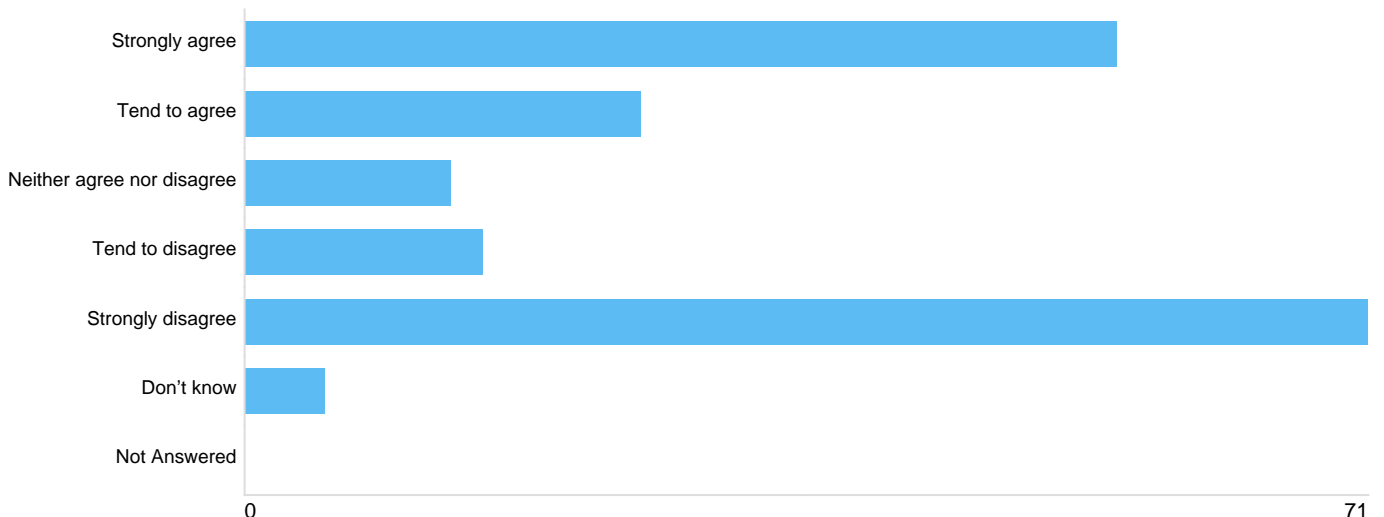
Option	Total	Percent
Strongly agree	55	29.89%
Tend to agree	25	13.59%
Neither agree nor disagree	13	7.07%
Tend to disagree	15	8.15%
Strongly disagree	71	38.59%
Don't know	5	2.72%
Not Answered	0	0.00%

. - Upgrading most of the signalised junctions along the route with new traffic signals
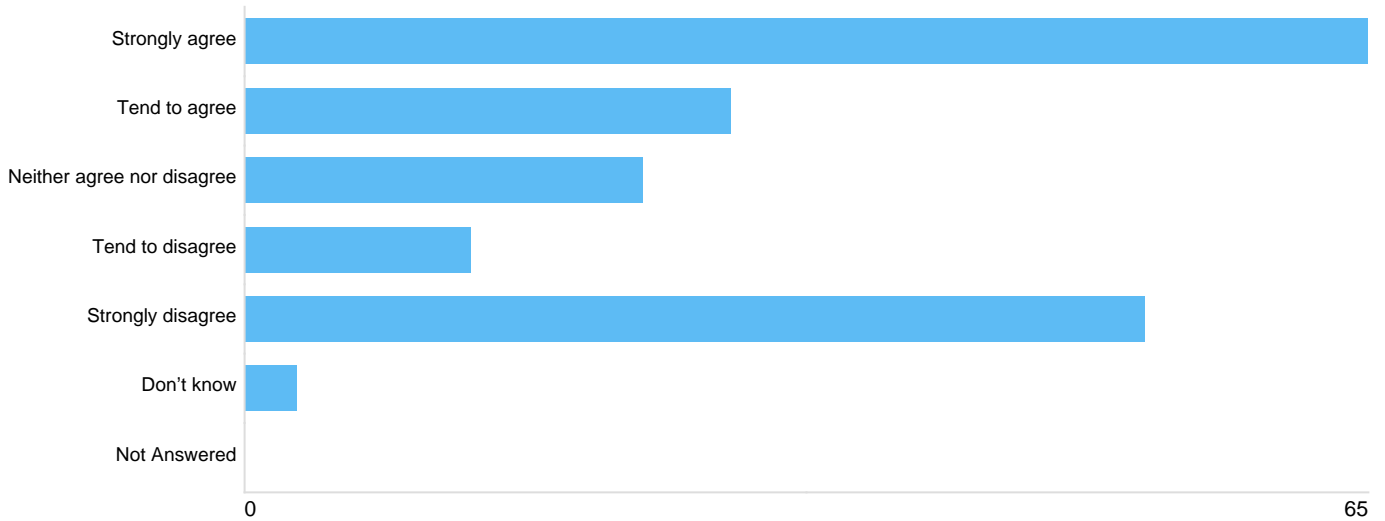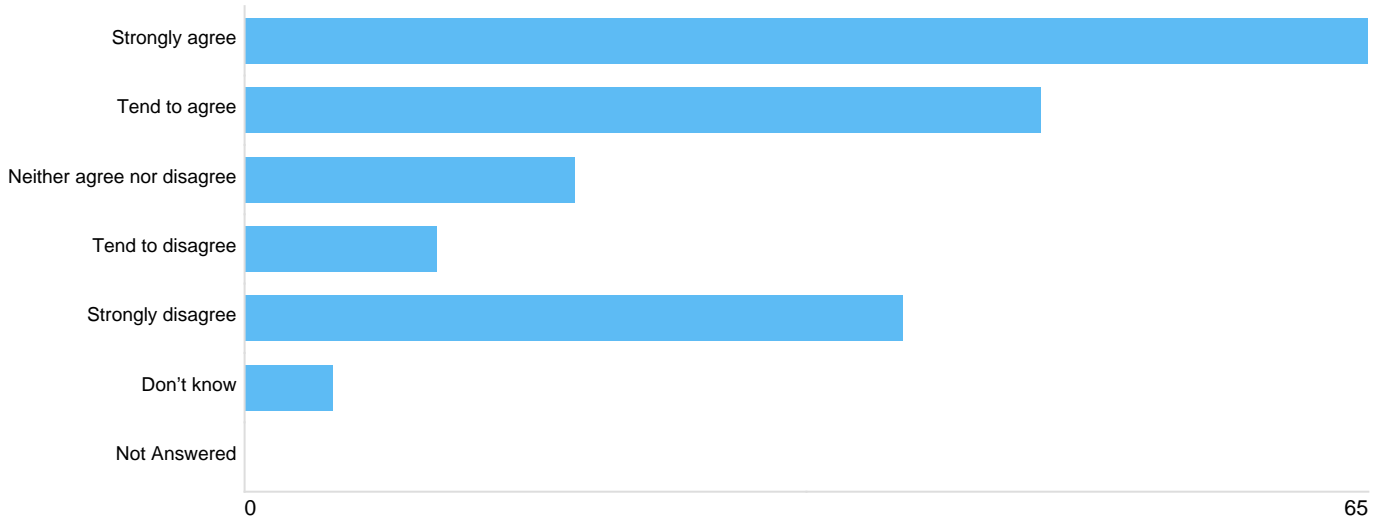

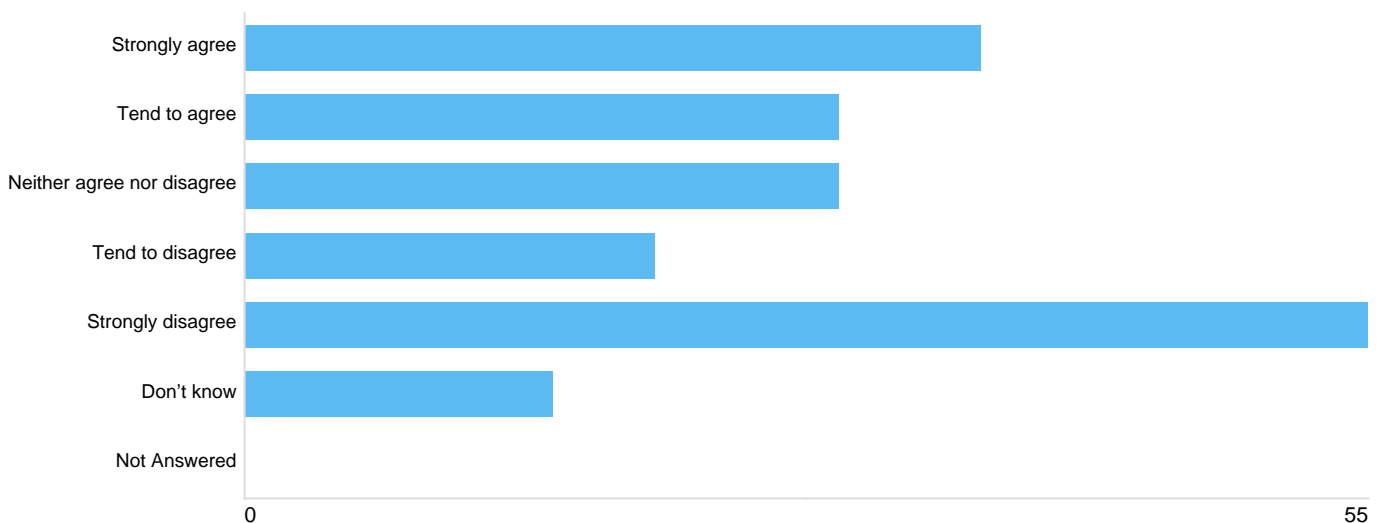| Option	Total	Percent
Strongly agree	65	35.33%
Tend to agree	28	15.22%
Neither agree nor disagree	23	12.50%
Tend to disagree	13	7.07%
Strongly disagree	52	28.26%
Don't know	3	1.63%
Not Answered	0	0.00%

. - Removal of some pedestrian guardrail along the route
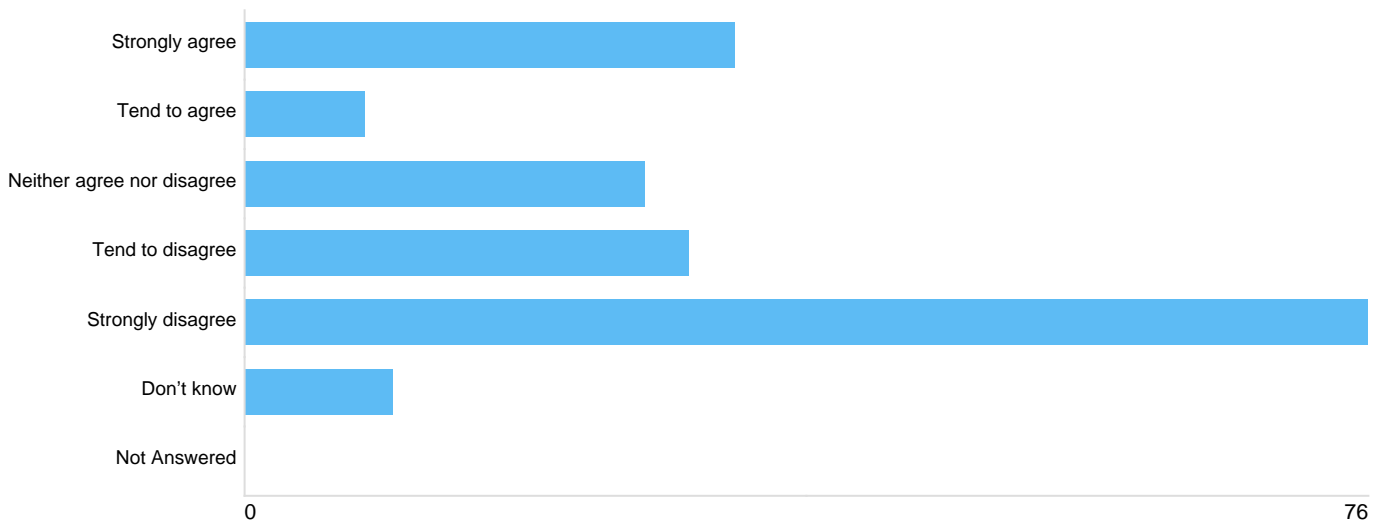
Option	Total	Percent
Strongly agree	33	17.93%
Tend to agree	8	4.35%
Neither agree nor disagree	27	14.67%
Tend to disagree	30	16.30%
Strongly disagree	76	41.30%
Don't know	10	5.43%
Not Answered	0	0.00%

. - Burnham Lane and Bath Road Shopping Park, Ledgers Road / Stoke Poges Lane, and William Street / Stoke Road (Heart of Slough) junctions – Introduction of new countdown timers for pedestrians at existing signalised crossings
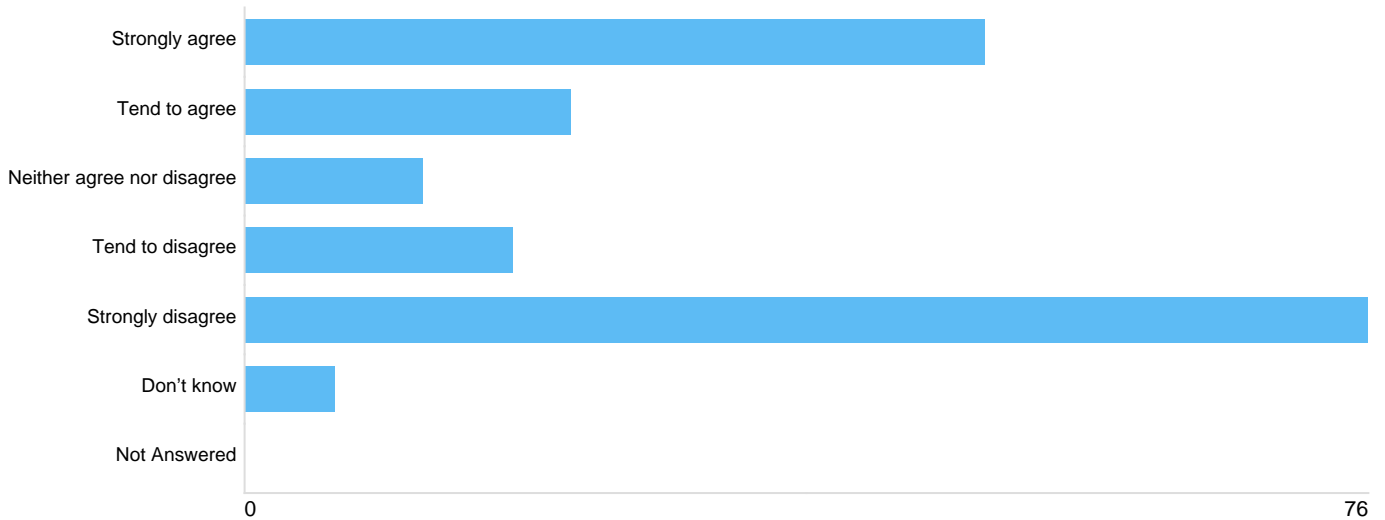

Option	Total	Percent
Strongly agree	65	35.33%
Tend to agree	46	25.00%
Neither agree nor disagree	19	10.33%
Tend to disagree	11	5.98%
Strongly disagree	38	20.65%
Don't know	5	2.72%
Not Answered	0	0.00%

. - Between the Farnham Road / Tuns Lane (The Three Tuns) junction and the Wellington Street / High Street junction – Narrowing parts of the central reservation


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Option	Total	Percent
Strongly agree	36	19.57%
Tend to agree	29	15.76%
Neither agree nor disagree	29	15.76%
Tend to disagree	20	10.87%
Strongly disagree	55	29.89%
Don't know	15	8.15%
Not Answered	0	0.00%

. - Huntercombe Lane North / Huntercombe Lane South junction – A new dedicated cycle phase in the traffic signals, to help cyclists cross the A4 Bath Road to and from the cycle route to the west (in Buckinghamshire) which is on the south side of the A4 Bath Road
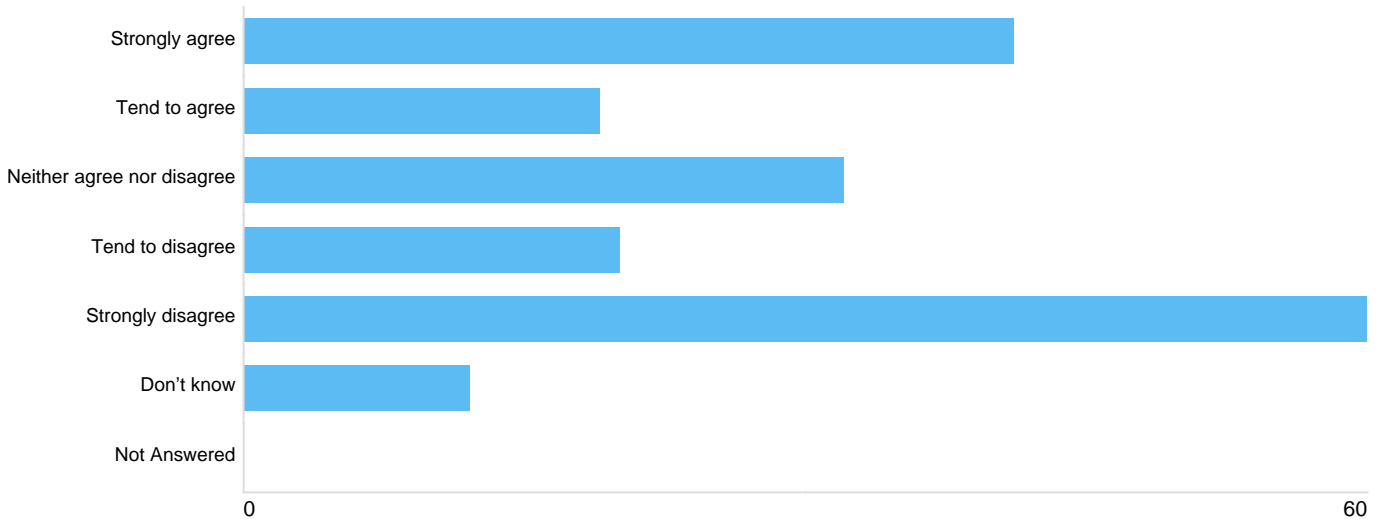

Option	Total	Percent
Strongly agree	50	27.17%
Tend to agree	22	11.96%
Neither agree nor disagree	12	6.52%
Tend to disagree	18	9.78%
Strongly disagree	76	41.30%
Don't know	6	3.26%
Not Answered	0	0.00%

. - Huntercombe Lane North / Huntercombe Lane South junction – Removal of the eastbound bus stop layby; buses would stop in the main traffic lane, with bus passengers crossing the cycle route to get on and off buses
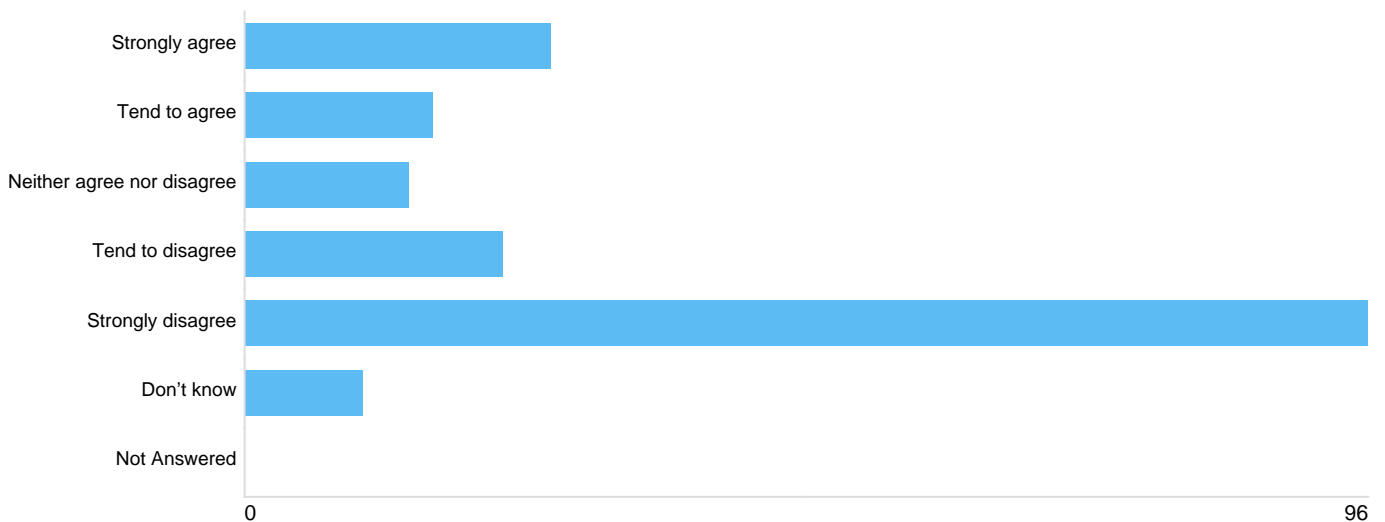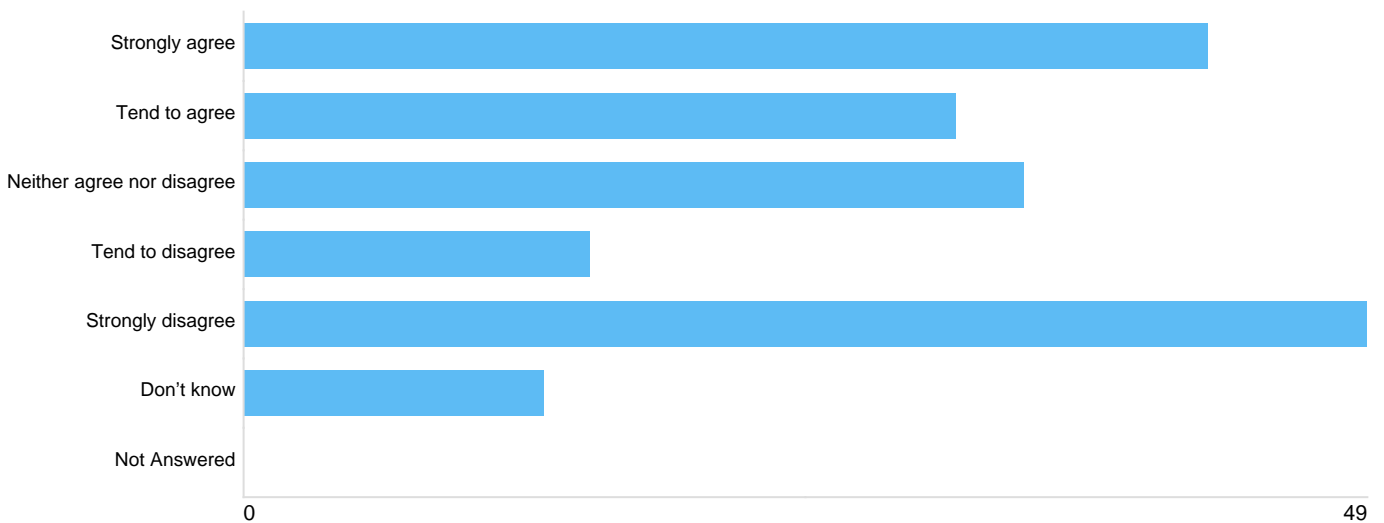
Option	Total	Percent
Strongly agree	26	14.13%
Tend to agree	16	8.70%
Neither agree nor disagree	14	7.61%
Tend to disagree	22	11.96%
Strongly disagree	96	52.17%
Don't know	10	5.43%
Not Answered	0	0.00%

. - Goldsworthy Way junction (the Huntercombe Spur Roundabout) – A new parallel crossing across Goldsworthy Way
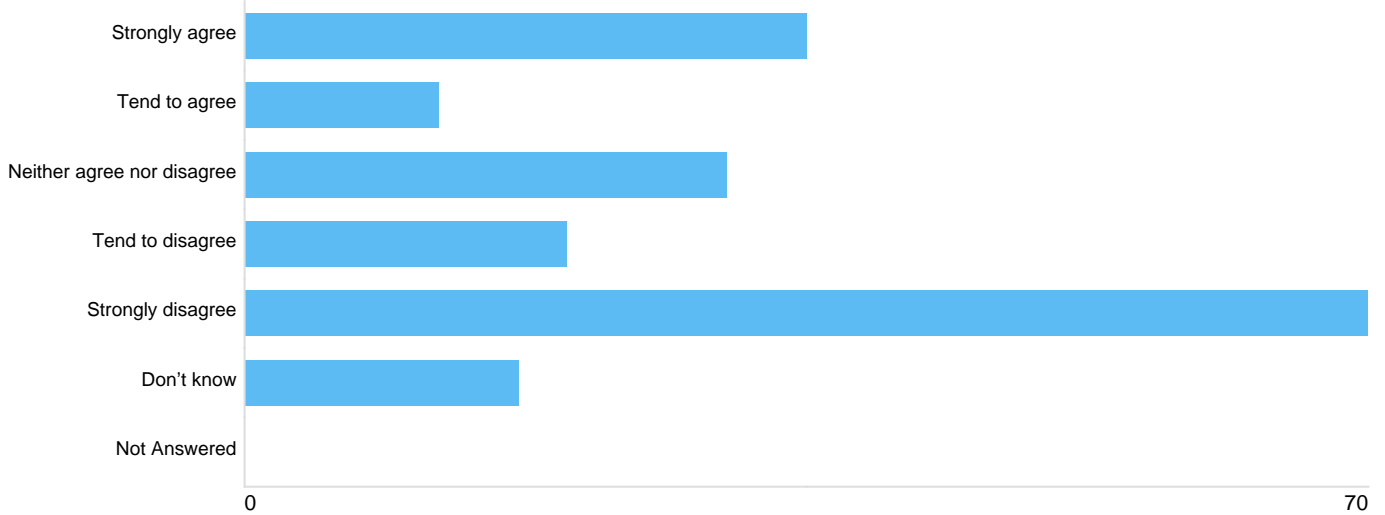
Option	Total	Percent
Strongly agree	41	22.28%
Tend to agree	19	10.33%
Neither agree nor disagree	32	17.39%
Tend to disagree	20	10.87%
Strongly disagree	60	32.61%
Don't know	12	6.52%
Not Answered	0	0.00%

. - Just east of the Huntercombe Spur Roundabout – Opening up the north side service road after the Huntercombe Spur Roundabout
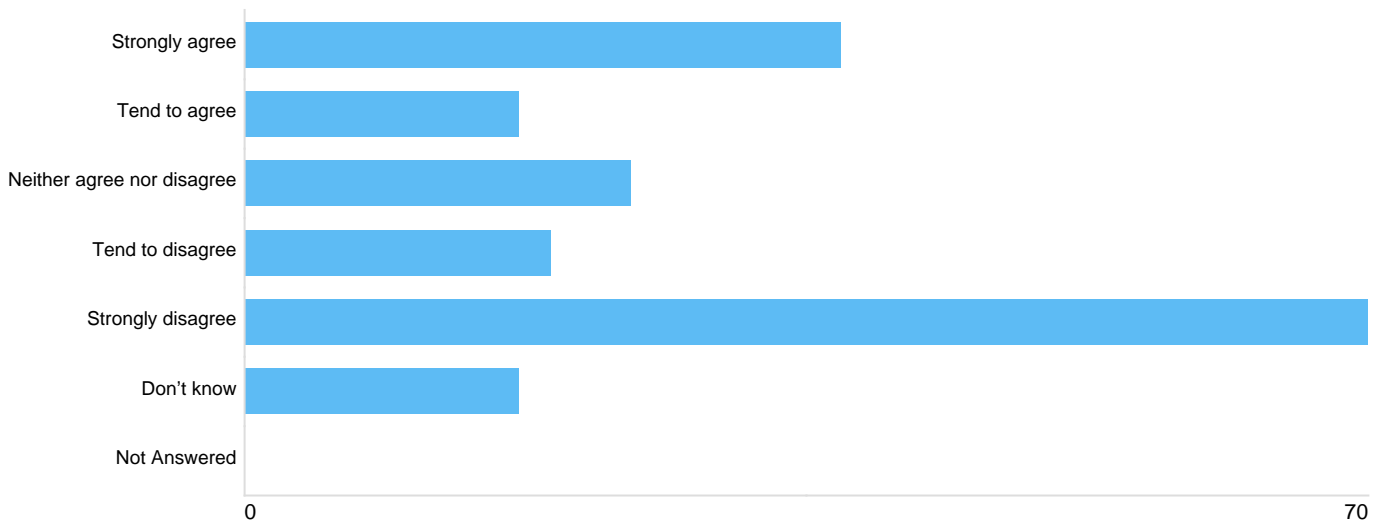
Option	Total	Percent
Strongly agree	42	22.83%
Tend to agree	31	16.85%
Neither agree nor disagree	34	18.48%
Tend to disagree	15	8.15%
Strongly disagree	49	26.63%
Don't know	13	7.07%
Not Answered	0	0.00%

. - St Andrews Way / Whittle Parkway junctions – Removal of the eastbound left turn from the A4 Bath Road into the north side service road by the Mini garage

Option	Total	Percent
Strongly agree	35	19.02%
Tend to agree	12	6.52%
Neither agree nor disagree	30	16.30%
Tend to disagree	20	10.87%
Strongly disagree	70	38.04%
Don't know	17	9.24%
Not Answered	0	0.00%

. - St Andrews Way / Whittle Parkway junctions – Removal of the westbound right turn from the A4 Bath Road into the north side service road by the Mini garage
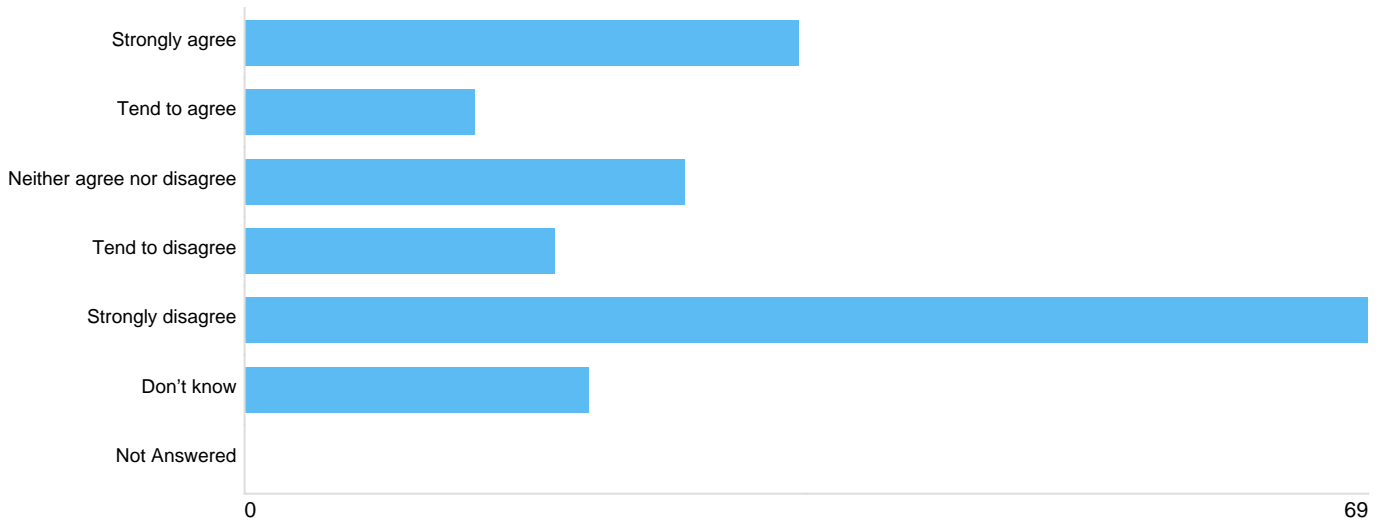

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Option	Total	Percent
Strongly agree	37	20.11%
Tend to agree	17	9.24%
Neither agree nor disagree	24	13.04%
Tend to disagree	19	10.33%
Strongly disagree	70	38.04%
Don't know	17	9.24%
Not Answered	0	0.00%

. - St Andrews Way / Whittle Parkway junctions – Closure of access between St Andrews Way and the south side service road east of St Andrews Way

Option	Total	Percent
Strongly agree	34	18.48%
Tend to agree	14	7.61%
Neither agree nor disagree	27	14.67%
Tend to disagree	19	10.33%
Strongly disagree	69	37.50%
Don't know	21	11.41%
Not Answered	0	0.00%

. - St Andrews Way / Whittle Parkway junctions – A new dedicated signalised cycle crossing across the A4 Bath Road west of the St Andrews Way junction and new westbound traffic signals at the Whittle Parkway junction

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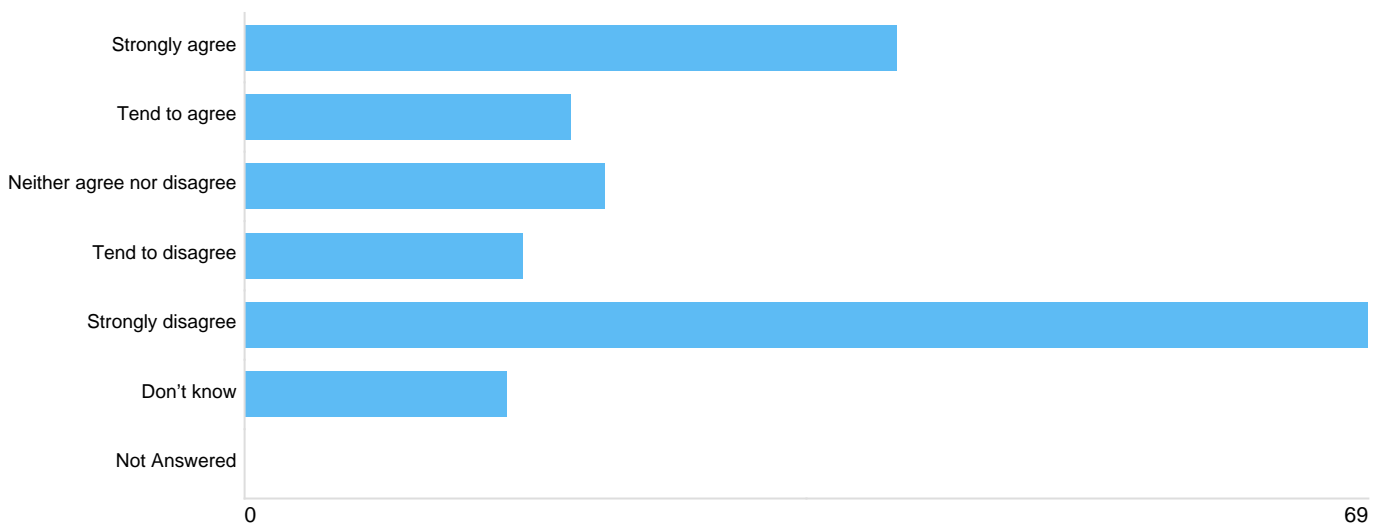
Option	Total	Percent
Strongly agree	40	21.74%
Tend to agree	20	10.87%
Neither agree nor disagree	22	11.96%
Tend to disagree	17	9.24%
Strongly disagree	69	37.50%
Don't know	16	8.70%
Not Answered	0	0.00%

. - Elmshott Lane / Station Road junction – Upgrading of the existing traffic signals including a new 'CYCLOPS' junction
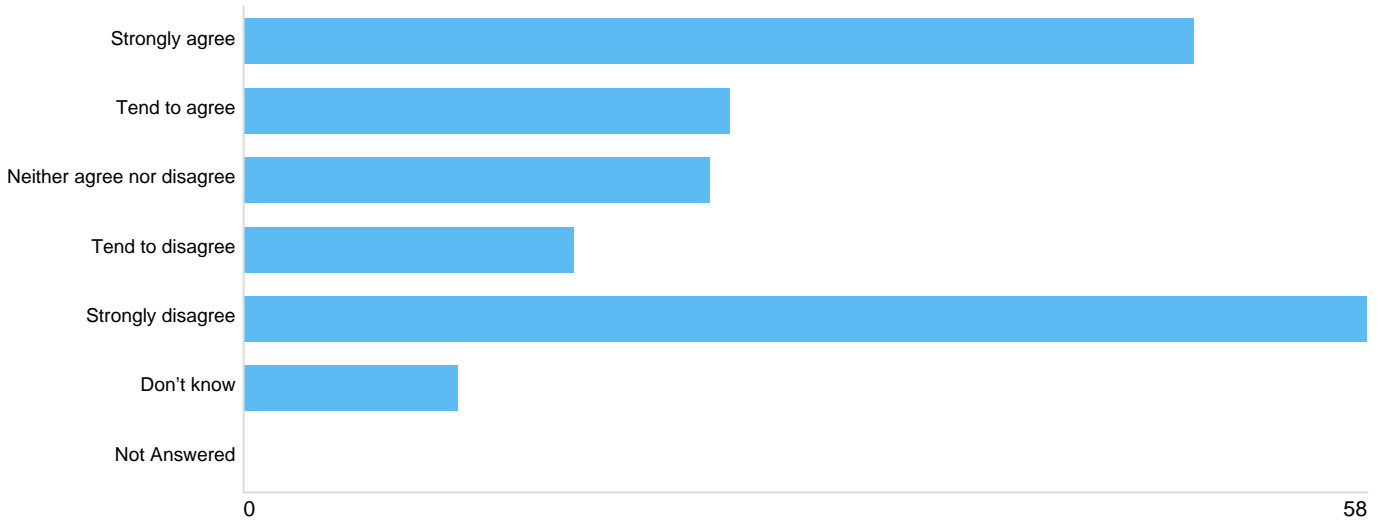
Option	Total	Percent
Strongly agree	49	26.63%
Tend to agree	25	13.59%
Neither agree nor disagree	24	13.04%
Tend to disagree	17	9.24%
Strongly disagree	58	31.52%
Don't know	11	5.98%
Not Answered	0	0.00%

. - Elmshott Lane / Station Road junction – Making small changes to the free car park west of Elmshott Lane

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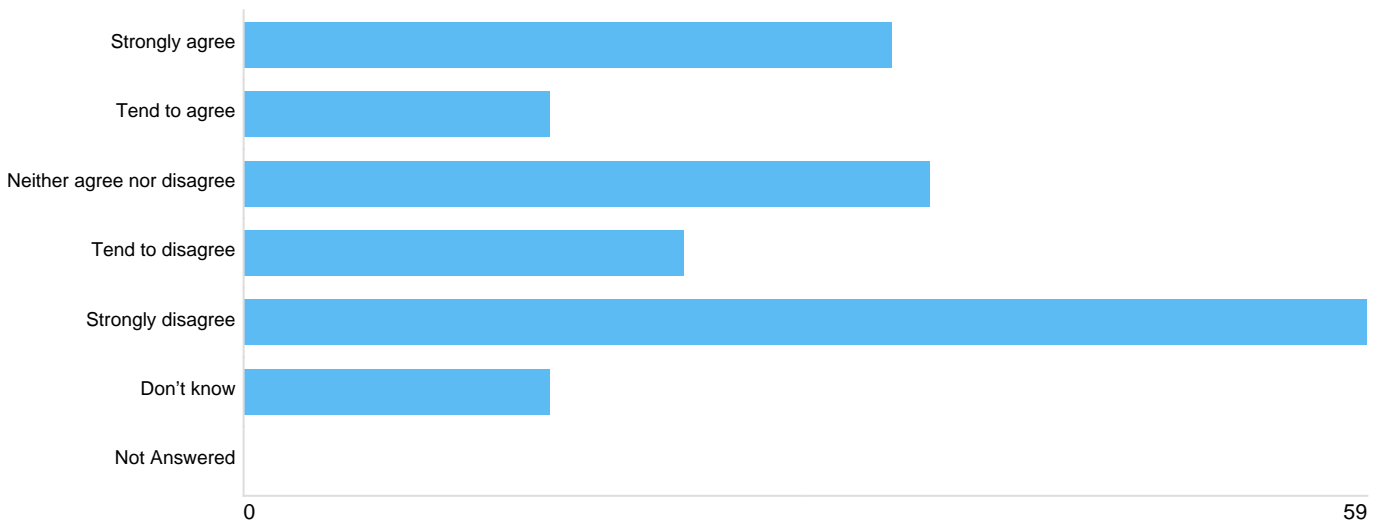
Option	Total	Percent
Strongly agree	34	18.48%
Tend to agree	16	8.70%
Neither agree nor disagree	36	19.57%
Tend to disagree	23	12.50%
Strongly disagree	59	32.07%
Don't know	16	8.70%
Not Answered	0	0.00%

. - Westgate Retail Park – Removal of the westbound bus stop layby; buses would stop in the main traffic lane
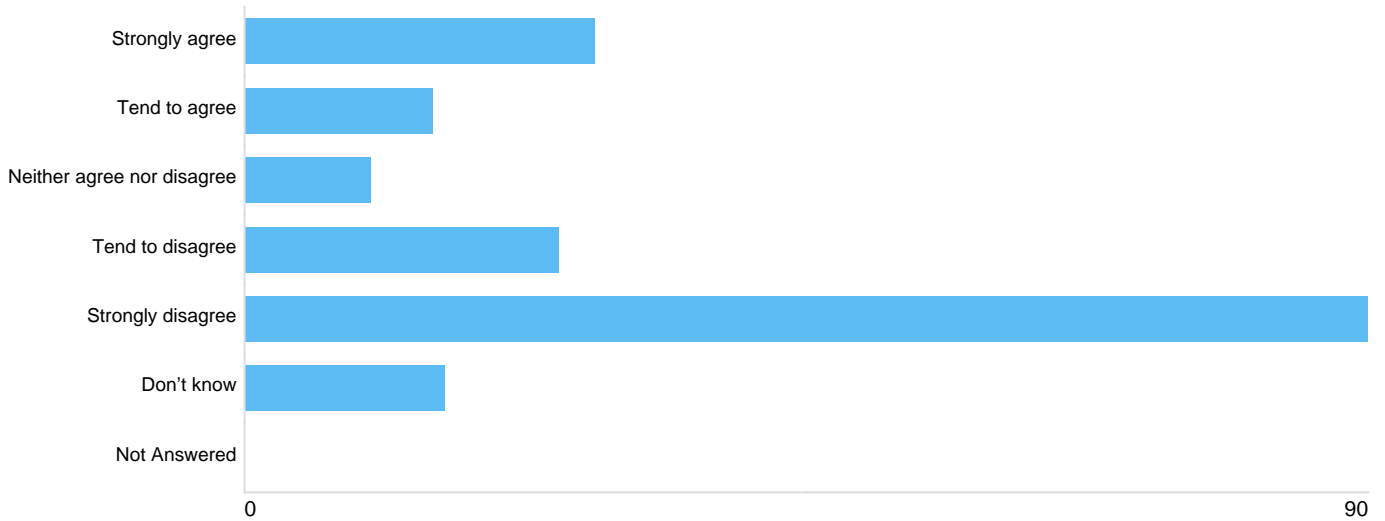
Option	Total	Percent
Strongly agree	28	15.22%
Tend to agree	15	8.15%
Neither agree nor disagree	10	5.43%
Tend to disagree	25	13.59%
Strongly disagree	90	48.91%
Don't know	16	8.70%
Not Answered	0	0.00%

. - Twinches Lane junction – Closure of exit from the south side service road, west of Twinches Lane, into Twinches Lane

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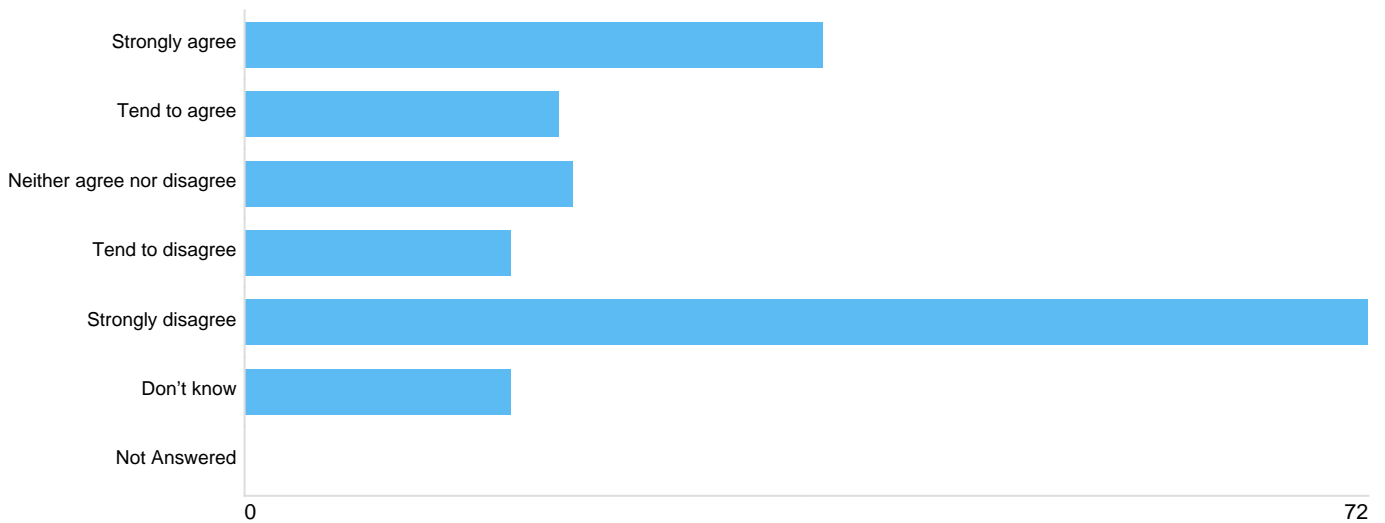
Option	Total	Percent
Strongly agree	37	20.11%
Tend to agree	20	10.87%
Neither agree nor disagree	21	11.41%
Tend to disagree	17	9.24%
Strongly disagree	72	39.13%
Don't know	17	9.24%
Not Answered	0	0.00%

. - Pitts Road junction – Upgrading the existing signalised pedestrian crossing to include signalised cycle crossing facilities
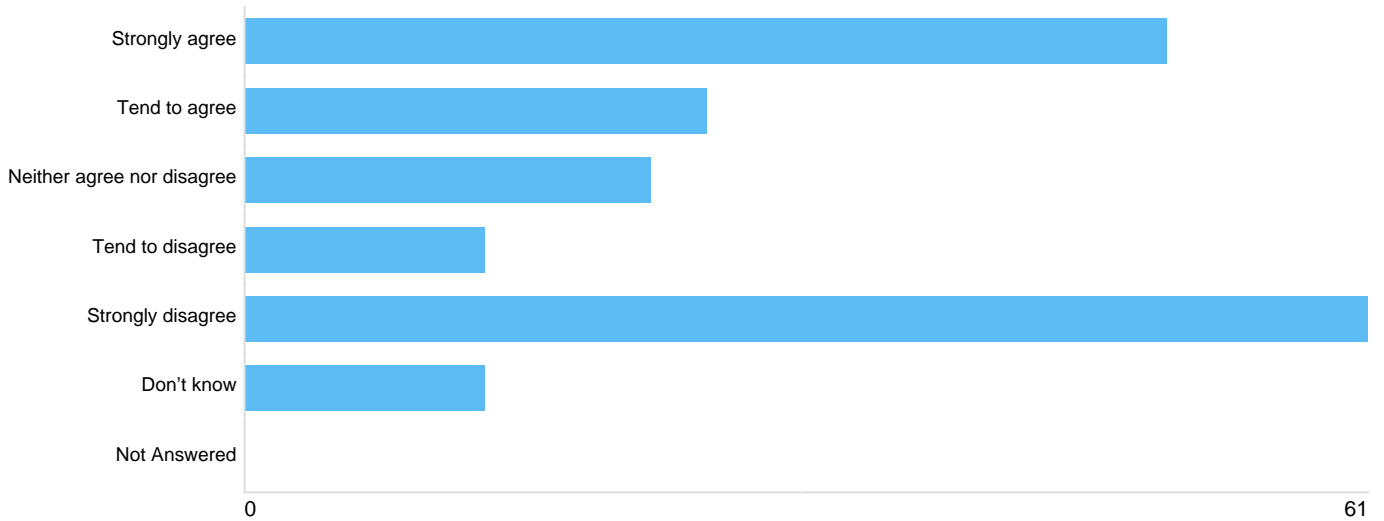
Option	Total	Percent
Strongly agree	50	27.17%
Tend to agree	25	13.59%
Neither agree nor disagree	22	11.96%
Tend to disagree	13	7.07%
Strongly disagree	61	33.15%
Don't know	13	7.07%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Removal of the eastbound left turn slip road from the A4 Bath Road into Farnham Road, with the turn to be made using the main carriageway

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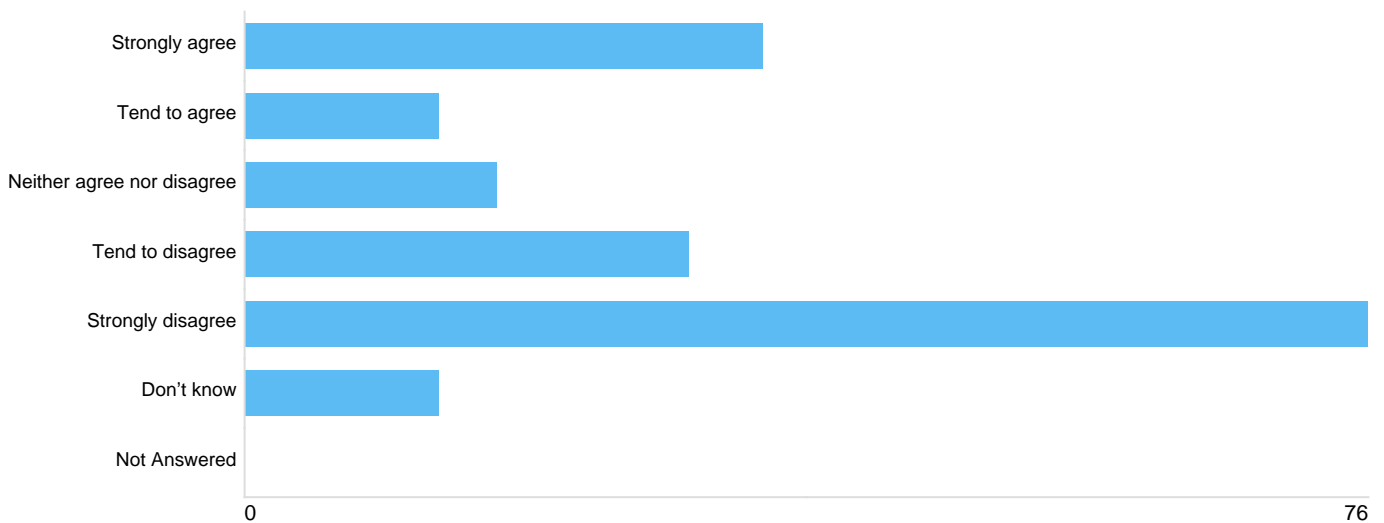
Option	Total	Percent
Strongly agree	35	19.02%
Tend to agree	13	7.07%
Neither agree nor disagree	17	9.24%
Tend to disagree	30	16.30%
Strongly disagree	76	41.30%
Don't know	13	7.07%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Removal of the southbound left turn slip road from Farnham Road into the A4 Bath Road, with the turn to be made using the main carriageway
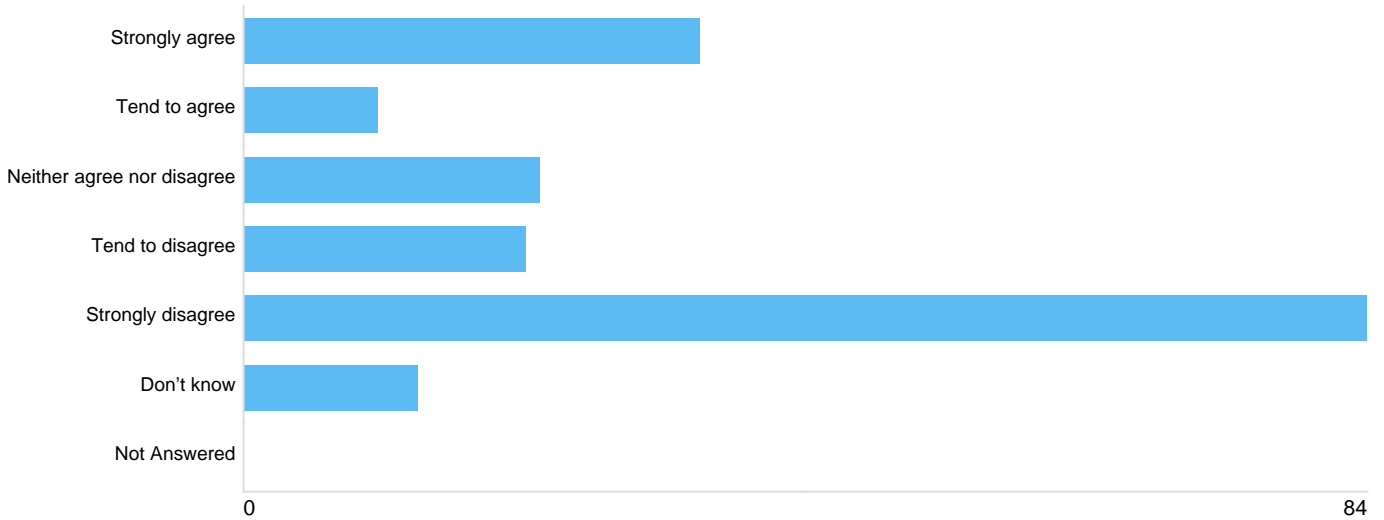
Option	Total	Percent
Strongly agree	34	18.48%
Tend to agree	10	5.43%
Neither agree nor disagree	22	11.96%
Tend to disagree	21	11.41%
Strongly disagree	84	45.65%
Don't know	13	7.07%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Reduction of the eastbound right turn from the A4 Bath Road into Tuns Lane from two lanes to one lane
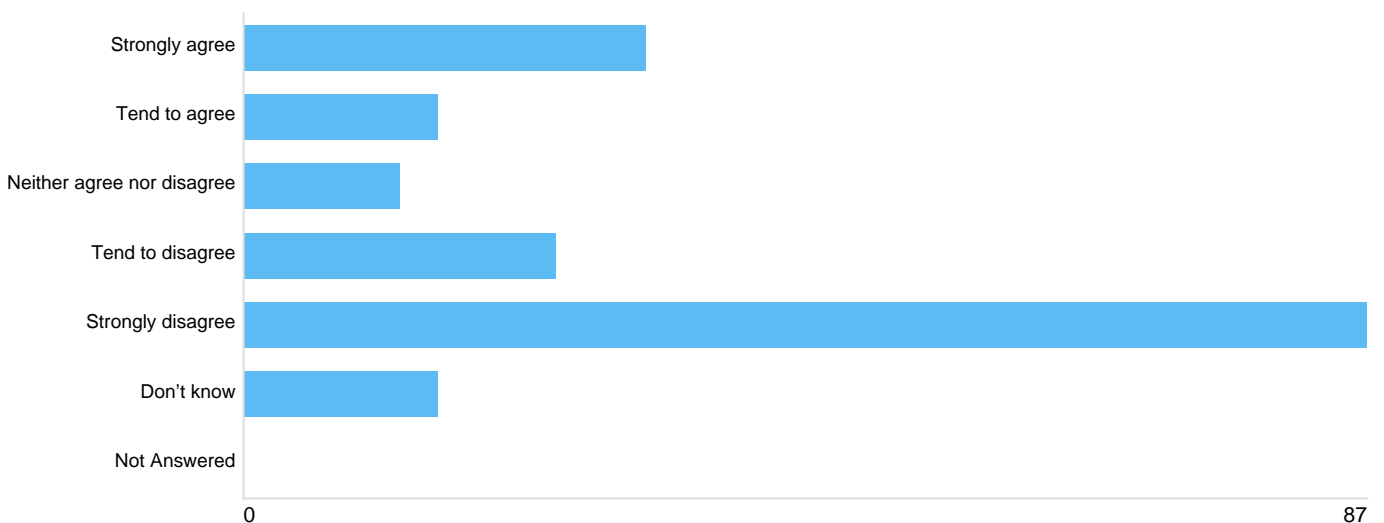
Option	Total	Percent
Strongly agree	31	16.85%
Tend to agree	15	8.15%
Neither agree nor disagree	12	6.52%
Tend to disagree	24	13.04%
Strongly disagree	87	47.28%
Don't know	15	8.15%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Reduction of the westbound right turn from the A4 Bath Road into Farnham Road from two lanes to one lane
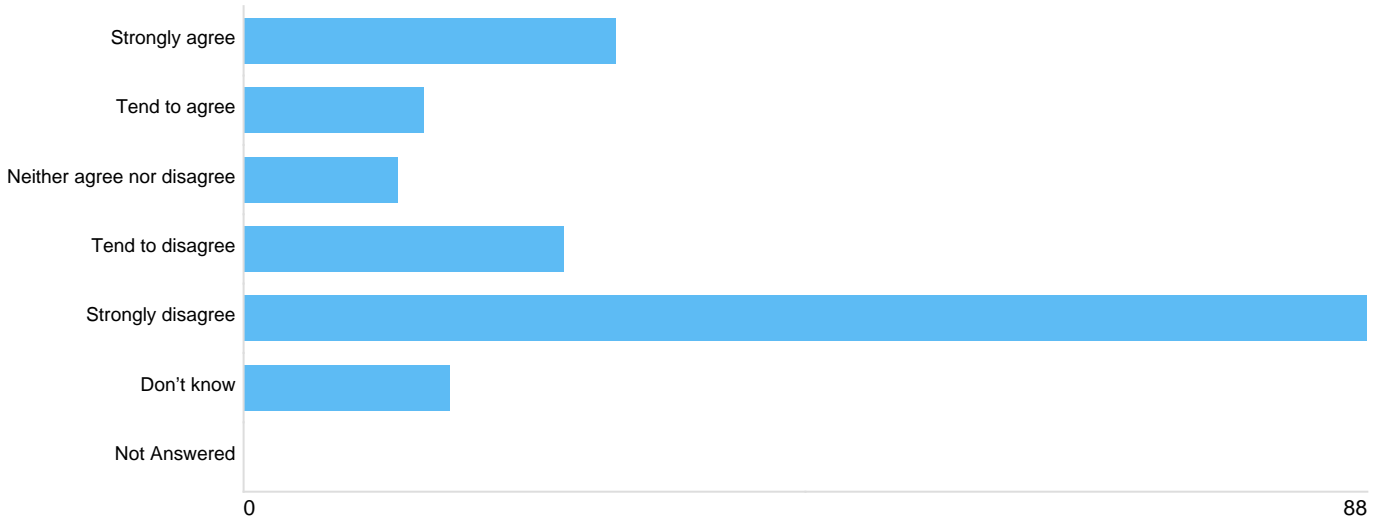
Option	Total	Percent
Strongly agree	29	15.76%
Tend to agree	14	7.61%
Neither agree nor disagree	12	6.52%
Tend to disagree	25	13.59%
Strongly disagree	88	47.83%
Don't know	16	8.70%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Improvements to the service road and the left turn lane on the south west corner of the junction

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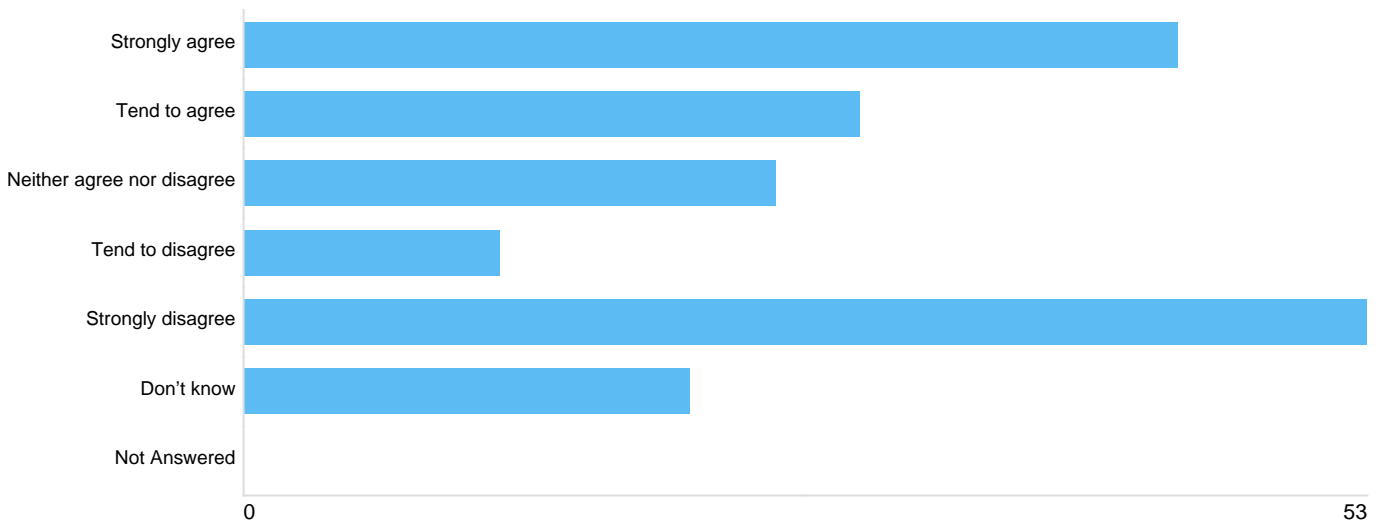
Option	Total	Percent
Strongly agree	44	23.91%
Tend to agree	29	15.76%
Neither agree nor disagree	25	13.59%
Tend to disagree	12	6.52%
Strongly disagree	53	28.80%
Don't know	21	11.41%
Not Answered	0	0.00%

. - Farnham Road / Tuns Lane (The Three Tuns) junction – Reduction of the northbound right turn from Tuns Lane into the A4 Bath Road from two lanes to one lane
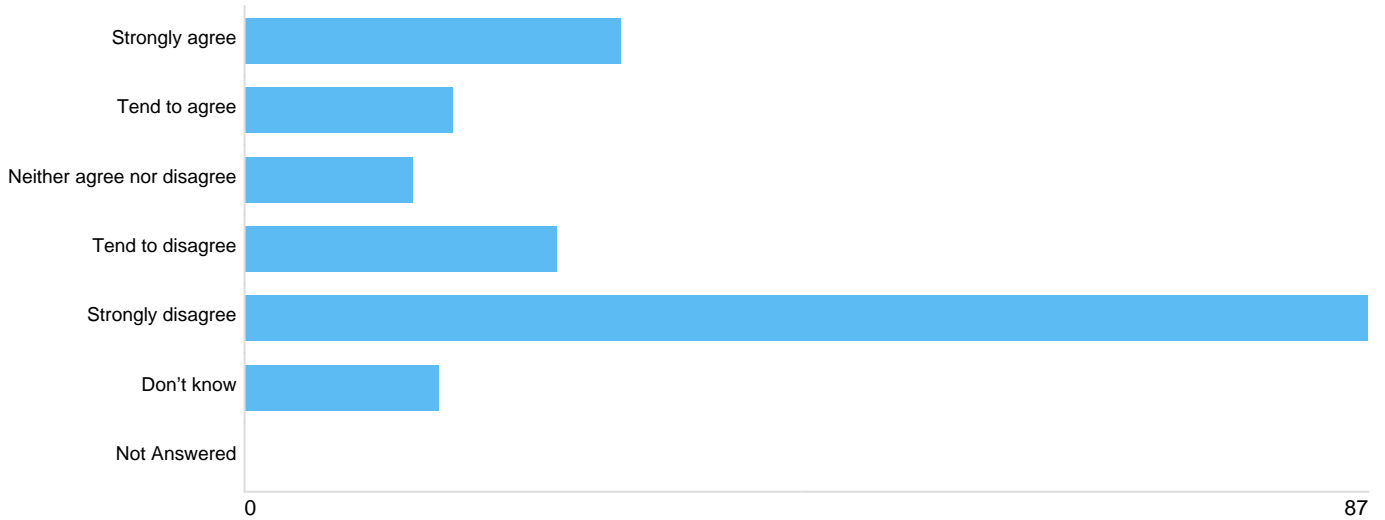
Option	Total	Percent
Strongly agree	29	15.76%
Tend to agree	16	8.70%
Neither agree nor disagree	13	7.07%
Tend to disagree	24	13.04%
Strongly disagree	87	47.28%
Don't know	15	8.15%
Not Answered	0	0.00%

. - Windmill Road / Beckwell Road junction – Replacement of the existing cyclist and pedestrian staggered signalised crossing with a straight-across cyclist and pedestrian signalised crossing
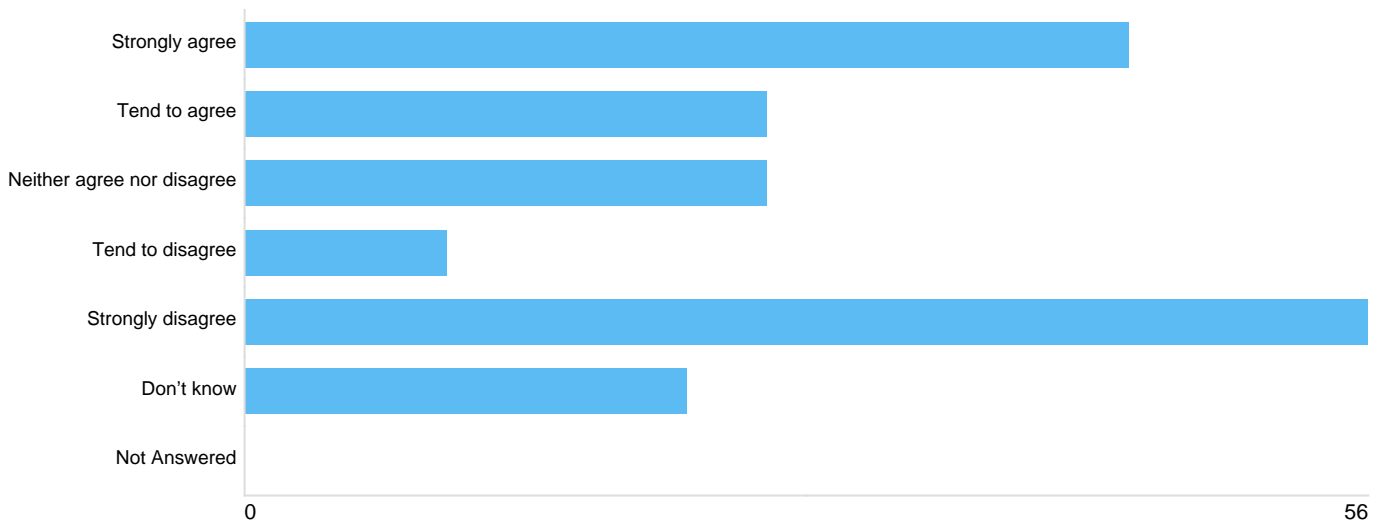
Option	Total	Percent
Strongly agree	44	23.91%
Tend to agree	26	14.13%
Neither agree nor disagree	26	14.13%
Tend to disagree	10	5.43%
Strongly disagree	56	30.43%
Don't know	22	11.96%
Not Answered	0	0.00%

. - Ledgers Road / Stoke Poges Lane junction – Removal of the eastbound right turn from the A4 Bath Road into Ledgers Road; as a result, approximately 70 additional vehicles per day would turn right from the A4 Bath Road into Montem Lane to access Ledgers Road, and extra traffic signal green time would be given to that right turn
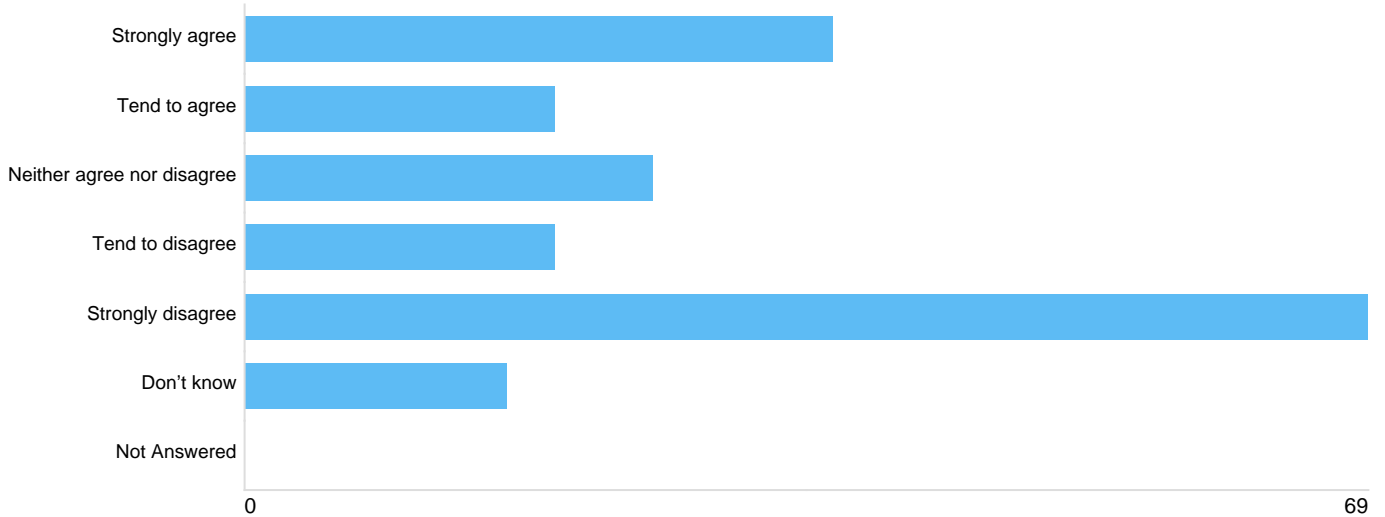
Option	Total	Percent
Strongly agree	36	19.57%
Tend to agree	19	10.33%
Neither agree nor disagree	25	13.59%
Tend to disagree	19	10.33%
Strongly disagree	69	37.50%
Don't know	16	8.70%
Not Answered	0	0.00%

. - Ledgers Road / Stoke Poges Lane junction – Removal of the signalised pedestrian crossing on the east side of the junction (crossing the A4 Bath Road)
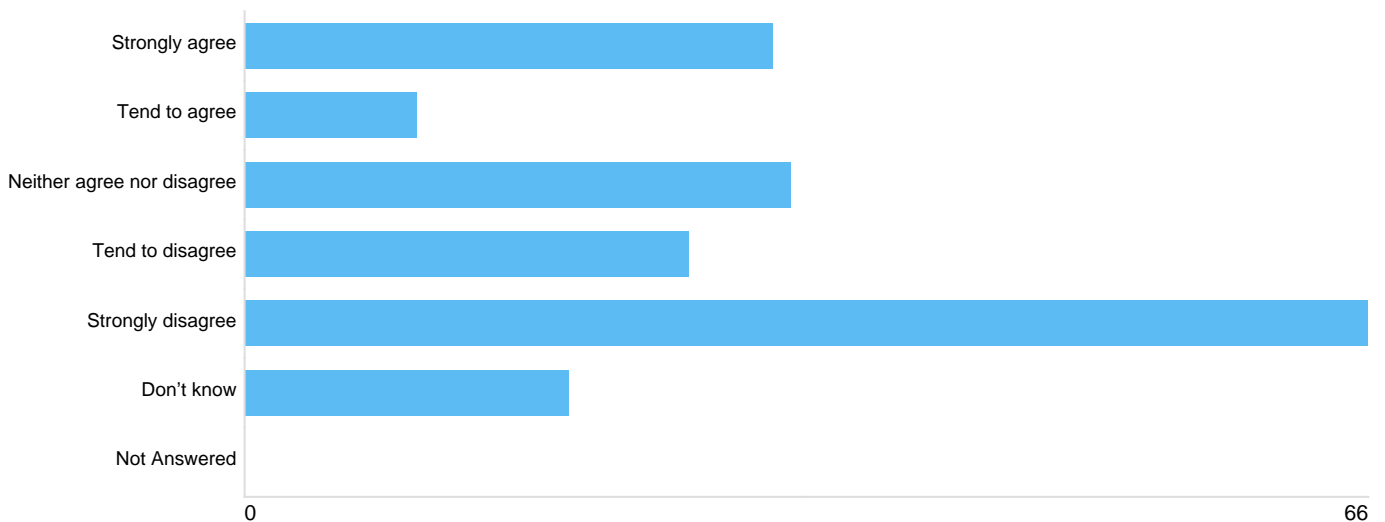
Option	Total	Percent
Strongly agree	31	16.85%
Tend to agree	10	5.43%
Neither agree nor disagree	32	17.39%
Tend to disagree	26	14.13%
Strongly disagree	66	35.87%
Don't know	19	10.33%
Not Answered	0	0.00%

Question 11: Would the proposed new off-road, mostly segregated, two-way, cycle route alongside the A4 between Huntercombe Lane and Uxbridge Road, with associated road safety improvements along the A4, enable and encourage you / your constituents / members to…… (please select one item per row)

. - Start walking for short journeys?
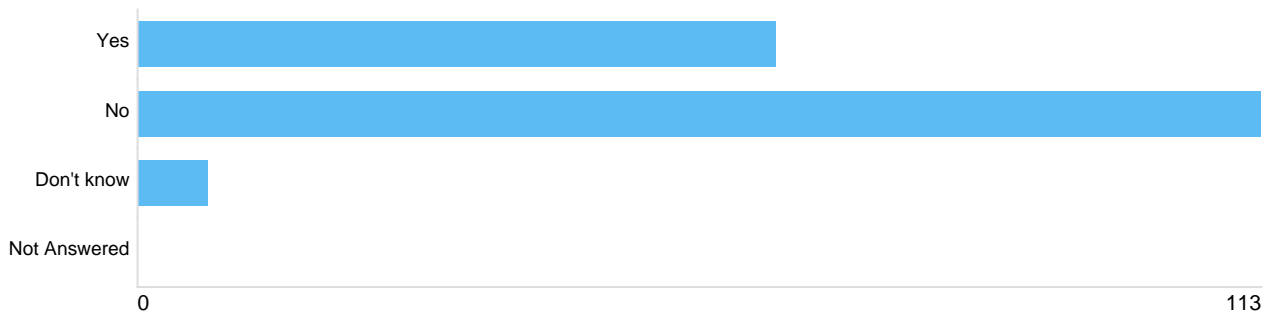
Option	Total	Percent
Yes	64	34.78%
No	113	61.41%
Don't know	7	3.80%
Not Answered	0	0.00%

. - Walk more often than now?
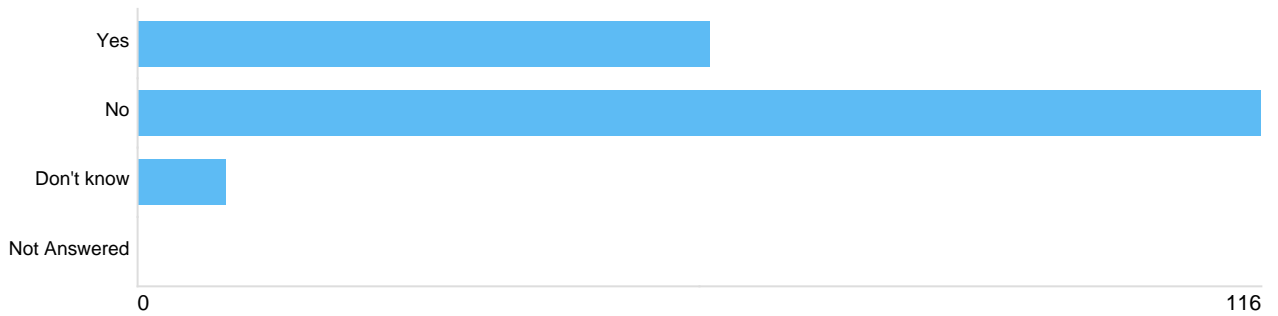
Option	Total	Percent
Yes	59	32.07%
No	116	63.04%
Don't know	9	4.89%
Not Answered	0	0.00%

. - Start cycling for short journeys?

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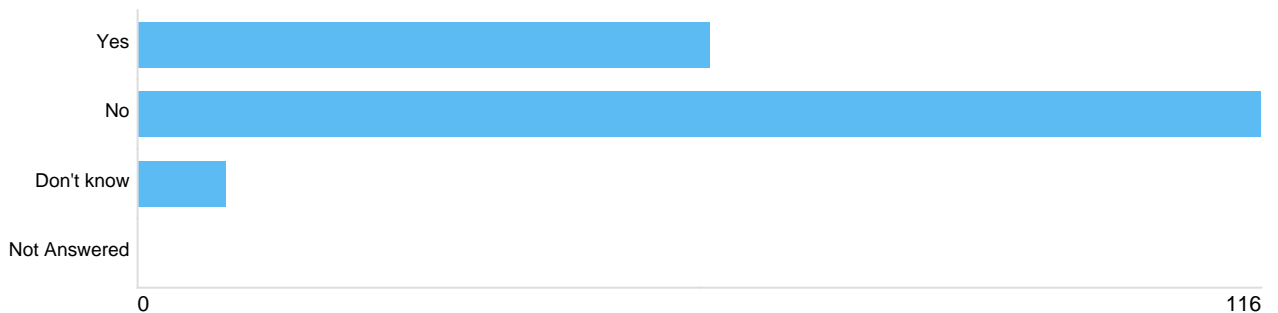
Option	Total	Percent
Yes	59	32.07%
No	116	63.04%
Don't know	9	4.89%
Not Answered	0	0.00%

. - Cycle more often than now?
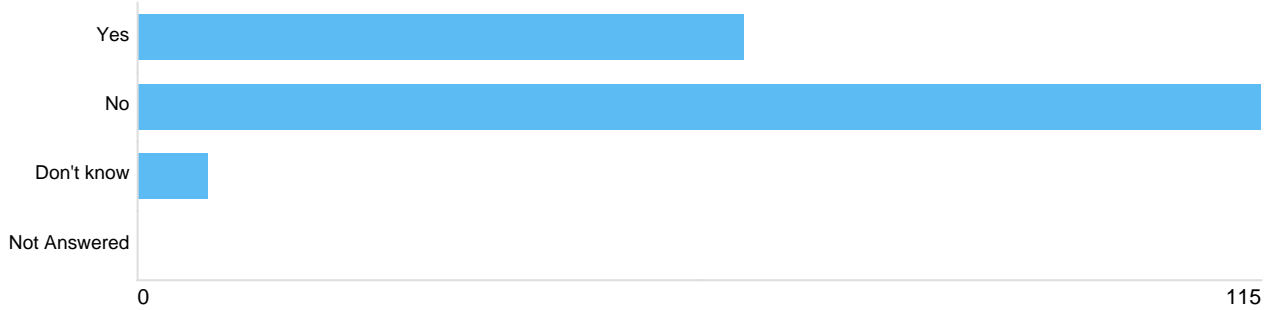
Option	Total	Percent
Yes	62	33.70%
No	115	62.50%
Don't know	7	3.80%
Not Answered	0	0.00%

. - Start push-scooting for short journeys?

Option	Total	Percent
Yes	15	8.15%
No	146	79.35%
Don't know	23	12.50%
Not Answered	0	0.00%

. - Push-scoot more often than now?

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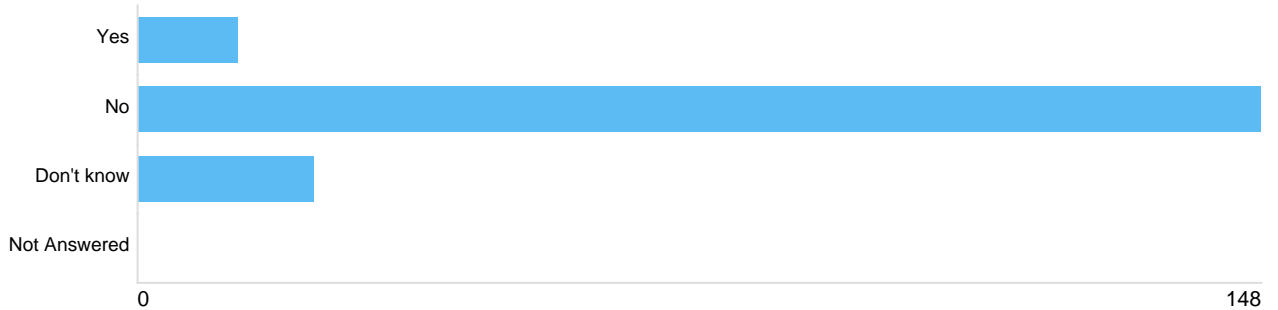
Option	Total	Percent
Yes	13	7.07%
No	148	80.43%
Don't know	23	12.50%
Not Answered	0	0.00%

. - Start e-scooting for short journeys (using a future e-scooter hire scheme, and / or private e-scooters if these are made legal in future)?

Option	Total	Percent
Yes	22	11.96%
No	141	76.63%
Don't know	21	11.41%
Not Answered	0	0.00%

. - E-scoot more often than previously (using a future e-scooter hire scheme, and / or private e-scooters if these are made legal in future)?

Option	Total	Percent
Yes	21	11.41%
No	143	77.72%
Don't know	20	10.87%
Not Answered	0	0.00%

. - Use a motor vehicle less often?

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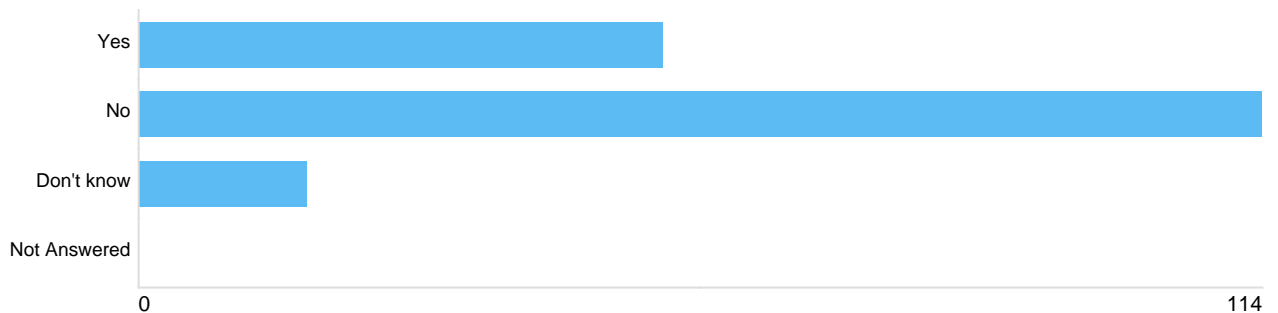
Option	Total	Percent
Yes	53	28.80%
No	114	61.96%
Don't know	17	9.24%
Not Answered	0	0.00%

Question 12: Please add any further comments on our proposed new off-road, mostly segregated, two-way, cycle route alongside the A4 between Huntercombe Lane and Uxbridge Road, with associated road safety improvements along the A4.

Please add text

There were **133** responses to this part of the question.

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EQUALITY IMPACT ASSESSMENT TEMPLATE

Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision.

SUMMARY RAG RATING

The outcome of this EIA has been assessed to be: (delete as applicable – see Appendix A)	

SECTION 1:

Title	A4 Safer Roads scheme
What are you analysing? • What is the policy/project/activity/strategy looking to achieve? • Who is it intended to benefit? Are any specific groups targeted by this decision? • What results are intended?	The Council received funding from the Department for Transport (DfT) – Safer Roads Fund (SRF) - to improve road safety on the A4 across Slough. This road had been identified by the DfT as being one of the country's 50 most dangerous 'A' roads. The scheme aims to improve road safety on the A4 across the borough, and to reduce the number of KSIs (Killed or Seriously Injured) incidents. The key focus here is to reduce the frequency and the severity of such incidents. This scheme is being implemented within the wider A4 Cycle Route scheme, with the overall objectives being to deliver a coherent, direct, safe, comfortable and attractive scheme that will improve cycle infrastructure along the A4 and tackle existing barriers to cycling for confident and less confident cyclists in Slough. The specific SRF element of the scheme will, more widely, improve road safety for all road users. In addition to improved road safety, the A4 SRF scheme aims to contribute to the uptake of active travel, with the associated benefits of reduced traffic congestion, reduced carbon emission, improved air quality, improved public health, increased accessibility and social inclusion, and better connectivity. The overall impact will be a contribution to an integrated, sustainable transport solution for the borough. The scheme will also deliver the Corporate Improvement and Recovery Plan 2022-2025 objective listed below: • A council that lives within our means, balances the budget and delivers best value for and service

	users by ensuring the correct governance and procurement processes are in place to provide robust and clear adherence to the requirements. By demonstrating to the DfT that Slough has successfully delivered schemes within budget, will assist the council to continue to place bids for government grants, thereby reducing any impact on Council budgets. taxpayers • An environment that helps residents live more independent, healthier and safer lives needs by improving road safety conditions for all users, specifically including pedestrians and cyclists as well as motorists. • A borough for children and young people to thrive; by improving air quality through sustainable active travel schemes that reduce congestion associated with road traffic incidents and associated delays. • Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre by providing transport infrastructure that will make a visible difference to people's lives in terms of connectivity, access to destinations, improved journey quality and improvements to the public realm to instil a sense of pride in the area. The expectation is that the benefits will be experienced borough wide. This will apply to all groups who will be able to take advantage of the new infrastructure and opportunities as well as improved safety. In terms of the wider impacts i.e. social, environmental and economic, most of the benefits are expected to be experienced by all groups within the community. The overall expectation is that there will be no significant negative impacts for any social equality group.
Details of the lead person completing the screening/EIA	(i) Full Name: Eddie Hewitt (ii) Position: Principal Transport Strategy Officer (iii) Service Area: Major Infrastructure Projects / Transport Planning (iv) Email Contact Details: Eddie.Hewitt@slough.gov.uk (v) Date: 04/10/2023

Date sent to Finance	05/10/23
Version number and date of update	13/10/2023 V2

You will need to update your EIA as you move through the decision-making process. Record the version number here and the date you updated the EIA. Keep all versions so you have evidence that you have considered equality throughout the process. However only the most updated version will be saved in the Equalities SharePoint folder.

SECTION 2: Do you need to complete a full Equality Impact Assessment (EIA)?
Not all proposals will require a full EIA, the assessment of impacts should be proportionate to the nature of the project/policy in question and its likely impact. To decide on the level of detail of the assessment required consider the potential impact on persons with protected characteristics.

2.1	**Please provide an overview of who uses/will use your service or facility and identify who are likely to be impacted by the proposal** • *If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.* • *Consider whether there is a need to consult stakeholders and the public, including members of protected groups, in order to gather information on potential impacts of the proposal*

Equality Characteristic	Current or expected make up of service users	Over-represented or Under-represented relative to overall size in local population? *(reference here to the survey for the wider A4 Cycle Route scheme and combined scheme consultation)*
Gender	Female and Males	Females – Under represented. Neutral impact (positive impact for all.)
Ethnicity	All ethnic groups	Under-represented- Black Asian and Mixed/Multiple ethnic groups. Neutral impact (positive impact for all.)

	Disability	This is dependent on the nature of the disability. The new infrastructure is expected to lead to positive outcomes for people with certain disabilities e.g. road crossing improvements.	Under-represented. Positive impact.
	Sexual orientation	No variation	Neutral impact (positive impact for all.)
	Age	Age will have some influence here. As above, both the elderly and young children are expected to benefit from new and improved road safety features / infrastructure.	Under-represented . Positive impact.
	Religion or belief	No variation	Neutral impact (positive impact for all.)
	Gender Identity	No variation	Neutral impact (positive impact for all.)
	Pregnancy/Maternity	Again, as above, this group is expected to benefit from new and improved road safety features / infrastructure.	Under-represented. Positive impact.
	Marriage/Civil Partnership	No variation	Neutral impact (positive impact for all.)

2.2 Are there any groups with protected characteristic that are overrepresented in the monitoring information relative to their size of the population? *If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service.*	The main focus of the survey on the wider A4 Cycle Route scheme was on the existing route, and hence comments apply accordingly. Although a consultation exercise was undertaken for the A4 Cycle route, it did not ask questions specific to the preliminary designs for the specific SRF element of the scheme, therefore the equalities profiling is based on known trends of all road users in Slough. There is no detailed equalities monitoring of current users, and future and road users are considered to comprise all equality groups. However, based on known trends, some groups are more or less likely to walk or cycle, and as vulnerable road users, potential impacts are of specific importance here. A further engagement exercise will be undertaken to present the detailed designs to the disability groups

	and respondents will be asked to complete voluntary equalities monitoring. Any equalities profiling will be updated in the EIA.
	The construction plan will accommodate disability groups to ensure safer passage for vulnerable users during the construction period.
2.3 Are there any groups with protected characteristics that are underrepresented in the monitoring information relative to their size of the population? *If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.*	Data to identify any groups with protected characteristics that are under-represented by the proposed scheme will be collected as part of the engagement exercise for the detailed designs and construction plan.

2.4	Does the project, policy or proposal have the potential to disproportionately impact on people with a protected characteristic? If so, is the impact positive or negative?				
		None	**Positive**	**Negative**	**Not sure**
	Men or women	☒	☐	☐	☐
	People of a particular race or ethnicity (including refugees, asylum seekers, migrants and gypsies and travellers)	☒	☐	☐	☐
	Disabled[1] people (consider different types of physical, learning or mental disabilities)	☐	☒	☐	☐
	People of particular sexual orientation/s	☒	☐	☐	☐
	People in particular age groups (consider in particular children, under 21s and over 65s)	☐	☒	☐	☐
	People who are intending to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	☒	☐	☐	☐
	Impact due to pregnancy/ maternity	☐	☒	☐	☐

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[1] Disability discrimination is different from other types of discrimination since it includes the duty to make reasonable adjustments.

People of particular faiths and beliefs	☒	☐	☐	☐
People on low incomes*	☐	☒	☐	☐
Care Experienced People	☒	☐	☐	☐

 *People with in some equality groups are more likely to be on low incomes (e.g. single parents (mainly women), people with disabilities, some ethnic minority groups etc). This is especially important when you are looking at fees, charges and access to services.

If any of the answers to the questions above is, "negative" or "unclear" you will need to undertake a detailed impact assessment.

2.5	**Based on your responses, should a full, detailed EIA be carried out on the project, policy or proposal**
	Yes ☐ No ☒
2.6	**Provide brief reasons on how you have come to this decision?**

Positive impacts are expected to be experienced by most social groups, either directly from the opportunities associated with the new or improved road safety features and infrastructure, or via related social, environmental and economic benefits.

The following groups are likely to benefit from the scheme:
- Pregnant women and parents with infants or toddlers- Would benefit from improved traffic signals facilities that include count down timers, wider footways as these will give them space and time to navigate curbs and other obstacles when crossing the road.
- Improvements to the footway will help promote physical activity such as walking or cycling that can be an essential factor in the prevention of depressive disorders of women in the post-natal period. Source: P*hysical Activity and the Occurrence of Postnatal Depression* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6780177/
- Decluttering the streetscape and introducing waiting restrictions and reduced speed limit will provide parents with prams, wheelchairs users and people with adaptive bicycles to circumvent permanent and temporary blockages on the footway. Improved Streetscape will also encourage the young to walk or cycle instead of driving short distances.
- Enforcing banned turns at junctions will reduce the chances of a visually impaired person being hit by a vehicle believing it is safe to cross as indicated by the green man and tactile cone and collisions with cyclists crossing the junctions.
- Many disabled people have mobility impairments, and some are wheelchair users meaning quality of footway surface and presence of obstructions is also key to accessibility. For example; manual wheelchair users need sufficient space to be able to propel their chair along a footway, people who walk with sticks or crutches also need more space than a non-disabled walker.
- Infrastructure including the introduction of tactile paving at signalised and unsignalised pedestrian crossing points and audible 'beeping' signals or tactile signals, such as rotating cones that operate when the green pedestrian symbol shows that it is safe to cross will be introduced as part of this scheme to assist mobility impaired and vision impaired pedestrians.

| | | • During constructions works the scheme is likely to have some temporary negative impacts to all road users due to the introductions of traffic management including road closures, partial or full closures to the traffic lanes and footway closures, night-time work, noise from construction works. The negative impacts will be minimised as part of the construction management plan. |
| • The Inclusive Mobility A Guide to Best Practice on Access to Pedestrian and Transport Infrastructure guidance and The Traffic Signs Regulations and General Directions 2016 (TSRGD 2016) and supporting Chapters have been used and will continue to be used as part of the design and construction phases for transport related schemes to ensure that guidance of the introduction of tonal and colour contrast to identify street furniture, road signs railing or boarding around street works infrastructure are implemented during these phases. These include introductions of tonal and colour contrast to identify street furniture, traffic management signs railing or boarding around street works. |

https://assets.publishing.service.gov.uk/media/61d32bb7d3bf7f1f72b5ffd2/inclusive-mobility-a-guide-to-best-practice-on-access-to-pedestrian-and-transport-infrastructure.pdf

• The wider scheme will also reallocate road space by taking away some lanes to prioritise walking and cycling, and thereby will reduce some of the road safety hazards associated with motorised vehicles.
• There are no anticipated negative impacts more widely in terms of motorists and users of public transport. Road safety improvements will be important to and relevant to all road users. This includes people within the specific protected groups who user private motor vehicles and/or public transport. The benefits expected to be delivered by the scheme will apply to all social groups to varying degrees, as set out throughout this assessment.

If the answer in 2.5 above is "No" then sections 3 and 4 are not required to be completed.

SECTION 3: ASSESSING THE IMPACT

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be.   Using the evidence gathered in section 2, explain what the potential impact of your proposal might be on the groups you have identified. You may wish to further supplement the evidence you have gathered using the table below in order to properly consider the impact.

Protected Group		Positive impact?			Negative impact? If so, please specify the nature and extent of that impact	No specific impact	If the impact is negative how can it be mitigated? Please specify any mitigation measures and how and when they will be implemented	What , if any, are the cumulative effects of this decision when viewed in the context of other Council decisions and their equality impacts
		Eliminate discrimination	Advance equality	Good relations				
Gender	Men		x			N		
	Women		x			N		
Race	White					N		
	Mixed/Multiple ethnic groups	X				N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs. It also gives a low cost and accessible means of including physical activity to groups without access to leisure facilities.

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					N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs. It also gives a low cost and accessible means of including physical activity to groups without access to leisure facilities.
Asian/Asian British	x				N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs. It also gives a low cost and accessible means of including physical activity to groups without access to leisure facilities.
Black/African/Caribbean/ Black British	x				N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs. It also gives a low cost and accessible means of transport including physical activity to groups without access to leisure facilities.
Gypsies / travellers		X			N		
Other ethnic group			x		N		The scheme will promote equitable access to safer and healthy transportation options for minorities and those living in low-income neighbourhoods.

Disability	Physical	x				Y		Introduction of new road safety features to promote confidence especially in pedestrians and cyclists.
	Sensory	x				Y		Introduction of tactile paving and upgrade/ maintenance of existing traffic signals to introduce tactile cones and count down facilities at key junctions along the A4 , segregation to improve crossing times and remove conflict between pedestrians and cyclists.
	Learning Difficulties	x				Y		Creating dedicated cycle programmes for people with disabilities and road safety features including wider cycle paths that can accommodate specialist bicycles.
	Learning Disabilities	x				N		None
	Mental Health	x				N		None

Protected Group		Positive impact?			Negative impact?	No specific impact	What will the impact be? If the impact is negative how can it be mitigated? (action)	What are the cumulative of effects
		Eliminate discrimination	Advance equality	Good relations				
Sexual Orientation	Lesbian, gay men, bisexual	x				N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs
Age	Older people (50+)		x			Y		Aligned with the wider A4 Cycle Route scheme, introduction of 3m segregated cycle lanes will result in reduced conflict between cyclists and pedestrians.
	Younger people (16 - 25)		x			Y		Aligned with the wider A4 Cycle Route scheme, introduction of 3m segregated cycle lanes will result in reduced conflict between cyclists and pedestrians.
	Children (under 16)		x			Y		Aligned with the wider A4 Cycle Route scheme, introduction of 3m segregated cycle lanes will result in reduced conflict between cyclists and pedestrians.
Gender Reassignment		x				N		None

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Impact due to pregnancy/maternity		x			Y		None
Groups with particular faiths and beliefs			x		N		None
People on low incomes			x		N		Income/socio-economic status: Introduction of road safety features / infrastructure that promote participation in society among those who are currently inhibited from participation. It provides greater improved access to jobs.

SECTION 4: ACTION PLAN

4.1	Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps. *Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.* **NB. Add any additional rows, if required.**

Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
Strictly speaking, in line with the guidance in the blue section above, no negative impacts were identified in this overall assessment. However, for thoroughness, it is recommended that: disability groups are engaged once the detailed designs have been completed and before construction works commence on site An on the proposed scheme designs (i.e. the type of road safety features including A4 Cycle route proposals: lane segregation and other measures in the plans).	Disability Groups	Responses which may provide further insight into any specific issues that need further consideration and possible attention before construction works start onsite.	Administrative resources. In person consultation hosting expected. Survey reviews and data collation by staff. Possibly translation services.	Project Manager supported by the Transport Planning team	January 2024	Green

	The proposals include the provision of additional / improved crossing facilities, which help to provide a more pedestrian friendly environment and encourage people to make more journeys on foot. These facilities can remove the barriers to travel for people caused by road segregation, particularly those with a disability or mobility impairment.	Younger people and Elderly	Poor road safety features, especially cycle facilities can limit whether young People can safely travel to key destinations such as schools and play areas. Due to perceptions of danger road safety when cycling vulnerable road users are not willing to cycle on the carriageway. Older people are more likely to live with mobility impairments including slower movement and reaction times or a need to use mobility aids when using the crossing facilities	Cycle audit and Road Safety Audit to identify the gaps.	Designer	To be confirmed but to be completed before constructions works.	Green
	Introduction of wider cycle lanes to accommodate wider adapted cycles	Disability group	Introduce facilities that can accommodate wider adapted cycle for all road users.	Cycle audit and Road Safety Audit to identify the gaps.	Designer and Project Manager	To be confirmed but to be completed before constructions works starts.	Amber
	Road works may temporarily reduce access to all road users	All groups to be included.	To enable the delivery of the scheme and undertake safe working conditions.	Traffic management to be undertaken and prioritise safer access for vulnerable users.	Contractor, Site Supervisor and Project Manager	To be completed before the construction works start.	Amber

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Equality Impact Assessment Decision Rating Guide
PLEASE SEE PAGE 1 FOR THE RATING OF THIS PROPOSAL

Decision	Action	Risk
As a result of performing the EIA, there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. It is not clear if mitigating actions are possible.	**Further advice should be taken**	**Red**
As a result of performing the EIA, there is a risk that a disproportionately negative impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing mitigating actions.	**Proceed pending agreement of mitigating action**	**Amber**
As a result of performing the EIA, the proposal does not appear to have any disproportionate negative impact on people who share a protected characteristics or anticipated impacts will be either positive or neutral.	**Proceed**	**Green:**

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Slough Borough Council

Report To:	Cabinet
Date:	20th November 2023
Subject:	ICT & Digital Update
Lead Member:	Customer Service, Resident Engagement, Digital, Data and Technology, Cllr Chandra Muvvala
Chief Officer:	Sarah Hayward, Executive Director of Strategy & Improvement
Contact Officer:	Simon Sharkey Woods, AD Chief Digital & Information Officer
Ward(s):	All
Key Decision:	NO
Exempt:	NO
Decision Subject To Call In:	NO
Appendices:	Appendix A – Milestone charts for the initial and future phases of improvement works

1. Summary and Recommendations

Summary:

1.1 Linked to the government direction of having properly functioning IT, this report provides an update on the progress of the ICT & Digital modernisation and remediation work approved by Cabinet on the 29th March 2022.

1.2 The report is the first update since the adoption by the Council of the new strategy for ICT & Digital services in March of 2023.

1.3 The report updates on work to-date, the changes to the portfolio of projects based on the learning of the past year, and the plans for the coming six to twelve months.

1.4 The report has been discussed at the Corporate Improvement Scrutiny Committee on the 24th October 2023 where the approaches and detail were robustly challenged, especially around providing a clearer view of priorities, checking the security and resilience of our new data centre environment, plans for updating the ICT&D strategy, and the current effectiveness of our digital presence for residents. The ICT&D team will be responding to the committee by the 28th November 2023.

Recommendations:

1.5 Cabinet is recommended to:

a) Note the update to the modernisation and remediation activities being undertaken by the ICT & Digital Team and the next phase of work, as well as the ongoing risks, issues and challenges as the work continues.

b) Approve the next steps as set out in Appendix A, including the adoption of more automated processes, the upskilling of staff in the use of modern technologies and the building of a more coherent digital offer for residents.

Commissioner Review

1.6 Commissions are grateful to officers for sharing early versions of this report and for the engagement with Commissioners. As a result there are no specific Commissioner comments other than to recognise that the focus here has been about resilience and robustness of IT infrastructure which is very important in terms of a platform to work from in terms of future IT investments. We look forward to future reports where the end user benefits of IT investment will become even more apparent.

2. Report

Introduction

2.1 The directions issued on the 1st of December 2021 to Slough under Section 15(5) and (6) of the Local Government Act 1999 stated the need for "An action plan to achieve improvements in relation to the proper functioning of the Authority's IT." The modernisation programme, approved in the Cabinet meeting of March 2022, continues to resolve the legacy issues to achieve the proper functioning of IT.

2.2 Since the commencement of the modernisation programme, the Council has also developed and adopted, an adaptive 3-year ICT and Digital strategy. This new adaptive strategy focuses on capacity, capability, and resilience. It has been written to be flexible enough to cope with rapid changes of focus and priority, and to exploit appropriate technologies as and when they become available. It is also driving changes to the operating model for the provision of ICT and Digital services that will minimise the risk of ever needing this level of intervention again.

2.3 When the modernisation programme was approved the ICT and Digital Team was mandated to regularly update Members on progress. Although this and previous updates are the formal response to that mandate, we also provide a monthly update of the work to the lead Member for ICT and Digital, the Deputy Leader, the Lead Commissioner, and the Strategy and Improvement Directorate management team. The milestone charts in Appendix A are routinely updated and shared in the monthly report. In addition, Cyber Security and Data Protection and the Digital Strategy are on the Council's corporate risk register, which is reported to Audit and Corporate Governance Committee on a quarterly basis.

Update

2.4 Overall, the work to improve ICT and Digital services is progressing. For the past year the work has of course had to focus on resilience, reliability, and risk reduction. Although works to correct the day-to-day experience of using technology by staff and the digital experience for residents are on-going, the work remains a delicate balance of driving improvements whilst managing risk. It has also been important, given the financial position of Slough, to ensure that all governance is complied with, and all investments understood and underpinned with sound business cases before work gets underway, to ensure value for money.

2.5 The table below provides an updated summary of completed works since the modernisation programme was initiated. Some of the items in the table below may not be familiar to members and are provided here for transparency. Item 2.6 over the page more fully describes some of the elements within the table.

Cloud migration of departmental systems	Cyber security and resilience	End use compute	Replacing aged infrastructure
• Agresso Hosting • Capita 1 education • Icon (chip and Pin) • Modern.Gov migration • NEC housing phase 1 • Paygate upgrade • IT Service Management platform • Flare and Lalpac data migration	• National Cyber Security Centre services • Review of Cloud back-up options • Nessus vulnerability scanning • IT HealthCheck • Bullware ransomware solution	• 4G coverage • Agresso/Unit 4 support • Retirement of Blue Jeans video conferencing • Concessionary bus pass system • Digistaff robotic process automation • Intune/mobile device management • Library and people counters (Curve excluded) • New councillor ICT provision • Office 365 rollout • ScanStation implementation • Telephony replacement	• Core switch replacement and migration • Crematorium network access • Disk storage replacement (Nimble) • Firewall upgrade • FS Logix (Citrix) • Wi-Fi • Winnersh Cyxtera closure

2.6   Key works to highlight from the table are:

2.6.1   The move of several systems to Cloud hosted versions lowers the need for expensive infrastructure and improves availability. The IT service management system Astro (Freshservice), NEC Housing system, and new hosting provider for Agresso (our finance and HR system) are examples of this.

2.6.2   Noteworthy progress against cyber resilience works and the completion of the IT health check will enable us to target further improvements to keep Slough operating securely.

2.6.3   End user improvements have included the retirement of the Blue Jeans video conferencing service (move to Microsoft Teams), improving the long-standing issue with the O2 mobile telephony signal at Observatory House, improved management of mobile devices, replacement of the legacy telephony system, and a focus on finalising the rollout and adoption of the full Microsoft 365 suite.

2.6.4   Core infrastructure works have included core networking replacement, replacement of end-of-life storage devices, and firewall upgrades.

2.7   The ICT & Digital Team has also been continuing to seek efficiencies with the contracts it is responsible for during the first quarter of 2023/24. The overall impact for the Council (not just on the ICT and Digital budget) has been tracked by the Procurement Team and is expected to be a saving of £1.2m.

2.8   Since the last update report to Cabinet, the ICT and Digital Team has reviewed the original programme of works that were established for the first phase of modernisation and reflected on what has been learnt and what additional activities will support Slough in having an effective ICT and Digital service.

2.9   This review has led to a second phase of work that has an increased focus on the operating model for technology services including having the right controls, processes, and policies in place to support a culture of continuous improvement.

2.10   On the 25th of September, the new Acceptable Use Policy for users of systems provided by the ICT and Digital Team was approved by the Employment Committee

of the Council. This is the first policy of its type for some years and makes the expectation on the limits of use of Council provided equipment clearer than ever. At the time of writing, a campaign to educate staff and members on the policy was being established.

2.11 Some key elements of the ongoing work for members to note are:

2.11.1 **Data Centre move** – the Council uses an off-site data centre to host key services and systems. To save over £100k per year and ensure we can lower costs more rapidly in the future, we will be moving to a secure Crown Hosting environment in November. At the time of writing, the current plan was for the move to take place on the 10th, 11th, and 12th of November. This will be the largest scale, highest risk change of the modernisation programme and as well as undertaking testing, a plan is in place to manage issues during the transition. For systems at significant risk of failure we have built contingency options.

2.11.2 **Move to software designed wide area network (SD-WAN)** - we are replacing all the links to Council locations and the way we connect to the internet through this modern connectivity technology. As well as another significant financial saving, the change will enable us to provide greater resilience to Slough services. Deployment of circuits commenced in October with the final circuits scheduled to be implemented by the end of February 2024. This new style of connection will provide a more controllable connection and will replace some infrastructure that has been the cause of several interruptions in service experienced by staff over the past couple of years.

2.11.3 **Modernising our Wi-Fi service at our locations** – we are working with procurement to acquire a fully managed solution for our office-based Wi-Fi. As well as ensuring the core connectivity service for staff is more reliable, the change will enable us to provide a more reliable public access service. (This was approved at the procurement review board on the 28th Sep 2023). The timescales for the procurement and rollout of the new service will be set when the key decision about the future of Observatory House has been made.

2.11.4 **Delivery of end user devices for staff** – creating a consistent, reliable experience on the devices our staff use every day remains a key priority. We have a plan to issue to a new, robustly controlled standard, before the end of 2023. As well as now using a lower cost, standard business class device from the manufacturer, Dell, the ICT&D team will be able to undertake more support remotely through better tooling. This will lower the need for direct support and reduce downtime for all staff.

2.12 The review of projects being undertaken by the ICT and Digital Team means that the volume of work has increased significantly. The table below provides the current position in terms of projects initiated since the report in March 2022. (As of 29th September 2023).

Total initiated projects since March 2022	Completed	Currently active	Not started
101	27	42	32

2.13 As per 2.5 above, a new phase of work has been created since the last update to Cabinet. The table below highlights some of the most impactful new work and its expected benefits.

Title	Category	Description	Benefit
Sustainable funding for ICT&D	Professional & Sustainable Service	ICT&D working with the Councils budgeting process and our finance business partner to achieve a sustainable level of funding for digital and technology services.	Ability to manage the costs of providing appropriate services without the need for large ad-hoc standalone investments.
New Intranet	End User Technology	The current intranet information resource for staff is out of date and end of life. This work will migrate this information to a Microsoft Teams based resource.	Utilising technology we are already invested in to provide excellent quality information that supports the work of Council staff.
New operating procedures in ICT&D	Professional & Sustainable Service	The establishment and testing of new procedures in the ICT&D team to ensure consistent, reliable, service delivery.	Improved efficiency and lower cost.
Refresh of our Digital Services platform	End User Technology	A reset of the way we manage and resource the key digital platform for the Council.	Improved, coherent digital services that encourage more residents to use this channel instead of the more expensive in-person or telephone contacts.
Testing & release management	Professional & Sustainable Service	Ensuring all new or upgraded services are implemented and tested properly.	Greater impact of new or upgraded services leading to a better return on investment for the Council

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The original £4.6m funding provided for phase one of the modernisation programme, approved in March 2022, is expected to be fully spent. Although the precise nature of the work that was started in 2022 was not fully clear at the time, and new requirements have been picked up continuously over the past year, we have worked in partnership with the Commercial team to ensure that all new spend is appropriate for the needs of the Council, and better in terms of commercials than previous arrangements. As a result of this we have made significant savings against a range of items like the new wide area network, data centre services, and mobile telephony.

3.1.2 From this point forward any new works identified will be assessed on a case-by-case basis. The analysis of any proposed work will include an understanding of the full financial implications for the Council, including the ongoing revenue commitment and the envisaged benefits from any new or changed, system or service.

3.1.3   The ICT&D team are engaged with the MTFS processes of the Council and have provided information about options for investment through that process. These must be balanced alongside all requests from across the Council and alongside the reality that Slough needs to save significant savings to balance the MTFS.

3.1.4   Some of the proposed investment will underpin efficiencies and will therefore have a return-on-investment. Some are more about security and stabilisation where the investment is about lowering the significant risks we are managing, especially around cyber security, resilience, and operational efficiency.

3.1.5   Any actions arising from the recommendations in this report will need to be funded within current approved budgets or as part of the 2024/25 MTFS.

3.2   Legal implications

3.2.1   Use of technology brings significant opportunities but also legal risks. Many authorities are utilising technology in innovative ways to reduce the cost-of-service delivery, allow increased self-service, collect, and monitor data to inform decisions and replace the need for manual entry. The Council has legal duties in relation to data security and this requires the Council to consider security at a system and user level. At a system level, security must be designed and implemented at the outset and the Council needs to have robust processes in place to provide resilience in the event of system failure. At a user level, it is necessary to create a cyber security culture, ensuring that all staff understand their role to protect the Council's data. The Council must ensure it learns from previous incidents and from incidents elsewhere in the public sector. Recent serious security failures at other councils and public bodies have included ransomware attacks and release of highly confidential information. Redcar and Cleveland Council has estimated that a cyber-attack in 2020 has cost the authority more than £7million to resolve. Hackney Council's cyber-attack in 2020 was estimated to have cost £12.2million, led to extremely sensitive information being published on the dark web and delays in service delivery to vulnerable residents. The incident has been the subject of lengthy investigations by the National Crime Agency and the Information Commissioner. A serious data breach by the Police Service for Northern Ireland, following mishandling of a freedom of information request, led to details of 10,000 staff being disclosed and initial recovery costs are estimated at £24 to £37million, not taking account of costs of any legal claims for breach of data security.

3.2.2   The impact of successful delivery of the ICT improvement work will be to reduce the risk of service failure across the council, lower the potential for cyber-attacks, and improve our stance in respect of data security.

3.3   Risk Management Implications

3.3.1   The ongoing works to improve ICT and Digital services at the Council will continue to carry a level of risk. Two of the corporate risks relate to ICT. However, the risk of major failures of critical services will reduce as some of the key activities progress. The items listed in 2.7 will have a significant positive impact on the levels of risk at the Council.

3.3.2   The ICT and Digital Team has a monthly cycle of risk reporting and maintains regular contact with the Councils risk management team to ensure the overall risk load is well communicated and understood.

3.4   Environmental Implications

3.4.1   The work to significantly improve the approach to IT service management will have an impact on managing hardware that will mean we use equipment more efficiently.

This should prevent waste and ensure we have the smallest possible footprint in terms of the use of physical devices.

3.4.2 The continuing focus on the use of Cloud/internet-based services will also lower the carbon footprint of what we do as we will be sharing resources with others rather than building infrastructure for ourselves that is only partially utilised.

3.5 Equality Implications

3.5.1 There are no known equality implications because of this strategy. However, the failure of ICT systems is likely to impact certain groups of residents to a greater extent than others, due to these groups being more reliant on Council services. For instance, in Hackney Council following its cyber-attack there were delays to delivery of social care assessments and care packages, a backlog of home repairs and an initial lack of access to children's social care records.

4. Background Papers

ICT&D Strategy (March 2023)

Projects in delivery

| | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | >Mar-24 |

End User Technology
- ◆ Always on VPN (**Apr '24**)
- ◆ Laptop autobuild (**Jan '24**)
- ◆ Corporate and contact centre telephony
- ◆ Application tracking system (**Mid Nov '23**)
- ◆ Curve Public area refresh
- ◆ Digistaff robotic process automation
- ◆ Mobile data and telephony services
- ◆ AV Connectivity in Observatory House

Replacing Aged Infrastructure
- ◆ W360 document management upgrade
- ◆ Legacy server decommissioning (**Dec '23**)
- ◆ Data centre relocation
- ◆ Azure Landing Zone
- ◆ SD-WAN Site roll-out
- ◆ O365 optimisation and adoption

Cyber Security and Resilience
- ◆ Active Directory Policies and Controls (**Oct 23**)
- ◆ Multi-factor authentication (**Mar '24**)
- ◆ PSN Renewal
- ◆ Disaster Recovery as a Service/Back-up (**Apr '24**)
- ◆ Security information and event management (SIEM) solution (**Apr '24**)
- ◆ Retiral and updating of legacy OS

Cloud Migration of LoB Applications
- ◆ APAS (**Dec '23**)
- ◆ Electronic document management system
- ◆ IT Service Management Phase 1
- ◆ Incheck – resident visitor monitoring
- ◆ Flare and Lalpac data migration
- ◆ Azure Landing Zone
- ◆ Civica hosted distribution upgrade
- ◆ Arcus (Flare and Lalpac Replacement)
- ◆ NEC Housing Phase 2

Legend:
- ◆ Complete
- ◆ No significant issues
- ◆ Some issues but under management control
- ◆ Significant issues that may cause further delay

New Projects in discovery/very early delivery

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	>Mar-24

End User Technology
- Funding refresh (**Sep 23**)
- Data management
- 4th Floor re-organisation
- Intranet approach and solution
- Civica Automated bank Reconciliation
- Digital platform upgrade (Jadu)
- Digital platform Renewal (Jadu)
- Scan Station Expansion
- Crematorium online book/pay
- Waste Management Routing (Jul '24)

Replacing Aged Infrastructure
- PoC AV in OH (**Nov 23**)
- System Monitoring
- Firewall Replacement
- Cloud Email Getaway
- Civica Icon
- Citrix Retirement (cloud)
- Replacement VPN
- Wi-Fi – All buildings
- Infrastructure Admin

Cyber Security
- Secure email approach/ solution

Cloud Migration of LoB Applications
- EDMS SharePoint
- Capita 1 Education (tbc)
- Liquid Logic SaaS (tbc)

Professional and sustainable service
- Programme and Project Management Approach
- Asset management - hardware
- Establishing a TDA
- Release management
- Application Testing Strategy
- Council Disaster Recovery Approach
- BYOD Policy and Approach
- Skills and Change Adoption
- Incident management
- Joiners/Movers/Leavers Process reset
- Asset management SW
- ICT&D Business Continuity
- Continuous Improvement Programme
- IG changes

◆ Complete   ◆ No significant issues   ◆ Some issues but under management control   ◆ Significant issues that may cause further delay

9

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Slough Borough Council

Report To:	Cabinet
Date:	20 November 2023
Subject:	Public Sector Equality Duty and Slough Borough Council Equality Objectives
Lead Member:	Councillor Dexter Smith, Leader of the Council
Chief Officer:	Sarah Hayward
Contact Officer:	Surjit Nagra / Dean Tyler
Ward(s):	All
Key Decision:	NO
Exempt:	NO
Decision Subject To Call In:	NO
Appendices:	A – Detailed Objectives and Indicators B - Equality Impact Assessment C - Recommendations from the Corporate Improvement and Scrutiny Committee

1. Summary and Recommendations

1.1 This report provides sets out proposed 2023-2027 statutory equality objectives for Slough Borough Council in line with the Public Sector Equality Duty. The objectives cover both employment and service provision.

Recommendations:

1.2 Cabinet is recommended to approve the draft equality objectives attached at Appendix A for the purposes of consultation.

1.3 Agree that a report will be brought back to Cabinet with a view to final objectives being approved by Cabinet and Full Council early in 2024.

1.4 This report was presented to Corporate Improvement Scrutiny Committee on 24 October and a letter from the Chair has been sent to the Leader including additional recommendations for consideration by Cabinet (Appendix C).

Reason

1.5 The council is fully committed to promoting equality in the provision of its services to Slough residents, and in its role as employer to its workforce.

1.6 This report and the appendices set out five proposed objectives, to cover both employment and service provision, together with proposed methods to measure progress. Workforce based objectives relate to non-executive

functions, which would normally be considered by the Employment Committee. It is recommended that Full Council approve these objectives and has an opportunity to comment on the objectives as a whole.

1.7 Under Regulations made under the Equality Act 2010 the council is required to publish information to demonstrate its compliance with the duty imposed by Section 149 (Public Sector Equality Duty/PSED). In addition, it is required to prepare and publish one or more equality objectives it thinks it should achieve to do any of the things mentioned in paragraph (a) to (c) of the PSED. Objectives are expected to be published at least every 4 years and must be specific and measurable.

1.8 Appendix C contains the recommendations from the Corporate Improvement and Scrutiny Committee

1.9 In response to recommendation a, the equality objectives are to be subject to public consultation. Officers will include details of systems in place to monitor any recommended objective in the report to Cabinet/Council recommending approval of the equality objectives. In addition the Council is in the process of preparing a new data strategy, which will consider data collection, monitoring and use in general, including systems for collecting equality monitoring data.

1.10 In response to recommendation b, all member level reports contain a section on equality implications and compliance with the PSED and other Equality Act duties should be reflected in that section. In addition there are workforce data reports presented to the Employment Committee. Once the objectives have been agreed, officers will consider the extent to which individual objectives should be referenced in reports to member bodies. Compliance with the Equality Act duties and in particular the PSED is a whole council responsibility. In relation to the equality objectives, it is noted that the Committee is keen to see a particular focus on residents and services. Officers will consider this alongside any feedback from the public consultation when recommending final equality objectives to Cabinet/Council."

Commissioner Review

The report has been cleared by Commissioners with recognition of the good news from the Equality & Human Rights Commission highlighted at paragraph 3.8 in the report. The council is now close to being able to meet its statutory duties having previously and currently being in breach of them.

2. Report

Introduction

2.1 We are committed to ensuring that reducing inequality is at the heart of our priorities as a council. We have refreshed the Corporate Plan to take account of the latest data and most recent Census information. This information can be viewed in the Slough Insights Pack, which includes a wide-ranging set of data that identifies equality and diversity issues within Slough across our residents and service users. This is an important development in addressing the government Direction to enable better and evidence-based decision making.

2.2 We are clear that embedding an approach to tackling inequality within our workforce, residents and service users is key to driving our recovery and improvement agenda.

2.3   As a listed public authority, the council is subject to additional equality obligations under the Equality Act 2010 and associated regulations.

2.4   Key to our purpose as a local authority will be working with our partners to increase healthy life expectancy. In doing this we will address the wider determinants of health and wellbeing including education, housing, and the economy. The delivery of the priorities in the Corporate Plan is closely aligned with the Slough Health and Wellbeing Board Strategy 2020-2025.

2.5   The Health and Wellbeing Strategy has 4 priorities:

(1) Starting Well

(2) Integration

(3) Strong, Healthy and Attractive Neighbourhoods

(4) Workplace Health

2.6   The focus of the equality objectives for both employment and services are set out in the Corporate Plan, which places reducing health inequalities and closing the gaps in healthy life expectancy as a central driver for the work of the council over the next 5 years. The Corporate Plan has a particular focus on delivering this through actions to support children and young people as targeted equality groups, recognising the impact this can have on closing long–term equality gaps across all groups.

2.7   The Corporate Plan recognises that the recruitment and retention of a skilled, committed, and diverse workforce is critical to delivering the wider service objectives to Slough's local communities. In accordance with regulations made under the Equality Act, since 2017 the Council has been required to publish annual information relating to pay (referred to as Gender Pay gap reporting). In addition the Council also published a workforce equality report.

3   **Background**

3.1   A series of Government directions issued to the council in December 2021 included making better, evidence-based decisions. The updated Corporate Plan reflects the latest Census and other data sources, which indicate the major equality gaps in Slough. It has particularly highlighted the health inequalities experienced by Slough residents who share protected characteristics.

3.2   The council is committed to being an inclusive employer, and to promoting diversity and equality in the workplace. Employee data collection, analysis and equalities profiling is improving. However, there remain significant gaps in the employee equalities data that is voluntarily declared by existing staff, and particularly in recruitment and applicant data. This limits our understanding of where different groups are in the organisation and what actions can be taken to improve representation and equality – both through recruitment and development of existing employees. Lack of comparable employee data sets also impacts our ability to set representation targets in line with local demographic data.

3.3   Fostering a clear culture of inclusion - where all employees are able to perform and progress - is crucial if we are to recruit and retain a skilled and committed workforce. It is essential that the workforce feel diversity is valued and that there are equal opportunities to progress. There is now good engagement with a range of staff network groups to improve dialogue around workforce inclusion.

However, the April 2023 staff survey indicated that there is more work to be done to ensure all employees feel that the workplace is inclusive.

3.4 Whilst the council workforce is ethnically diverse, it has been acknowledged that senior leadership is not reflective of local Slough communities.

3.5 Our objectives are as follows:

Workforce

- Objective 1: Improve the collection of employee and applicant equalities data to ensure we are data-led in our actions to improve workforce inclusion and equality. We will use this data to inform all activities to drive better outcomes for Objective 2.

- Objective 2: Recruit, retain and develop an inclusive workforce, where diversity is valued, and one that is more representative of our local communities.

Corporate Plan

Objective 3: Provide quality services for vulnerable children and those with SEND

Objective 4: Improve outcomes for disadvantaged children and young people

Objective 5: Work with partners to target health inequalities and well-being

3.6 Appendix A details the proposed equality objectives and the methods of measuring progress against them.

3.7 An assessment of progress against these equality objectives will be published on the council's website on an annual basis, in keeping with best practice guidance from the Equality and Human Rights Commission. This will also be reported to appropriate member bodies, for instance Employment Committee for workforce objectives.

3.8 We have been working closely with the Equality and Human Rights Commission who are advising a number of local authorities on their work to achieve full compliance following a period during the pandemic where a number of authorities including Slough did not keep up to date with all their duties.

3.9 It is proposed that a consultation be run for a period of 6 weeks using the Citizen Space platform, which is the approach that has been used for recent engagement and consultation activity, for example the consultation on the Corporate Plan.

4 Implications of the Recommendation

Financial implications

4.1 Any actions arising from the recommendations will need to be funded from within approved budgets.

Legal implications

4.2 Section 149 of the Equality Act 2010 imposes additional duties on relevant public authorities, known as the Public Sector Equality Duty. This duty applies to the relevant protected characteristics' – age, disability, gender reassignment,

pregnancy and maternity, race, religion and belief, sex, and sexual orientation and marriage and civil partnership. There is both a general and specific duty.

The general duty requires all listed authorities, when exercising public functions, to have due regard to the need to:

a) Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010

b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public authorities to:

a) Publish gender pay gap information on their employees

b) Publish information to demonstrate their compliance with the general equality duty ('equality information')

c) Prepare and publish of one or more equality objectives which it thinks it should achieve to do any of the things mentioned in the general equality duty ('equality objectives')

The Council reports its gender pay gap to the Employment Committee and has also recently started reporting a wider range of workforce data, including ethnicity pay gap reporting. The Council also includes details of the equality implications of any recommended decision to be decided at a member level.

Risk management implications

4.3   Failure to comply with the Equality Act duties increases the risk of legal challenges to decision-making.

Environmental Implications

4.4   There are no direct environmental implications as a result of the recommendations contained in this report.

Equality implications

4.5   The Equality Act 2010 contains various provisions to promote equality and eliminate discrimination. This includes, but is not limited to, the public sector equality duty, the duty to have up to date equality objectives and to publish equality information, details of which are contained in the legal implications section above. An equality impact assessment is included as Appendix B. setting them.

4.6   In summary, the objectives are intended to have positive impacts on all groups. For employees and job applicants, the workforce objectives (1 and 2) will have a particularly positive impact on those groups currently under-represented in the council's workforce, including some ethnic minority groups, and those with disabilities. Objectives 3 & 4 are proposed to focus on children, both SEND and disadvantaged children have some groups with protected characteristics over

represented in them and by focusing on these groups it is intended to support better equalities outcomes for these groups. Whilst service objectives 3 and 4 place a focus on children and young people, there is intersectionality with other equality characteristics, and it is recognised that improving outcomes and reducing inequalities for children will have a positive impact on future outcomes for adults from all groups.

4.7 As part of our overall statutory duty to support vulnerable pupils, SBC will use all available intelligence, including Children and Young People sharing their lived experiences, to identify and tackle disadvantage across a range of educational outcomes.

Procurement implications

4.8 There are no direct procurement implications as a result of the recommendations contained in this report.

Workforce implications

4.9 The council is committed to being an inclusive employer where diversity is valued. There are two equality objectives that relate specifically to the workforce.

Property implications

4.10 There are no direct property implications as a result of the recommendations contained in this report.

4 Background Papers

None

Appendix A

Detailed Objectives and Indicators

We are committed to putting equality and inclusion at the heart of our role as an employer, to support our workforce who help to deliver this plan.

Our objective will be to recruit, retain and develop a skilled, committed, and inclusive workforce, where diversity is valued and, one which is representative of our local communities.

Objective 1: Workforce

Improve the collection of employee and applicant equalities data to ensure we are data-led in our actions to improve workforce inclusion and equality.

We will use this data to inform all our activities to drive better outcomes for Objective Two (see below)

Baseline and Measuring improvement: To achieve 90% or above completion rates in employee diversity data by 2027 and to establish an accurate equality profile of applicants.

Employee Diversity Data:

Employees complete their individual diversity profiles on the HR system (Agresso). This is voluntary but we aim to foster an environment where staff are comfortable disclosing this information. Employees can also elect to "prefer not to say" for any category and this will be included as a completed entry. Current completion rates are as follows:

Diversity Type	NUMBERS			PERCENTAGES		
	STATED	PREFER NOT TO STAY	NOT STATED	STATED	PREFER NOT TO STAY	NOT STATED
Age	1116	0	0	100%	0%	0%
Gender	1116	0	0	100%	0%	0%
Ethnicity Group	419	0	697	38%	0%	62%
Ethnicity Detailed	750	0	366	67%	0%	33%
Disability	250	47	819	22%	4%	73%
Religion	721	56	339	65%	5%	30%
Sexual Orientation	599	165	352	54%	15%	32%

(Agresso, Sept 2023)

Monitoring is undertaken by regular monthly reports to Corporate Leadership Team. Accurate and complete employee equalities data will then be used to:
- measure representation of different groups at different levels of the organisation
- measure pay gaps between different groups
- assess the impact of Training and Development opportunities, HR policies, grievance, disciplinary and organisational change processes on different groups.

Applicants Equalities Data:

The council has previously relied on out-dated manual recruitment systems, which has limited our capacity to collect and analyse accurate equalities data on applicants. With the recent implementation of the Talos Applicant Tracking System, we now have a complete tracking process throughout the applicant journey. This will allow accurate reporting on who is applying for jobs (and being appointed) and will allow us to target recruitment advertising and other initiatives to under-represented groups and ensure all our processes are fair and accessible. It can also provide evidence for actions and initiatives to improve more diversity in senior positions (Objective 2).

Equality, diversity, and inclusion is incorporated into the new recruitment processes and is an integral component of our specifications to external recruitment partners. Baseline and tracking information should commence by the end of 2023.

Objective 2: Workforce

Recruit, retain and develop an inclusive workforce, where diversity is valued, and one that is more representative of our local communities.

Baseline and Measuring Progress: A workplace where diversity is valued

The results of the 2023 staff survey included 2 specific diversity-themed questions, where employees were asked if they agreed with the following statements. The response rate was given a score:

At SBC (Slough Borough Council) diversity is valued in the workplace - score **68**
At SBC staff from different backgrounds have equal opportunity to progress - score **62**

This places them in the **moderate response range** (51-74)

This gives us baseline data for 2023. The survey will be repeated annually, and we can measure changes in these scores over time.

Target will be year in year improvement, moving scores into the highest response range (75+) by 2027.

Appropriate examples of positive action to improve diversity, for example developing approach to EDI in line with current and emerging research and good practice, making recruitment processes fully inclusive, developing training offer and policies/procedures to make good use of flexible working arrangements and targeted career pathway initiatives to address potential barriers and under representation.

Baseline and Measuring Progress: A workplace that is representative of our local communities

A reasonable comparator for a workforce that is representative of the wider Slough community, would be to compare the equality profile of our workforce with the equality profile of the economically active cohort in Slough (data available from Census 2021).

Baseline Data – SBC staff profiles versus Slough Economically Active Comparators by Sex, Disability and Ethnicity:

46% of economically active Slough residents are female. Local councils generally employ a larger female workforce and the council is committed to supporting women in the workplace and into employment through a wide range of job opportunities, at all pay grades.

Economic activity and sex	Economically active: Total	SBC Workforce August 2023
Female	46%	59%
Male	54%	41%

Disability

7% of economically active residents are disabled. The council is a Disability Confident employer and is committed to improving the representation of people with disabilities at all levels of its workforce.

Economic activity and disability	Economically active: Total	SBC Workforce August 2023
Disabled under the Equality Act	7%	6%
Not disabled under the Equality Act	93%	17%
Prefer not to say	*NA*	*4%*
Undisclosed *	*NA*	*73%*

* (N.B A large percentage of staff have not disclosed their disability status)

Ethnicity

85% of the economically active cohort in Slough are from Asian/Asian British or White ethnic backgrounds. The council is committed to improving representation of different ethnic groups across the organisation and particularly in senior positions.

Economic activity and broad ethnic groups	Economically active: Total	SBC Workforce August 2023
Asian, Asian British or Asian Welsh	45%	14%
Black, Black British, Black Welsh, Caribbean or African	8%	5%
Mixed or Multiple ethnic groups	3%	1%
White	40%	17%
Other ethnic group	5%	1%
Undisclosed	*NA	62%

*(N.B A large percentage of staff have not disclosed their broad ethnic group)

Service Equality objectives from the Corporate Plan

Slough is ethnically super-diverse and has a strikingly young population. It also has inequalities between groups. Some of the key drivers of persistent inequalities (and gaps in outcomes between different groups) are associated with low income, disadvantage and disability. Slough has the largest proportion of children in relative and absolute low income families, and this disproportionately, impacts some ethnic groups and those with disabilities.

The equality objectives' focus on children and young people with additional educational needs and those who are disadvantaged. This is in line with our corporate plan objectives to focus on children and evidence shows that people from specific backgrounds are over represented in among children with ECHPs and those with disadvantaged, and there is cross over between the groups. The objectives also focus on health inequality across a range of ages. The experiences of children are predictors of future inequalities that endure into adulthood: experience in early life has a lasting impact on adult health and wellbeing, both directly and indirectly (through influencing adult health behaviours) and so reducing these should have a lasting impact on reducing inequality across the wider population. In addition the objectives will ensure targeted actions for particular communities to reduce the current inequalities.

The measures will also be subject to consultation and so there is scope to refine these to give more specific focus to short, medium and longer term measures that will drive improved outcomes for the groups intended to benefit from the objectives.

Objective 3: Provide quality services for children and young people with SEND (Special Educational Needs or a Disability).

Suggested measure: improved performance in the following key indicators subject to consultation

- Percentage of new EHC (Education, Health, and Care) plans issued within 20 weeks (2022 Slough 11.6%; National 50.7%, South-East 45.8%, Statistical Neighbours 62.0%).

- Ensuring children and YP and parents / carers voices are sought and taken into account at a strategic and operational level.

- Evidence of a link between equality objectives, business planning and performance management leading to better outcomes for children with SEND.

- Development of a measure(s) relating to educational outcomes for this group

Objective 4: Improve outcomes for children and young people who are more likely to be disadvantaged based on their protected characteristic.

Suggested measure: improved performance in the following key indicators:

- Effectively targeting support to those with protected characteristics who are less likely to receive 15 hours of free early years education or childcare at age 2 years, leading to increased percentage receiving such education (spring 2023 Slough 56%; National 72%).

- Effectively targeting support to those with protected characteristics who are less likely to achieve a good level of development at 2 to 2½ child development review, leading to increased percentage achieving a good level of development (2022 Slough 73.6%, National 81.1%, South-East 81.6%)

Early Years Foundation Stage
- Percentage of children with SEND support achieving a good level of development at Early Years Foundation Stage (Provisional 2023 Slough 14.5%; National 24.5%).

- Percentage of children with an EHC plan achieving a good level of development at Early Years Foundation Stage (Provisional 2023 Slough 9.1%; National 3.8%).

Key Stage 2
- Percentage of children with SEND support achieving the expected level or above in reading, writing and mathematics at Key Stage 2 (Provisional 2023 Slough 21.7%; National 23.6%; South-East 21.7%).

- Percentage of children with an EHC plan achieving the expected level or above in reading, writing and mathematics at Key Stage 2 (Provisional 2023 Slough 5.6%; National 8.4%; South-East 8.5%).

Key Stage 4
- Percentage of children with SEND support achieving grades 9-5 in English and Maths at Key Stage 4 (2022 Slough 24.1%; National 22.5%, South-East 23.1%).

- Percentage of children with an EHC plan achieving grades 9-5 in English and Maths at Key Stage 4 (2022 Slough 12.3%; National 7.0%, South-East 7.4%).

16–17-year-olds
- Percentage of 16–17-year-olds with SEND support participating in education, employment, and training (2023 Slough 84.4%; National 86.6%, South-East 85.7%, Statistical Neighbours 90.4%).

- Percentage of 16–17-year-olds with an EHC plan participating in education, employment, and training (2023 Slough 83.1%; National 85.3%, South-East 82.8%, Statistical Neighbours 91.8%).

- Effectively targeting support to those 16–17-year-olds with protected characteristics who are less likely to be participating in education, employment, and training, leading to increased participation (2023 Slough 98.8%; benchmarking unavailable).

Qualifications at age of 19
- Percentage of 19-year-olds with SEND support qualified to Level 2 including English and Maths (2022 Slough 41.0%; National 42.8%, South-East 45.0%, Statistical Neighbours 47.5%).

- Percentage of 19-year-olds with an EHC plan qualified to Level 2 including English and Maths (2022 Slough 13.1%; National 17.2%, South-East 19.3%, Statistical Neighbours 20.4%).

- Percentage of 19-year-olds with SEND support qualified to Level 3 (2022 Slough 34.0%; National 36.7%, South-East 36.2%, Statistical Neighbours 44.3%).

- Percentage of 19-year-olds with an EHC plan qualified to Level 3 (2022 Slough 9.8%; National 14.0%, South-East 14.6%, Statistical Neighbours 18.6%).

Effectively targeting support to 19 year olds with protected characteristics who are less likely to achieve a Level 3 qualification by the age of 19.

Objective 5: Work with partners to target health inequalities and well-being.

Suggested measure: improved performance in the following key indicators:

- Effective equality monitoring systems in place across the Council and partner agencies demonstrating an intersectional understanding of health inequality.

- Effectively target support to children with protected characteristics who are more at risk of not receiving a 2-2.5 year child development review, leading to higher percentage of children aged 2.5 who received a 2-2.5-year child development review (2022 Slough 85.8%; National 74.0%, South-East 76.9%).

- Effectively target support to children with protected characteristics who are more at risk of being overweight or obese at reception age, leading to lower percentage of children in reception overweight or obese (2022 Slough 20.8%; National 22.3%, South-East 20.3%).

- Effectively target support to children with protected characteristics who are more at risk of being overweight or obese at year 6, leading to lower percentage of children in year 6 overweight or obese (2022 Slough 43.3%; National 37.8%, South-East 34.0%).

- Effectively target support to adults with protected characteristics who are more at risk of being overweight or obese, leading to lower percentage of adults aged 18 plus classified as overweight or obese (2022 Slough 66.0%; National 63.8%, South-East 62.7%).

- Effectively target support to adults with protected characteristics who are less physically active, leading to lower percentage of physically active adults (150 minutes of moderate physical activity per week) aged 19 plus (2022 Slough 51.6%; National 67.3, South-East 70.5%).

- Effectively target support to adults aged 40-64 with protected characteristics who are less likely to receive an NHS health check, leading to higher percentage of eligible population aged 40-64 receiving an NHS health check (2023 Slough 11.0%; National 7.2%, South-East 5.8%).

- Effectively target support to under 75s with protected characteristics who are more at risk death from preventable disease, leading to lower under 75-year mortality rate from cause considered preventable rate per 100,000 (2021 Slough 262.1; National 183.2, South-East 156.7).

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Equality Impact Assessment

Directorate: Strategy & Improvement		
Service: HR and Strategy and Policy		
Name of Officer/s completing assessment: Christine Ford, Diversity and Inclusion Lead		
Date of Assessment: 20/09/23		
Name of service/function or policy being assessed: Statutory Equality Objectives 2023-2027		
	1.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?
		The Corporate Equality Objectives are a statutory requirement under the Public Sector Equality Duty (PSED), Equality Act 2010. It is a requirement to have a least one objective, for a period of no longer than 4 years. The aim is to set a focus for the council to improve equality locally, within both its workforce and service delivery. The context for the objectives are linked directly from the Corporate Plan, which outlines the vision for the council and what we hope to deliver in the borough, above and beyond the day to day "business as usual". The plan includes up to date data, including information from the 2021 Census.
		The Equality Objectives 2023-2027 are:
		Objective 1: Improve the collection of employee and applicant equalities data to ensure we are data-led in our actions to improve workforce inclusion and equality
		Objective 2: Recruit, retain and develop an inclusive workforce, where diversity is valued, and one that is more representative of our local communities.
		Objective 3: Provide quality services for vulnerable children and those with special educational needs and disabilities (SEND).
		Objective 4: Improve outcomes for disadvantaged children and young people.
		Objective 5: Work with partners to target health inequalities and promote wellbeing.

		By setting these objectives the council maintains compliance with the PSED and aims to focus activities on reducing inequalities and improving inclusion.
	2.	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. The equality objectives for services are delivered by all directorates and all services, but with a specific focus on those services working with children and young people, those with disabilities and SEN, and improving public health. The primary delivery of the work-force objectives lies with Human Resources and Corporate Leadership Team

3.	Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.? Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. All employees of the council will be impacted Prospective employees (job applicants). There is a primary focus on improving outcomes for vulnerable and disadvantaged **children and young people**. Slough has a strikingly young population, with ¼ of the population under the age of 15 (see demographic charts below). 22% of Slough's under 16's lived in relative low –income families in 2020/21 (JSNA Feb 2023) and this number is increasing. However, this is intersectional and children and young people will comprise many of the other equality groups. There is additionally a specific objective focus around children and young people with special educational needs and disabilities (SEND), who face poorer outcomes than those without SEND. Reducing health inequalities will impact on all residents who will potentially comprise all equality groups, but particularly those with disabilities **It is important to note that these objectives do not replace the legal responsibilities of the council to eliminate discrimination and promote equality of opportunity in the day to day activities of the council. The focus on children and young people and wider equality promotion for adults (of all equality characteristics) is not mutually exclusive. Indeed research indicates that the targeting of inequalities for children and young people can have a profound positive impact on closing future equality gaps for adults.**

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.

Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment
Age	Positive.	For employment objectives (1 and 2): positive impact on working age applicants and current employees.
		For service objectives (3 and 4) : positive for children and young people
		For service objective (5) – positive for all age groups, but particularly older residents who are more likely to suffer from poor health
Disability	Positive	For employment objectives (1 and 2), positive impact on applicants with a disability and employees with a disability.
		A significantly lower portion of the economically active cohort of Slough has a disability and there remain significant barriers for disabled people to access employment. The objective commits to improving inclusion for disabled employees and having a diverse and representative workforce.
		For service objectives (3) –positive impact on children and young people with SEND
		For service objective (5) disabled people often suffer significantly from multiple health inequalities. For example, the King's Fund has found that during the first year of the Covid-19 pandemic in England, 60 per cent of those who died from Covid-19 were disabled. People with learning disabilities were eight times more likely to die of Covid-19 than the general population.
Gender Reassignment:	Positive or neutral	For employment objectives (1 and 2) the workforce objectives support inclusion for all characteristics, including Tran's employees and those whose gender is non-binary. Applicants and employees many comprise this group.
		Service Objectives (3-5) - whilst there are no specifically -targeted actions, service users (including children

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			and young people) may comprise this group.
	Marriage and Civil Partnership:	Positive or Neutral	For employment objectives (1 and2, the workforce objectives support inclusion for all characteristics. Applicants and employees many comprise this group. Service Objectives (3-5) - whilst there are no specifically - targeted actions, service users (including children and young people) may comprise this group.
	Pregnancy and maternity:	Positive or Neutral	For employment objectives (1 and2,) Employees - the workforce objectives support inclusion for all characteristics. Applicants and employees many comprise this group. Service Objectives (2, 3, 5) - whilst there are no specifically- targeted actions, service users (including children and young people) may comprise this group.
	Race:	Positive	For employment objectives (1 and 2) – positive impact on race. It is recognised that the council workforce should be reflective of the local slough communities and in particular, ethnic diversity should be improved at senior levels. These objectives should have a positive impact on those employees and applicants from ethnic groups currently under-represented in the workforce and particularly in senior positions. For service objectives (, 5) Slough has inequalities in health between different population groups which need to be addressed – and there is a commitment to work with partners to target these. EG, The prevalence of hypertension and diabetes is significantly higher in Black/Black British and Asian/Asian British groups respectively. In over 50's and over 70's, the prevalence of both these chronic conditions is higher amongst BAME groups than the average for Slough and White ethnic groups. For service objective (3 and 4)) whilst disadvantage and gender may be a stronger predicator for poorer educational outcomes in children and young people, there is also disparity between different ethnic groups (correlated to disadvantage). Closing these gaps may lead to improved outcomes for some ethnic groups. Certain ethnicities may be over-represented in SEND and vulnerable children cohorts.
	Religion and Belief:	Neutral or positive	Employees - the workforce objectives support inclusion for all characteristics. Applicants and employees many comprise this group.

		Service Objectives - whilst there are no specifically- targeted actions, service users (including children and young people) may comprise this group
Sex	Positive	Employment Objectives (1 and 2). Whilst the council is 60% female, women are still over-represented in the lowest pay grades and under-represented in the most senior positions. These objectives should support great equality and inclusion for women in the workforce. Service objective (5) Men typically have poorer health outcomes than women. A major health inequality exists between men and women in terms of health life expectancy: the number of years a person can typically expect to live in full health without disabling illness or injury. Healthy life expectancy for men in Slough is 58.1 years– compared to a regional average of 65.5 years. Healthy life expectancy for women in Slough is 60.3 years, compared to a regional average of 65.9 years. Whilst service objectives (3 and 4) focus on improving outcomes for disadvantage and SEN/disability, there are clear gender gaps in areas such as educational outcomes. Focus on closing these gaps may lead to improved outcomes for boys.
Sexual orientation:	Neutral or positive	Employees - the workforce objectives support inclusion for all characteristics. Applicants and employees many comprise this group. Service Objectives - whilst there are no specifically- targeted actions, service users (including children and young people) may comprise this group
Other: those on low income	Neutral /Positive	Those on low income face multiple disadvantage. The focus on improving outcomes for disadvantaged children will have a positive impact on those groups.
Care Experienced Young People/ Children Looked After	Positive	Employment (objectives 1 and 2) – the council will improve monitoring of these groups in employment and job applications to improve inclusion and identify any barriers. Service Objectives 1 and 2 will focus on providing quality services and improving outcomes for these groups

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 are no anticipated negative impacts.	
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.). JSNA Project workstreams: JSNA skeleton (berkshirepublichealth.co.uk) Berkshire Observatory – Slough – Welcome to the Slough Observatory Workforce equality data – Slough Borough Council Education and early years equality data – Slough Borough Council Slough Insights Data pack – Slough Borough Council JSNA 2023/ Berkshire Observatory local data Workforce Equality Data Report 2023 Service Equality Data – Education and Early years 2023 SBC Staff Survey 2023	
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?	

		Consultation on the workforce objectives (1 and 2) has been undertaken with the following staff network groups: Slough Borough Council's Women's Network Employees with Disabilities Forum REACH (Race equality and celebrating heritage) Network Feedback was positive and in support of the objectives. Members emphasised the need to ensure regular monitoring to ensure progress was being made and communication of activities and progress with wider workforce. The service objectives (3, 4, and 5) were part of wider consultation on the Corporate Plan. Full details of these can be found in the accompanying Cabinet Report to the Corporate Plan – September 2018. The following equalities issues were highlighted: Some respondents were concerned that the focus on children and young people would disadvantage elderly residents and other vulnerable residents, such as those with disabilities. Five respondents raised the theme of Special Educational Needs and Disabilities (SEND) services. Eight respondents raised issues relating to support for parents. One respondent highlighted the need to tackle inequality, by tailoring services to meet the needs of different communities. Another respondent commented on specific health challenges faced by those of Asian ethnicity in Slough.
	8.	Have you considered the impact the policy might have on local community relations? Promoting equality and diversity in employment and service delivery will promote good relations between people of different characteristics. Perceptions of fairness and inclusion in both access to public services and employment are crucial components of

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		improving community cohesion.
9.		What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact? N/A
10.		What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. Key performance indicators have been identified against the equality objectives. These will be reviewed and amended as appropriate during the life of the objectives (4 years).

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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	**X**
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will 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

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Name   Christine Ford **Signed:** …………………………………………………**(Person completing the EIA)** **Name:**   Same as above**……………………………………………** **Signed:** …………………………………………………**(Policy Lead if not same as above)**
Date : 20.09.23

Slough Demographic Profile

Population

Slough's population in the 2021 census was 158,500.

Age

Age groups	Number of residents	% of population
0-15	39,568	25.0%
16-24	16,587	10.5%
25-39	38,001	24.0%
40-49	24,839	15.7%
50-59	17,548	11.1%
60-69	11,754	7.4%
70 and over	10,201	6.4%

Care experience

There is no data from the 2021 census on residents who have spent time in care. Slough has higher than average rates of Children in Need and children receiving Targeted Early Help and Child Protection Plans – 145 per 10,000 people aged 0-17, compared to regional average of 125. Slough has a lower rate of Children Looked After than the England average, but is similar to the South East average.

Disability

Disability	Number of residents	% of population
Disabled	17,975	11.3%
Not disabled	140,523	88.7%

Ethnicity

Broad ethnic groups	Number of residents	% of population
Asian	74,093	46.7%
Black	11,992	7.6%
Mixed	6,311	4.0%
Other	8,970	5.7%
White	57,134	36.0%

Gender identity

Gender identity	Number of residents	% of population
Gender identity is the same as sex registered at birth	107,503	90.4%
Gender identity is different to sex registered at birth	1,081	0.9%
Not known	10,351	8.7%

This data applies only to residents aged 16 or over (118,930 residents).

Marital and civil partnership status

Marital and civil partnerships status	Number of residents	% of population
Single	41,898	35.2%
Married	60,001	50.4%
Civil partnership	158	0.1%
Separated	2,925	2.5%
Divorced or dissolved civil partnership	8,799	7.4%
Widowed or surviving civil partner	5,151	4.3%

This data applies only to residents aged 16 or over (118,930 residents).

Religion, faith, or belief

Religion, faith, or belief	Number of residents	% of population
No religion	20,726	13.1%
Christian	50,664	32.0%
Buddhist	776	0.5%
Hindu	12,343	7.8%
Jewish	85	0.1%
Muslim	46,661	29.4%
Sikh	17,985	11.3%
Other religion	716	0.5%
Not known	8,544	5.4%

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Sex

Sex	Number of residents	% of population
Female	80,005	50.5%
Male	78,495	49.5%

Sexual orientation

Sexual orientation	Number of residents	% of population
Straight or Heterosexual	104,943	88.2%
Gay or Lesbian	806	0.7%
Bisexual	1,095	0.9%
All other sexual orientations	412	0.3%
Not known	11,677	9.8%

The 2021 Census data applies only to residents aged 16 or over (118,930 residents).

Cllr Smith	**Department:**	**Democratic Services: Scrutiny**
The Observatory		
25 Windsor Rd	**Contact:**	**Michael Edley**
Slough	**Email:**	**Michael.edley@slough.gov.uk**
SL1 2EL	**Our Ref:**	**CISCREC2/3**
	Your Ref	
CC: Sarah Hayward		
	Date:	**7 November 2023**

Dear Cllr Smith

Re: Recommendations from the CISC 24 October Meeting to Cabinet

I am writing to you in my capacity as Chair of the Corporate Improvement Scrutiny Committee (CISC). At our meeting on 24 October 2023, we considered a report setting out the Council's work with respect to the Public Sector Equalities Duty and the Council's proposed Equality Objectives.

In the light of our discussions, the committee members have agreed the following recommendations to Cabinet:

a. *That a plan is developed and implemented with the objective to increase, over time, the data collected relating to the protected characteristics (PCs) of all service users/customers and residents.*

   Services (for data collection) should be prioritised on agreed criteria that includes: The potential for inequality to affect access; The impact on the individual; The cost of data collection; and The ease of data collection. This will provide assurance that our services do not carry unconscious bias to the detriment of any individuals or communities of place, interest or association (including PCs as a priority).

   This should be reflected as an equality objective in the strategy; and

b. *That future reports on PSED offer greater emphasis/detail about objectives and work planned/carried out in relation to residents and services.*

I am asking you to consider these recommendations at your next Cabinet meeting on 20/11/2023. I will of course be happy to attend the meeting to explain or elaborate on these recommendations in more detail.
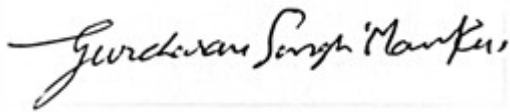
I look forward to receiving your written response, before the CISC meeting on 28 November 2023, setting out those recommendations you will take forward and by when and/or those you feel unable to implement, with a short explanation as to why this is the case.

Cont……

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Observatory House
25 Windsor Road
Slough, Berks SL1 2EL

For information, we also requested an update and additional information from officers, in relation to PSED as follows:

- A progress report on PSED to fall a few months after the T&F report on engagement and to include self-assessment against the LGA EDI framework; and

- Information on how the council will actively draw upon the diversity of SBC's workforce to moderate and inform service development and improvement.

Yours faithfully

Cllr G. S. Manku

Main Reception: 01753 475111

DX: 42270 Slough (west)

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Observatory House

25 Windsor Road

Slough, Berks SL1 2EL

Slough Borough Council

Report To:	**Cabinet**
Date:	20th November 2023
Subject:	Procurement of Temporary Labour Contract
Lead Member:	Councillor Dexter Smith, Leader of the Council
Chief Officer:	Sarah Hayward, Executive Director – Strategy and Improvement
Contact Officer:	Surjit Nagra – Associate Director - HR Adrian Thomson – Interim Recruitment Manager
Ward(s):	All
Key Decision:	Yes
Exempt:	No except Appendix 1 which is exempt under Paragraph 3, Schedule 12A of the Local Government Act 1972
Decision Subject to Call In:	Yes
Appendices:	Appendix 1 – Confidential information about the suppliers

1. Summary and Recommendations

1.1 This report seeks approval to award the temporary labour contract for the supply of temporary workers to the Council following a competitive procurement process through a framework agreement. The contract will commence on 25th March 2024, and will be for a period of two years plus optional extensions of up to 2 further years, subject to satisfactory performance. Based on previous spend the contract value is estimated at around £21 million per annum, although this is subject to potential reduction as more permanent recruitment is undertaken.

Recommendations:

Cabinet is recommended to:

a. Agree to the award of the contract to Supplier 1 as set out in Appendix 1 for the supply of the Council's temporary labour needs for a period of up to four years (two-year contract plus optional extensions of up to 2 further years subject to satisfactory performance) from 25th March 2024 – 24th March 2028.

b. Delegate authority to the Executive Director – Strategy and Improvement in consultation with the Leader of the Council, and the section 151 officer, to complete the final negotiations and enter into contract with Supplier 1 for the supply of the Council's temporary labour needs for a period of up to four years.

Reason:

The current contract for temporary labour is due to expire on 24th March 2024, and there is no option to extend it. To ensure we have a seamless transition into the new contract we need to award the new contract.

Commissioner Review

The commissioners are content with the recommendations in this report, subject to transparency principles and the proactive release of information to the public, post the award. It should be noted that the presumption in favour of disclosure will apply to the vast majority of commercial information about local government contracts and commercial confidentiality will be the exception rather than the rule.

2. Report

Introduction

2.1 In July 2023, Cabinet approved the commencement of the procurement process for a temporary labour contract of up to four years (2+1+1). It was highlighted that breaking down the four years, will allow us to review performance in years two and three. Additionally, the MStar 4 framework runs until 2027, whereby, it will be replaced by MStar 5, and this will allow us to assess and explore the opportunity this new framework offers in this sector.

2.2 This report sets out the results of the tendering and evaluation process and recommends contract award to Supplier 1 to supply temporary workers to meet the Councils requirements for temporary labour to cover one off tasks or projects which require specialist skills and experience as well as roles where there are national shortages. Councils will always have a need for temporary labour to fill short term gaps, staff special projects and fill roles where there are particular labour market issues. Having a single contract that allows the council to source all its different labour needs is the most cost-effective way of meeting these needs.

2.3 Separately, the Council recognises the need to more effectively manage its use of temporary labour and will use the new contract to do so.

Slough Corporate Plan

2.4 Full Council approved a refresh of Corporate Plan on 28 September 2023. The Corporate Plan has an overall purpose to close the healthy life expectancy gap, by focussing on children. This is supported by three priorities:

- A borough for children and young people to thrive

- A town where residents can live healthier, safer, and more independent lives

- A cleaner, healthier, and more prosperous borough

2.5   To deliver these priorities we need the right capacity and capability across our workforce and the temporary labour contract is therefore key to ensuring we have the right resource in place at the right time.

2.6   We are also committed to putting equality and inclusion at the heart of our role as an employer, to support our workforce who help to deliver this plan. Our objective will be to recruit and develop a skilled, committed, and inclusive workforce, where diversity is valued and, one which is representative of our local communities.

Options considered.

Option one: Not to award the temporary labour contract

2.7   This is not a viable option given the ongoing Council need for temporary labour. Not having a contract in place would mean each temporary labour requirement would require and individual hiring arrange and for hiring managers and/or HR to manage relationships with all agencies and candidates throughout the process. This would cause significant inefficiency in the system and lead to key gaps in staffing and service provision. This would also require individual negotiation on rates and could lead to the potential for higher costs.

Option two: Award the new temporary labour contract to Supplier 1.

2.8   This option is recommended – for the reasons stated above in the do-nothing option, appointing a supplier improves efficiency given the range of roles and skills Slough Council needs from its temporary labour. Award of the contract to a single agency does not prevent the use of specialist agencies, but these agencies would need to sign up to an arrangement with Supplier 1.

Option three: Procure temporary labour contracts from a number of specialist agencies.

2.9   This option is not recommended as it would require multiple relationships to be maintained and different hiring arrangements. It would reduce opportunities to gather data on use of temporary staff from one supplier and has the potential to increase cost and wastage through inefficiency.

Background

2.10   Slough Borough Council's Temporary Labour Contract was last awarded in April 2020 on a four-year basis comprising of two years with a further two years extension in March 2020. The contract covers the provision of temporary workers for all departments and functions within Slough Borough Council Currently the contract is providing an average of 300 temporary workers to the Council per day, which is assisting in maintaining operational efficiencies, managing workload fluctuations, and addressing staffing shortages, particularly in roles where there is a national shortage. For example, social workers and Occupational Therapists.

2.11   The strategic context for the Council has changed significantly since the award of the current contract. In December 2021, the Secretary of State for Levelling Up, Housing and Communities made a series of statutory directions requiring

the Council to take prescribed actions in areas including financial sustainability, governance, procurement and contract management and cultural change. The directions were extended in September 2022 to cover recruitment to the senior officer structure. The directions were made due to the Council having failed to comply with its best value duty which requires local authorities to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." This requires consideration of overall value, including economic, environmental, and social value, when reviewing service provision.

2.12   The Council has made considerable progress against a number of these areas including procurement and contract management. This ensures that there is a robust framework that has improved our approach and processes to ensure any award will provide best value for the council.

2.13   The combination of the directions, and poor governance which is now being tackled has led to significant growth in the council's use of temporary labour. Alongside this the national pressures in key professions is causing recruitment and retention issues for most councils. This is now being more actively managed both through the current supplier and internal control mechanisms. The procurement itself will not necessarily impact the levels of temporary labour use but we will seek a supplier who will work proactively with us to manage use of temporary labour within acceptable levels to meet business need.

2.14   The nature of the temporary labour market has also changed. For example, technology has evolved to enable better candidate, user and agency experiences, enhanced reporting for spend, better equality and diversity data and tenure. In many cases candidates are looking to have more flexible working patterns including home working to balance time spent commuting and in an office. Slough is competing with other local authorities across Berkshire and given our location, London boroughs who are offering attractive salaries and working arrangements.

2.15   Slough Borough Council is currently operating at a spend for temporary workers at £21.9 million for 2022-2023. The majority of the spend is for agency workers that are covering vacant established posts, of which £16 million was in salaries and £1.85 million were attributed to agency and provider oncosts. There is also spend on additional agency workers where there is specific project or skills need where we don't have permanent staff who can undertake this work, which accounts for the remainder of the spend. Whilst cost savings of £767k were negotiated with the current vendor in 2022-2023, there is still an opportunity to negotiate greater cost savings.

2.16   In the new contract, working closer with both the supplier and its supply chain of recruitment agencies will allow Slough Borough Council to engage with the market and ensure that we are working with the appropriate agencies within their specialist field to supply high calibre talent.

2.17   Whilst we acknowledge that tighter control is needed throughout the contract management, it will allow us to understand the market trends and allow us to forward plan with our permanent solutions to reduce long-term cost through reduced tenure periods.

2.18   It should be noted that we are currently in a heavily candidate driven market and the need to engage temporary labour to fill gaps within the workforce, whilst recruiting permanently, will still arise. As well as the need to engage specialist skilled interims for project-based activities which are arising from the recovery programme.

2.19   Below are highlighted key benefits of awarding a new contract:
   a. Competitive procurement of the new contract ensures that the Council achieves best values services, including value for money
   b. Improved service quality:
   d. The contract presents an opportunity to reset clear key performance standards / indicators and service level agreements, ensuring that the selected supplier meets our requirements and provides high-quality temporary workers via an engaged and fit for purpose, supply chain.
   e. Flexibility and adaptability:
   f. Supplier 1 has a proven record of accomplishment of adaptability, responsiveness, and the ability to address emerging needs effectively. This will enhance our ability to address staffing challenges and changes in demand.
   g. Provision of data on agency workers such as pay rates, numbers in each service will support the monitoring of the councils usage and to instigate alternative measures to reduce the level of usage.

The Procurement Process

2.20   The procurement process for the new contract was conducted as a competitive process under Framework 653F_23 – Lot 1a Managed Services for Temporary Agency Resources (MSTAR4) Framework Agreement in line with the Public Contracts Regulations 2015 and the councils Contract Procedure Rules with assistance from Procurement and HB Public Law. Suppliers listed on the framework were assessed during the procurement process for their financial stability, track record, experience and technical & professional ability.

2.21   A mini competition process was and run and 12 suppliers listed on Lot 1a of the MSTAR 4 framework were invited to bid against the scoring criteria set out below.

   • Quality – 50%
   • Price – 45%
   • Social Value – 5%

2.22   The mini competition was issued through the In-Tend SE Shared Services E Portal tool on 14 September 2023 and tender deadline was 13 October 2023 by 12 noon.

2.23   As part of the tender response, bidders were required to respond to a eight (8) quality questions, including a Social Value question, as well as submitting a completed pricing schedule. Bidders were also required to complete standard declarations and other contractual documentation returns.

2.24   As part of the tender process 11 clarification questions were raised and responded too via the In-Tend tender portal.

2.25　By the deadline of 12 noon on 13th October 2023, two bids were submitted which have been evaluated and the pricing matrix validated by Finance. Supplier 2 submitted a compliant bid which was evaluated alongside supplier 1.

Quality Evaluation

2.26　Bidders were required to complete eight (8) questions in relation to quality of the provision of the service. Bidders were informed within the guidance notes provided the weighting applied to each question and the how the overall tender would be evaluated and awarded.

2.27　An evaluation panel undertook independent scoring of the Quality Method statements. The panel comprised of the following members:

- 1 x Executive Director – Strategy and Improvement
- 1 x Associate Director – HR
- 1 x Interim HR Recruitment Lead

2.28　Once the evaluation panel separately evaluated all the quality questions submitted by using the scoring scale 0-5. Scores were moderated on 19 October 2023 chaired by procurement where this moderation included all responses.

2.29　The pricing schedules were validated via the Procurement Team and Finance.

Evaluation Outcome

2.30　The quality Method Statement scores were as follows:

Total final evaluation scores below

SUPPLIER	QUALITY METHOD STATEMENTS (INCLUDING SOCIAL VALUE)	PRICING	OVERALL FINAL SCORE WEIGHTING
Supplier 1	46.00%	45.00%	91.00%
Supplier 2	18.20%	11.09%	29.29%

Further information on quality and pricing is set out in Exempt Appendix 1.

Preparations for the Next Stage

2.31　Further to approval of the recommendations to award the contract, HR will work with the successful bidder to deliver the implementation plans submitted as part of the procurement exercise.

Contract Monitoring

2.32　The contract will be monitored via a formal contract management approach at quarterly intervals. The provider 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.

2.33   The provider will also be expected to feedback on the quality of the service as well as demonstrating how this feedback is being used to improve service delivery.

2.34   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 within the thresholds for amendments of contracts within their term.

2.35   The Provider will also comply with any other reasonable instructions, guidance, monitoring, and reporting obligations requested.

3. Implications of the Recommendation

3.1   Financial implications

3.1.1   The Council's Temporary Agency Contract spend has been estimated at around £21 million per annum. The maximum contract value is around £84 million over the contract term of 4 years (2+1+1). This includes the pay rates paid to the workers as well as the agency fee. The contract award does not commit the Council to any expenditure but creates the contract terms under which future assignments will be made. Each individual assignment is subject to an internal budget authorisation before any spending is committed under the contract. In most cases across the council there will not be a separate budget for temporary workers. The majority of the funding for agency workers will be provided from the service budget for staffing for the vacant posts in their establishment. Therefore, the financial impact on expenditure will need to continue to be managed and monitored by services within their overall staffing budget envelope.

3.1.2   All costs associated with the mobilisation to the new contract will need to be met from within the existing budget for the service and project.

3.2   Legal implications

3.2.1   The use of the MSTAR4 framework is compliant with both the Council's Contract Procedure Rules (CPR) and the Public Contracts Regulations 2015. A mini competition was conducted in accordance with the terms and conditions of the MSTAR4 framework agreement. The tenders were evaluated in accordance with the notified evaluation criteria and the contract can be awarded to the successful bidder.

3.2.2   In accordance with the CPR, the contract will need to be sealed.

3.2.3   There are no TUPE implications resulting from awarding the contract to Supplier 1.

3.3 Risk management implications

3.3.1 Overall the risks associated with this contract can be themed as follows:

Risk	Assessment of Risk	Mitigation	Residual Risk
Mobilisation will not take place in time	Low	The contract has lead in time before go live Mobilisation project teams in place to manage mobilisation	Low
Poor Performance Outcomes	Medium	There are clauses in the contract terms and conditions covering breaches and under performance. There are in built review meetings where performance will feature as a key item.	Low

3.4 Environmental implications

3.4.1 There are no direct environmental implications arising from this report.

3.5 Equality implications

3.5.1 Section 149 of the Equality Act 2010 requires the Council when carrying out its functions to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not. The Council also have specific duties in relation to publication of equality information, including gender pay gap information.

3.5.2 The successful bidder will be expected to collect monitoring data on its workers and take steps to improve the diversity of the temporary labour force. By having access to data of temporary workers as well as directly employed staff, the Council can take further steps to collect and monitor workforce data and identify steps to address gaps. During the tendering process, bidders were asked to outline their ability to provide anonymous recruitment processes for temporary labour with an aim to improve the diversity of our temporary labour in future.

3.6 Procurement implications

3.6.1 SBC used the MStar framework to procure these services, this was agreed by Cabinet in July 2023. The reason MStar was selected was because it offers:

a. Pre-Qualified Vendors
b. Transparent costings
c. Cost saving efficiencies through set rates per job category

3.6.2 The use of this framework complied with both the Council's Contract Procedure Rules and the Public Contracts regulations 2015 and following public procurement principles of value for money, equality of treatment, transparency and proportionality.

3.7 Workforce implications

3.7.1 The implications of this procurement exercise will have a positive impact on the council's workforce as it will improve the council's ability to source good quality temporary labour to plug short-term gaps in resources and will therefore alleviate resource pressures in services areas.

3.8 Property implications

3.8.1 There are no direct property implications arising from this report.

4. Background Papers

None

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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