

## **SLOUGH BOROUGH COUNCIL**

<b>REPORT TO:</b>	<b>Cabinet</b>
<b>DATE:</b>	<b>17<sup>th</sup> May 2022</b>
<b>SUBJECT:</b>	<b>Update concerning the re-procurement of voluntary sector contracts with prevention and carer support</b>
<b>CHIEF OFFICER:</b>	<b>Alan Sinclair, Executive Director People Adults</b>
<b>CONTACT OFFICER:</b>	<b>Jane Senior, Associate Director People Strategy and Commissioning Avtar Maan, Group Manager People Strategy</b>
<b>WARD(S):</b>	<b>All</b>
<b>PORTFOLIO:</b>	<b>Cllr Natasa Pantelic, Social Care and Public Health</b>
<b>KEY DECISION:</b>	<b>YES</b>
<b>EXEMPT:</b>	<b>NO</b>
<b>DECISION SUBJECT TO CALL IN:</b>	<b>YES</b>
<b>APPENDICES:</b>	<b>None</b>

### **1 Summary and Recommendations**

This report provides an update on commissioning and contract management activity concerning the voluntary and community sector which has been undertaken since December 2021, when a report was first presented to Cabinet.

A further contract for a period of 12 months from July 2022 is also being sought. This will allow for a new model for the voluntary and community sector to be developed which aligns with work being undertaken on the 'Front Door' as part of the Adult Social Care Transformation Programme. This has the objective of strengthening the preventative offer and reducing demand for adult social care.

#### **Recommendations:**

Cabinet is recommended to:

1. Agree to award a one-year contract to SCVS for a period of 12 months from 1 July 2022 to 30 June 2023. This will be at a maximum cost of £473,251, which must not be exceeded, funded through the Better Care Fund and Public Health grants.

2. Note the update on commissioning activity provided in this report, including detailed performance information.
3. Note that a report concerning the proposed model for the voluntary and community sector will be presented to People Scrutiny Committee for its comment and consideration in Autumn 2022.
4. Note that the proposed model for the voluntary and community sector and a procurement strategy will be presented to Cabinet in Winter 2022.
5. Delegate authority to the Executive Director for People (Adults), in consultation with the Lead Member for Social Care and Public Health, to have oversight of the development of the proposed model as well as the development of performance targets for the contract period (1 July 2022 to 30 June 2023), should this be approved.

**Reason:**

To ensure sufficient time to develop an effective model for the voluntary and community sector which adheres to best value principles and more fully aligns with the strategic aims of the Council and its partners, including a reduction in demand for adult social care, supporting carers to carry out their caring responsibilities, and reducing health inequalities.

**Comments of Commissioners:**

*“The proposals are supported.”*

**2 Report**

This report contributes to the following objectives and emerging corporate priorities:

Emerging Corporate Priorities

We will live within our means, balance the budget, and provide best value for taxpayers and service users

We will focus on reducing inequality and poverty in the borough exacerbated by the Covid-19 pandemic

We will focus on providing the best quality core service we can afford. Providing services that keep our most vulnerable residents healthy, public spaces safe and our environment clean.

To ensure we get full benefit from every pound we spend, other services in these areas will only be provided where they can be shown to have a direct benefit in keeping people safe and reducing demand

Slough Recovery Plan

Leadership and Culture

- Decisions are based upon data and evidence
- The organisation is transparent and openly and actively engages with the public and partners to inform decision-making

#### Governance

- Evidence led decision making
- Develop and enhance performance reporting outlines areas for improvement and best practice

#### Citizen Service standards and performance

- Provide a good level of service to residents and businesses
- Contribute to the customer engagement excellence programme

#### Slough Health and Social Care Plan

More integrated and pre-emptive service offers

- Expand CVS role in social care
- Improve strength based and personalised ways of working in social care.

### Options considered

Option	Pros	Cons
<p><b>Option 1</b></p> <p>Do not approve the one year contract and go out to tender immediately.</p>	<p>Procurement could progress within quicker time frames.</p>	<p>Procurement would be progressed on the basis of an underdeveloped model with insufficient capacity within the team to progress this properly.</p> <p>The Council would be unable to satisfy itself that the model would secure best value or meet corporate objectives and emerging priorities.</p> <p>This option would not allow for sequencing with the Adult Social Care Transformation Programme Front Door Project which seeks to reduce demand for social care.</p>
<p>Option 2</p> <p>Approve the award of a one year contract</p> <p><b>RECOMMENDED OPTION</b></p>	<p>This would provide sufficient time to develop a fit for purpose model in conjunction with the Lead Member for Social Care and Public Health.</p> <p>This would ensure continuity of service delivery to local people provided by the voluntary</p>	<p>Commissioning and procurement activity does not take place within the contract extension period agreed at Cabinet in December 2021.</p> <p>A competitive process for securing services is delayed.</p>

	<p>and community sector, including vulnerable local people in particular.</p> <p>This would allow greater consideration of how the VCS can support Front Door initiatives to reduce demand for adult social care as part of the Adult Social Care Transformation Programme. Also, to ensure alignment with the Council's strategic aims including the Council's Recovery Plan and the Health and Social Care Plan.</p>	<p>Whilst there are some demonstrably strong areas of performance, there are also some areas of weakness– particularly in regard to tier 1 carers assessments and referrals for stage 2/3 services.</p> <p>Cabinet needs to be satisfied that Council officers will address these with the current provider and that the provider commits to making improvements to justify continuation of funding across <i>all</i> areas of the current contract – or that contingency arrangements are put in place.</p>
<p><b>Option 3</b></p> <p>Do not agree a further contract period of 12 months and terminate the contract at the end of June 2022.</p>	<p>This would decrease pressures placed upon internal staff in undertaking further commissioning and procurement activity.</p> <p>There are no other advantages to pursuing this option. Savings would not be delivered to the Council as the service is funded through the Better Care Fund and Public Health grants – although on balance, these funds could potentially be invested elsewhere.</p>	<p>Abrupt service withdrawal with no contingency planning would be of detriment to the local community and vulnerable local people in particular.</p>

## Background

- 2.0 The voluntary sector plays an important role in supporting the Council and its partners in delivering against key local priorities. This includes promoting independence, preventing isolation and loneliness and ensuring adequate support to carers.
- 2.1 The contract with SCVS is funded through the Better Care Fund and Public Health Grant. The aim of the contract is to mobilise local voluntary organisations to deliver preventative services to support both health and social care outcomes. This includes

supporting carers and service users to remain independent and to create an enabling population to manage their own health and social care needs.

The scope of the contract is outlined below

- **Capacity Building** –support the management of local voluntary organisations to create a resilient, stronger and sustainable sector. This includes but is not limited to training, assisting fundraising, grant applications, quality assurance and volunteer coordination. Volunteers played a key role in the initial stages of the pandemic by undertaking activities such as delivering food, collecting prescriptions, shopping and providing vaccination and testing centre support.
- Distribution of small value grants (<£10,000) to local voluntary groups, this is known as the **One Slough Community Fund**. Grants are awarded to local voluntary groups who provide services that meet statutory powers for prevention, information and advice, and support to residents to delay the need for care
- **Carers Support Service** - to help the early identification of unpaid carers and ensuring a programme of support is in place to help support them maintain their caring responsibilities and have a life outside of caring responsibilities.

2.3 Key performance information for each of these areas against current deliverables is set out in the table below:

<b>Contract Area</b>	<b>Deliverables</b>	<b>Current Performance July 21 – December 21 Q1 and Q2 of the initial contract extension monitoring period.</b>
Capacity Building	Increase the number of Volunteers	581 active volunteers accessing opportunities through Three Rings on-line platform.  255 new volunteers recruited.  Reduction in number of volunteers recruited over Q2.  Overall reduction in number of active volunteers in Q2
	Enhance the skills of voluntary organisations and volunteers through successful completion of core training	31 unique training courses took place with 335 participants.  Training includes:  Safeguarding (children and adults) Confidentiality Professional boundaries Communication Equality and Diversity Setting up successful organisations Breast Cancer Awareness Training on the Carers App

	Support VCS groups to sustain core activities	25 voluntary sector organisations have been supported to successfully bid for additional funding, to a total amount of £1,025,622
	Implement a Quality Assurance Programme (Slough Quality Projects accreditation).	37 local voluntary groups have been supported to attain the Slough Quality Protect Accreditation; this number is expected to increase over the next period
One Slough Community Fund  Oversees the allocation and monitoring of the One Slough Community Fund in line with agreed local aims and objectives agreed by local stakeholders (Health, the Council and the Coproduction network).	Support to Vulnerable People	<p>145 local residents supported through Sight Loss MOT using the nationally recognised assessment “Seeing it My Way” quality and outcome framework (against a target of 100 for the year)</p> <p>167 young carers (aged below 25 years) supported to carry out their caring duty (against a target of 97 for the year)</p> <p>149 people identified as vulnerable or at risk, accessing community transport services to access medical and dental appointments, to do their own shopping, to visit family and friends and for one off events such as attending a support group or going into respite care (against a target of 200 for the year)</p> <p>47 adults with autism or parents/carers of autistic children supported with application forms for assessments, appeals. Support to families and service users to access enhanced level of benefits from Department for Work &amp; Pensions (against a target of 80 across the year)</p> <p>8 support groups for parents / carers of children with autism held (against a target of 50 for the year)</p>
	Increasing wellbeing	<p>0 people engaged in environmental projects to improve the environment as well as physical and mental wellbeing (against a target of 50 across the year. NB: This project is scheduled to start after Q1 and Q2 reporting period).</p> <p>49 people with identified mental health needs (severe and enduring conditions such as bipolar disorder and schizophrenia) engaged in activities to improve mental and physical health, rebuild confidence and self-esteem (against a target of 40 across the year)</p>

	Reducing Isolation	<p>265 elderly Pakistani residents supported with social isolation (against a target of 150 across the year)</p> <p>50 people accessing lunch clubs and other social activities (against a target of 25 across the year)</p> <p>94 care home residents accessing outdoor activity sessions ranging from art therapy and music and dance (against a target of 100 across Q1 and Q2).</p> <p>59 people aged 55 years and above to be provided with opportunities for outdoor /indoor social interaction, help with emotional wellbeing and befriending (against a target of 40 across the year)</p> <p>Targeted support for 30 people from ethnic minority communities through circle of friends support group to tackle loneliness and isolation (against a target of 40 across the year)</p>
	Reducing Poverty	<p>115 people provided with information and advice concerning immigration (against a target of 200 across the year)</p> <p>94 refugee and asylum seekers supported to access services and to maximise income through employment, training and educational opportunities (against a target of 300 across the year)</p>
Carers Support Service	Help the early identification of unpaid carers	84 new carers identified, increasing the total number of registrations to 497.
	Ensuring a programme of support is in place to help support them maintain their caring responsibilities	<p>57 carers referred to community activities.</p> <p>90 carers (estimated) participating regularly in carers groups</p> <p>4 carers groups in place.</p> <p>3 carers referred to the Wellbeing Friends Service.</p>
	Provision of respite activity for carers	Programme of activity is agreed with Carers – day trips, lunch clubs, therapeutic interventions
	Carers Assessments and Referrals.	6 Tier 1 assessments carried out. This involves undertaking a strength-based discussion with carers,

		<p>undertaking a wellbeing assessment and signposting to relevant support networks and organisations.</p> <p>Where support needs are identified for Carers, this is then referred direct to the local authority for a Tier 2 or Tier 3 assessment. 0 referrals were made to the local authority through this service provision.</p>
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## 2.4 Analysis of performance has shown that:

### 2.4.1 Capacity Building

Performance within the Capacity Building element of the contract has generally been positive, with a key success being that 25 voluntary sector organisations have been successfully supported to bid for funding equating to £1.03M. Volunteers continue to be recruited, but there has been a significant dip in performance between Q1 and Q2 - with the number of volunteers recruited and the overall number of active volunteers significantly reducing between September and December 2021. This is due to a number of factors, including the closure of testing sites and the cessation of other pandemic related areas of activity - in which there has been considerable eagerness from the local community to be involved. The provider must retain momentum in regard to recruitment and retention of volunteers with active promotion of the full range of opportunities available to interested citizens along with the mutual benefits of volunteering – including future employability, career enhancement and the individual wellbeing of volunteers as well as those to whom they provide support. A clear development plan will be required to make improvements in this area, and continued funding to the current contract value will be dependent upon this.

### 2.4.2 One Slough Project

The One Slough Project is successfully performing against the targets set - meeting or exceeding these in most instances and providing good value for money in terms of activity against spend. There are some exceptions to this and the number of support groups held for parents/ carers of children with autism has been disappointing – even though endeavours to hold a target number of groups has been impacted by Covid.

Grants are awarded through a panel process involving key partners and the Co-production network. This is a strong partnerships model. However, going forward further developmental work will be required to tie grants more closely to the strategic aims of the Council and its partners and to minimise risk of duplication in activity with other funded services. Additional work will be undertaken in this area to agree priorities for July 22- June 23, and review membership of the funding panel. Further consideration of this approach will be built into the new model for the voluntary and community sector in the longer term.

### 2.4.3 Carers

Whilst there are some positive elements concerning the delivery of services to carers – particularly in terms of activities and support for carers - performance in the area of carers assessments and referrals to tier 2/3 services is poor. Turnaround initiatives for this element of the service will be required in advance of a new contract being issued, and an improvement plan has been submitted to the Council.



This includes developing a clear assessment framework, making the assessment form more accessible, raising awareness of the referral process upon discharge from hospital or via GPs, and promoting the assessment through networks and the One Slough newsletter. Should improvements fail to be made it is envisaged that this element of the service will be brought in-house over the period July 22 – June 23, with further consideration needing to be given as to how carers services should be managed in the new model of provision. The attraction of more volunteer befrienders and a better matching service are also required for the Carers Wellbeing Friends Service.

2.4.4 Targets across the Capacity Building and Carers elements of the contract have not been consistently set, and this will be addressed in advance of the new contract over 2022-2023, should this be approved.

2.5 In summary, based upon contract performance information, and in anticipation of a new contract period being agreed for 2022-2023, the following areas need to be addressed:

- Increase in the number of Tier 1 carers assessments
- Increase the number of referrals to Tier 2 / 3 services.
- Increase in the number of parent / carer groups for children with autism – to meet agreed targets for the year.
- Agree priorities for One Slough Project to tie grants more closely to the strategic aims and objectives of the Council and its partners and to minimise risk of duplication in activity with other funded services. Provide more direct oversight in this area.
- Ensure that services funded through grants are able to self-sustain in the longer term or have a clear exit plan.
- Increase the number of volunteers recruited and number of active volunteers overall.
- Improve take up of befriending volunteering for carers and improve the matching services.
- Establish clear targets for all elements of the service: Capacity Building, One Slough and Carers.
- Consider opportunities for efficiencies
- Ensure that the contract is open for audit.

2.6 Between January and March 2022, the People Strategy and Commissioning Team undertook engagement with a number of different stakeholder groups concerning the voluntary and community sector and its future development. This included colleagues from: voluntary sector, health, housing, adult social care and the co-production network.

Feedback provided through this engagement included:

- The VCS needs to be flexible in delivery, agile and responsive to local emerging needs.
- The VCS needs to meet the needs of the individual earlier and via closer collaboration with the council front door or primary care.

- Maintaining interest and engagement of existing volunteers and recruitment of new volunteers coming out of the initial phases of the pandemic will be essential.
- There needs to be a clear communication strategy regarding the impact of the VCS. Engagement with statutory partners suggests little acknowledgement of the role of the VCS contract, with the exception of COVID vaccinations volunteer coordination and food delivery
- Focus upon and address health inequalities, and access to service provision.
- Provide collaborative leadership between statutory partners and the voluntary sector with common goals and an understanding of these
- Develop better information management systems including their use for monitoring service provision.
- Have representation at strategic decision-making boards
- Seek sustainable funding to build voluntary sector resilience.
- Progress the quality assurance charter mark for local voluntary organisations
- Development of the One Slough funding scheme with a focus on prevention, addressing isolation and wellbeing.
- Increase the voluntary sector reach to provide support across all communities.
- Address a gap in statutory advice and provision over care and delivery of care services

Further engagement with a wider range of groups including carers, volunteers and other stakeholders will be undertaken using a range of methods for example questionnaires and focus groups in order to explore and develop the future delivery model, including In-house provision and commissioning from / with partners.

A full options appraisal for the future model will be contained within reports to People Scrutiny Panel and to Cabinet.

### 3. Implications of the Recommendation

#### 3.1 Financial implications

3.1.1 The development and delivery of the voluntary sector management service support the council's agreed priorities of the Council and the wider Health and Social Care Partnership. Hence the ongoing increased funding from the Better Care Fund to reinforce its commitment to working with the voluntary sector to deliver priorities that meet the obligations from the Care Act 2014 and Health and Social Care Act 2012.

3.1.2 The table below provides information on how the voluntary sector contract for prevention and carers support is profiled:

<b>Contract Area</b>	<b>Deliverables</b>	
Overheads	Cost towards premises, Printing, staff training and audit	£67,452
Increasing number of volunteers	Increase the number of Volunteers	£118,127
Capacity Building	Enhance the skills of voluntary organisations	£102,178

	and volunteers through successful completion of core training	
	Support VCS groups to sustain core activities	
	Implement a Quality Assurance Programme (Slough Quality Projects accreditation).	
One Slough Community Fund	Support to Vulnerable People	£47,550
	Increasing wellbeing	£6,000
	Reducing Isolation	£29,150
	Reducing Poverty	£23,856
	Supporting new communities	£13,938
Carers Support Service	<ul style="list-style-type: none"> <li>• Early identification of unpaid carers</li> <li>• Programme of support is in place</li> <li>• Provision of respite activities</li> <li>• Carers assessments and referrals</li> </ul>	£65,000
<b>Total</b>		<b>£473,251</b>

3.1.3 The budget for 2022/23 is £473,251. This service is entirely grant funded from an allocation from the Better Care Fund - **£283k** and Public Health Grant -**£190k**. The allocated annual budget is sufficient to fund the one year contract recommended in this proposal.

3.1.4 Service provided by the voluntary sector is closely linked to achievement of ASC Front Door initiatives being explored as part of the ASC Transformation Programme which has to delivery savings efficiencies of £131k annual from 2021/22 till 2023/24.

3.1.5 The annual allocation of budgets from BCF and Public Health grant to the council is a risk to funding of this contract. It is recommended that the annual value of the contract will have to adjust to reflect any material changes to the budget allocation.

## 3.2 Legal implications

1.2.1 Section 2 of the Act places a new duty on local authorities to provide or arrange for services, facilities or resources which will prevent or delay the development of, or

reduce the needs for care and support of, adults in its area In performing that duty, a local authority must have regard to:

- a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty.
- b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);
- c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).

1.2.2 The Care Act 2014 Section 5 promotes a duty for local authorities to shape an effective marketplace of services to meet care and support needs in the local area. The Act describes how local authorities will manage the market to drive innovation, choice, quality, and continuous improvement whilst ensuring value and promoting Wellbeing. The Act places the following duties for adult social care commissioning authorities:

- To promote wellbeing for people with care and support needs.
- Focus on outcomes that are important to people and the delivery of person-centred care.
- Outcomes based commissioning to develop services for people, carers, and the wider population to achieve wellbeing alongside meeting care and support needs.

3.2.5 Duties in the Act place the following commissioning functions:

- Co-production with stakeholders in service design.
- Market engagement and shaping to influence local services on offer and to address barriers faced by the market in service delivery.
- Integration with local partners to achieve population-based outcomes to improve wellbeing

3.2.6 Section 12 of the Health and Social Care Act 2012 introduced a new duty at Section 2B of the NHS Act 2006 Act for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas.

3.2.7 Section 6C of the National Service Act 2006 as amended by the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provide for the discharge of public health functions by Local Authorities

3.2.8 The Health and Social Care Act 2012 introduced duties for Health and Wellbeing Boards in relation to JSNAs- Joint Strategic Needs Assessments. The purpose of JSNAs is to improve the health and wellbeing of the local population and reduce health inequalities. A product of the JSNA, is the evidence-based priorities for commissioning, that will improve outcomes for the local population, reduce health inequalities and address the wider determinants of poor health. Prevention, support to carers and working with local voluntary groups to strengthen community resilience to manage own care are all priorities listed in the JSNA.

3.2.9 In order to modify the contract the Council must comply with the Public Contracts Regulations 2015 (PCR) and the Council's Contract Procedure Rules (CPRs).

3.2.10 Regulation 72(1) (c) of the PCRs, allows contracts to be modified without a new procurement where all of the following conditions are fulfilled:

- i. the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foreseen (i.e. the continuing impact of COVID-19 pandemic);
- ii. the modification does not alter the overall nature of the contract (no significant changes have been made to the nature of any of extensions);
- iii. the increase in price does not exceed 50% of the value of the original contract.

3.2.11 The requirements of section 13 of the Council's CPRs, must also be met. This includes the requirement for the extension to be in accordance with the terms and conditions of the existing Contract and for the Contract not to be extended beyond the approved extension period. The requirements of section 13 of the CPRs cannot be met as the extension provisions in the contract have been exhausted, an Exemption of the CPRs must therefore be sought in accordance with section 14 (Exemptions). Exemptions are reserved for exceptional circumstances and it is being sought on the basis of section 14.9 (d) Service Imperative and the continuing impact of the COVID-19 pandemic on this sector and on the new procurement for the retendered Service. A Business Case has been submitted to the Review Board for Procurement, Legal and Finance for consideration and if they are satisfied that the Exemption request meets the requirements, then the business case will be approved before the contract begins in accordance with CPR 14.6.

3.2.12 The new procurement for the retendered service will be conducted in line with the Public Contracts Regulations and with assistance from the Council Legal Support – HB Public Law.

### 3.3 Risk management implications

3.3.1 Overall, the risks associated with contracting for a further year can be themed as follows.

Risk	Assessment of Risk	Mitigation	Residual Risk
Some defined areas of the contract underperform.	Medium  Most of the areas within the current contract are performing well. However, there are some pockets of poor performance – particularly in the area of carers tier 1 assessments and referrals to other services.	Contract managers will work with the service to ensure that turnaround initiatives are implemented in advance of the new contract period.  If improvements are not made to the carers tier 1 service and the referrals to other services in advance of the contract period July 22 – June 23, transfer those services in house  Alternative modes of delivering the service will be considered as part of the development of the new model of provision.	Low
Duplication of existing	Medium	The People Strategy and Commissioning Team will	Low

<p>services through the One Slough element of the contract and lack of alignment with strategic aims of the council and its partners.</p>		<p>agree key priority areas in advance of the new contract extension. These will refer to the Council's Recovery Plan, the Health and Social Care Plan and will support delivery against the Adult Social Care Outcomes Framework, Public Health Outcomes Framework and other key indicators.</p> <p>Priorities will be signed off at Adults DLT and the Health and Social Care Partnership in advance of the new contractual period.</p>	
<p>An opportunity is missed to integrate the voluntary and community sector into developmental work concerning the Front Door – which is being designed to reduce demand for adult social care.</p>	<p>Medium</p>	<p>Transformation partners, People Too have been briefed upon this requirement.</p> <p>People Strategy and Commissioning will work with partners to support the delivery of the Front Door Project – liaising and engaging with the Voluntary and Community Sector as necessary.</p>	<p>Low</p>
<p>Performance overall will dip in the absence of a competitive process for an additional year's contract extension.</p>	<p>Medium</p>	<p>Quarterly contract monitoring meetings will continue including a review of detailed performance information.</p> <p>Any issues concerning performance will be escalated to the Commissioning, Purchasing and Market Board – with recommendations for remedial action being made and implemented.</p>	<p>Low</p>

Lack of oversight of performance or activity from a political perspective if it is not envisaged that a paper will not be taken to Cabinet until Winter 22.	Medium	Regular briefing and engagement with the Lead Member or Social Care and Public Health.  Visibility of activity through the ASC Transformation Board – which Lead Member will attend.  Presentation of paper to People Scrutiny Panel in Autumn 22.	Low
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### 3.4 Environmental implications

3.4.1 The table below provides examples of environmental impact measures that affect voluntary sector organisations:

<b>Environmental Impact</b>	<b>Management Measures</b>
Carbon emissions from volunteers and staff travelling between services/locations to provide services.	Recruitment of volunteers centred on local residents to minimise carbon emissions. Promotion or provision of bicycles for staff travel. Promotion of walking routes for rosters. Promotion of car sharing. Promotion of electric powered cars.
Hazardous Waste management	Promotion and support of recycling Infection control policies and procedures- staff and volunteers trained on correct disposal
Office and equipment waste management	Use of confidential paper shredding and recycling service. Use of recycled ink cartridges for printers. Recycle electronic equipment with ethical supplier. Reduce paper usage by using electronic booking systems for volunteering.

### 3.5 Equality implications

3.5.1 A full Equalities Impact Assessment will be provided alongside presentation of the proposed model to Cabinet.

### 3.6 Procurement implications

A timeline for implementing and delivering a new model for the voluntary and community sector on a 12 month basis, using a full procurement process, is set out in the table below. A timeline for implementing and delivering a new model within a 9 month period is also provided for comparison, along with a brief assessment of the risks and dependencies involved. Particular steps within the timetable would be amended to take account of any decision made by Cabinet in Autumn 2022 to internalise provision, but within the overall agreed timescale.

Action	By Whom	Delivery by 9 months	Risks / Dependencies of Delivery by 9 months.	Delivery by 12 months
Cabinet Report providing an update to the VCS and also seeking a contract for up to 1 year.	Associate Director People Strategy and Commissioning  Group Manager People Strategy	May 17 <sup>th</sup> 2022		May 17 <sup>th</sup> 2022
Voluntary Sector Project Group established with representation from the CCG, Housing, Public Health, ASC, Customer Service and People Too.  Focus on alignment of the VCS with ASC Transformation Programme – redesign of the Front Door.  As and when representation from Procurement, Finance and Legal	Interim Adult Social Care Commissioner (subject to successful recruitment)  Group Manager People Strategy	First meeting to start week beginning May 23 <sup>rd</sup> 2022	There is a dependency with progression of the ASC Transformation Programme Front Door Project.  Dependency with management of staffing capacity issues.	First meeting to start week beginning May 23 <sup>rd</sup> 2022



Action	By Whom	Delivery by 9 months	Risks / Dependencies of Delivery by 9 months.	Delivery by 12 months
<p>Weekly meetings to</p> <ol style="list-style-type: none"> <li>1. Review data and outcomes</li> <li>2. Benchmark models</li> <li>3. Develop options for consultation</li> <li>4. Identify gaps and opportunities</li> <li>5. Consider procurement route</li> <li>6. Begin design work</li> <li>7. Develop Procurement Business Case.</li> </ol>				
<p>Meeting with GM Commercial, Procurement and Legal to view options for going to market.</p>	<p>Interim Adult Social Care Commissioner</p> <p>Group Manager People Strategy</p>	<p>June 2022 – date to be arranged</p>		<p>June 2022 – date to be arranged</p>
<p>Stakeholder Engagement - statutory partners and other stakeholders.</p>	<p>Interim Adult Social Care Commissioner</p> <p>Principal Partnerships Officer</p>	<p>July 2022</p>	<p>Ensure buy-in from funding bodies of the proposed model.</p>	<p>July- August 2022</p>
<p>Market Engagement</p>	<p>Interim Adult Social Care Commissioner</p>	<p>July 2022</p>		<p>July- August 2022</p>
<p>Development of draft specification (data-driven and evidence based) and alignment with</p>	<p>Interim Adult Social Care Commissioner</p>	<p>July 2022</p>	<p>Dependency with progression of ASC Transformation</p>	<p>July – August 2022</p>

Action	By Whom	Delivery by 9 months	Risks / Dependencies of Delivery by 9 months.	Delivery by 12 months
ASC Transformation Programme, with clear financial modelling, outcomes, benchmarking, delivery process and taking account of engagement.			Programme – Front Door Project.	
Presentation to Better Care Fund, Slough Place Based Committee	Interim Adult Social Care Commissioner  Group Manager People Strategy	Date to be set in August 2022		Date to be set in September 2022
Presentation to People Scrutiny - model and procurement route	AD People Strategy and Commissioning  Group Manager People Strategy	8 <sup>th</sup> September 2022	Limited time to refine the model to take account of comments by Scrutiny.	8 <sup>th</sup> September 2022
Report to Cabinet for decision to procure voluntary sector services describing financial commitment, recommended procurement route, service model and outcomes	AD People Strategy and Commissioning  Group Manager People Strategy	19 <sup>th</sup> September 2022		17 <sup>th</sup> October 2022
Procurement timetable	Interim Adult Social Care Commissioner  Procurement Officer	PIN & ITT Published for 30days  30 <sup>th</sup> September	Preparation of evaluation report would need to run concurrently with evaluation.  Unlikely to meet usual	PIN & ITT Published for 30 days  4 <sup>th</sup> November 2022

Action	By Whom	Delivery by 9 months	Risks / Dependencies of Delivery by 9 months.	Delivery by 12 months
		<p>Deadline for clarifications – 14th October 2022</p> <p>Deadline for receipt of written submissions 11<sup>th</sup> November 2022 noon</p> <p>Evaluations 14<sup>th</sup> November – 25<sup>th</sup> November 2022</p> <p>Draft to be shared by 25<sup>th</sup> November.</p>	<p>submission dates for Cabinet.</p>	<p>Deadline for clarification 18<sup>th</sup> November 2022</p> <p>Deadline for receipt of written submissions 16<sup>th</sup> December 2022 12 noon</p> <p>Evaluations 19<sup>th</sup> December 2022 – 20<sup>th</sup> January 2023</p> <p>Draft to be shared by 3<sup>rd</sup> Feb 2023</p>
<p>Present to Cabinet – Tender evaluation report</p>	<p>Interim Adult Social Care Commissioner</p> <p>Group Manager People Strategy</p>	<p>19<sup>th</sup> December 2022</p>		<p>20<sup>th</sup> March 2023</p>
<p>Notification of contract award decision and 10 day standstill</p>		<p>20<sup>th</sup> December 2022 – 30<sup>th</sup> December 2022</p>	<p>The provider would need to proceed at risk due to call-in requirements. This is unlikely</p>	<p>21<sup>st</sup> March 2023 – 31<sup>st</sup> March 2023</p>

Action	By Whom	Delivery by 9 months	Risks / Dependencies of Delivery by 9 months.	Delivery by 12 months
			to be desirable.	
Mobilisation period	Interim ASC Commissioner  Principal Contracts Officer	2 <sup>nd</sup> January 2023 – 31 <sup>st</sup> March 2023		1 <sup>st</sup> April 2023 – 30 <sup>th</sup> June 2023
Target commencement date	Interim ASC Commissioner  Principal Contracts Officer	1 <sup>st</sup> April 2023		1 <sup>st</sup> July 2023

A report setting out a proposed model and procurement strategy for the voluntary and community sector which will be presented to Scrutiny in Autumn 2022 and Cabinet in Winter 2022 will contain procurement implications.

### 3.7 Workforce implications

3.7.1 None

### 3.8 Property implications

3.8.1 None

## **4. Background Papers**

**Report to Cabinet 20 December 2021 - Procurement of Services with the Voluntary Sector for Prevention and Carers Support**