

SLOUGH BOROUGH COUNCIL

REPORT TO:	Cabinet
DATE:	21 November 2022
PORTFOLIO:	Cllr Natasa Pantelic, Social Care and Public Health
SUBJECT:	Recommissioning of Voluntary and Community Sector Contracts
CHIEF OFFICER:	Marc Gadsby, Acting Executive Director People Adults
CONTACT OFFICER:	Jane Senior, Associate Director People Strategy and Commissioning
WARD(S):	All
KEY DECISION:	YES
EXEMPT:	NO
DECISION SUBJECT TO CALL IN:	YES
APPENDICES:	Appendix 1 – Contract Performance Appendix 2 – Engagement Appendix 3 – Equalities impact Assessment.

1 Summary and Recommendations

This report seeks approval to procure two new services for the delivery of voluntary and community sector service and advice and information services, to replace existing provision when current contracts expire in June 2023. This will be for a period of 3+1+1 years at a maximum value of £2,641,255 – funded through the Better Care Fund and the Public Health grant. Contracts over the intended contract period will be subject to ongoing funding availability. The new contracts will further strengthen the preventative offer and reduce demand for adult social care, introducing an integrated offer at the 'Front Door'. The report also seeks approval to bring the Carers element of the service back in house with assessment and activities being undertaken by a Carers co-ordinator, rather than through the existing arrangements. The current contractual value for the carers element of the service is £65K per annum or £325K over a 5-year period, and this is the amount which will be returned to the Council for the purpose of delivering a carers service.

Recommendations:

Cabinet is recommended to:

1. Approve the procurement of a Voluntary and Community Sector Service for up to five years (three year contract plus two optional extensions of one year each, subject to satisfactory performance) from 1st July 2023 to 30th June 2028.
2. Approve the procurement of an Advice and Information Service for up to five years (three year contract plus two optional extensions of one year each, subject to satisfactory performance) from 1st July 2023 to 30th June 2028.
3. Approve the funding envelope for the two contracts to a maximum value of £2,641,255 over a five year period
4. Approve the transfer back in-house of the carers element of the current services at a cost of £65k per annum, with carers assessments and activities being undertaken by a Carers Co-ordinator. .
5. Delegate authority to the Executive Director for People (Adults), in consultation with the Lead Member for Social Care and Public Health, and the Director of Finance, to undertake the procurement process.
6. Note the detailed performance information concerning current contracts.
7. Note that recommendations for contract award will be presented to Cabinet in Spring 2023, and that periodic updates concerning performance of the new voluntary and community sector contracts will be presented to Cabinet.

Reason:

To agree to the procurement of two new contracts for voluntary and community sector services and advice and information services which adhere to best value principles, and more fully align services to the strategic aims of the Council and its partners, including a reduction in demand for adult social care. To agree to the transfer back in-house of the carers elements of the services.

Commissioner Review

Commissioners have reviewed this report.

2 Report

This report contributes to the following priorities:

Slough Corporate Plan 2022-25

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

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

Slough Wellbeing Strategy 2020-25

Priority 2: Integration:

Increase the number of people living independently at home and decrease the proportion living in care homes

Increase the number of people who are managing their own health and care needs.

Slough Health and Social Care Plan

More integrated and pre-emptive service offers

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

Options considered

Option	Pros	Cons
Option 1 Do not procure new services to replace existing provision when contracts expire.	Not undertaking a procurement would reduce pressure placed upon teams engaged in procurement activity.	<p>The preventative offer within Slough would be severely compromised at a time of increasing demand, and would increase pressure on statutory services.</p> <p>The Council would be failing in its statutory responsibilities under the Care Act 2014 in respect of promoting wellbeing, preventing the need for care and support and providing good quality information and advice.</p> <p>Savings would not be delivered to the Council as the service is funded through the Better Care Fund and Public Health grants – although on balance, these funds could potentially be invested elsewhere.</p>
Option 2 Issue a contract extension for both services as they are currently arranged.	This would ensure continuity of service delivery to local people	There is no clear legal justification for issuing a contract extension. A

	<p>provided by the voluntary and community sector, including vulnerable local people in particular.</p>	<p>revised model has been developed for the voluntary and community sector which takes account of performance information, feedback from stakeholders and other data concerning demand at the front door.</p> <p>This approach would not test the market and the Council could not be certain that best value is being achieved.</p> <p>The carers service element of the current contract is not currently performing to the standard required – although carers accessing services do value them.</p>
<p>Option 3</p> <p>Agree to procure two new services for the voluntary and community sector and information and advice by competitive process and to bringing the carers service in house.</p> <p>Recommended</p>	<p>The new model takes account of performance information, stakeholder feedback and other data concerning demand at the front door to enhance the preventative offer and to address deficits in performance – partially due to the current model.</p> <p>Addresses a conflict of interest where the infrastructure organisation also delivers services.</p> <p>Implements a competitive process in order to deliver best value for the Council.</p>	<p>This route places pressure upon teams engaged in procurement activity. It will be important to ensure that elements of the carer service which are working well are not disrupted through bringing back in house.</p>
<p>Option 4</p> <p>Procure services as one lot either as a single provider, or lead provider / sub-contractor model</p>	<p>The Council would be required to contract manage one supplier rather than two.</p> <p>However, under a lead provider model, officers would be expected to retain oversight of performance of</p>	<p>It was considered that this model would limit the market with different organisations having different areas of expertise and not necessarily having an appetite to enter into lead provider/ sub-contractor arrangements</p>

	<p>the sub-contractor and to drill down through 'the supply chain' to obtain more detailed information and challenge performance as necessary. Any gain in officer time therefore would be minimal.</p>	<p>and causing an unnecessary complication in the procurement process.</p> <p>One provider could bid for both lots if they wish and , and under these circumstances it would be reasonable to expect that economies of scale in respect of overheads, would be reflected in the price.</p> <p>A similar arrangement was previously in place but did not work satisfactorily and the provider delivering information and advice gave notice and exited the arrangement.</p>
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On consideration of a number of options, Option 3 is recommended.

Background

- 2.0 The voluntary sector plays an important role in supporting the Council and its partners in delivering against key local priorities and meeting its statutory responsibilities in respect of the Care Act 2014. This includes promoting wellbeing, preventing the need for care and support, and providing good quality information and advice.
- 2.1 The Council currently contracts with Slough CVS and Slough Citizens Advice East Berkshire to support it in meeting these responsibilities. Approval to extend the Slough CVS contract was given at Cabinet in May 2022 for a one year period. A one year contract for Slough Citizens Advice East Berkshire service was issued under delegated authority on an urgent basis when the previous provider served notice on the Council. These contracts are due to expire in June 2023 and it is recommended that a competitive procurement process is undertaken to ensure new services are in place once current contracts expire.
- 2.2 An outline of the current services delivered by Slough CVS and Slough Citizen Advice East Berkshire are set out below.

Slough CVS		
Contract Area	Deliverables	Cost per year

Capacity Building	Overheads – costs towards premises, printing, staff, training and audit	£67,452
	Increase the number of Volunteers	£118,127
	Enhance the skills of voluntary organisations and volunteers through successful completion of core training	£102,178
	Support VCS groups to sustain core activities	
	Implement a Quality Assurance Programme (Slough Quality Projects accreditation).	
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	£47, 550
	Increasing wellbeing	£6,000
	Reducing Isolation	£29,150
	Reducing Poverty	£23,856
	Supporting new communities	£13,938
Carers Support Service	Help the early identification of unpaid carers	£65,000
	Ensuring a programme of support is in place to help support them maintain their caring responsibilities	
	Provision of respite activity for carers	
	Carers Assessments and Referrals.	
	TOTAL	£473,251

Contract Area	Deliverables	Cost per year
Information and Advice	Income Maximisation	£120K
	Identified Needs, including: Housing Benefits / Universal Credit Legal Relationships and Family	
	Total	£120K

2.3 A summary of current services and performance against targets from July 21 to June 22, along with a short narrative concerning performance is set out in the table shown at Appendix 1.

Engagement

2.4 Since a report concerning the voluntary and community sector was presented to Cabinet in May 22, a Recommissioning Project Group comprising key partners was convened. This included representatives from: SBC People Strategy and Commissioning, SBC Adult Social Care Operations, SBC Public Health, SBC Procurement, Frimley ICB, Farnham Road Primary Care Network and the Co-Production Network / Berkshire Health Foundation Trust Community Mental Health Team and Adult Social Care Transformation partner, People Too. The group considered a number of elements relating to the future delivery of the voluntary and community sector. This included: performance data of current contracts, effectiveness of existing arrangements and areas for improvement, demand data relating to adult social care, gaps in current provision, high level outcomes, and possible future models and procurement routes. In order to inform the process, the Project Group undertook engagement with a number of groups. This included: the Co-production Network, the Communities Team, the Housing Team, Volunteers recruited through SCVS, Carers, PCN Social Prescribers, Social Workers, the Mental Health Integrated Commissioning Services, and the Better Care Partnership Delivery Board. Key findings from the engagement are shown at Appendix 2

2.5 Drawing upon the findings of the Recommissioning Project Group, the future model is proposed. The model, whilst not dissimilar to current arrangements, proposes a number of key changes, designed to respond to information obtained through engagement, to improve data collation, information sharing, advice and information in respect of adult social care, the delivery of some service areas and a reduction in demand at the Adult Social Care front door. Key areas of the new model, highlighting changes and the rationale for this is set out in the table below.

Proposed new Model for Voluntary and Community Sector Infrastructure – Service 1 Provider		
Service Area	Components	Rationale for Inclusion
Capacity Building / Infrastructure	Overheads	Usual overhead requirements relating to the operation of a service.
	Volunteers	<p>To recruit and retain volunteers, provide appropriate, cost-effective training and a matching service with VCS organisations and activities across the borough, including Council led activities. To advertise new volunteering opportunities.</p> <p>To support the Council in developing a Volunteer Strategy and the likely need for volunteers and how they might appropriately be deployed.</p> <p>To provide a training package for new volunteers and the completion of DBS checks where appropriate.</p> <p>To obtain feedback on the volunteer experience and areas for improvement.</p> <p>To routinely report on numbers of new volunteers, number of volunteers overall, reasons why people become volunteers or decide not to continue as a volunteer.</p>
	Public Facing Directory of Services and Signposting.	<p>The extensive feedback collated as part of the re-commissioning process and set out at Appendix 2 shows that many professionals are often not aware of the range of voluntary and community sector groups which are available in the local area.</p> <p>The provider will be required to further develop and maintain and publish on its website a directory of local services (currently being developed by Health).</p> <p>This will include whether VCS groups welcome volunteers, which will directly link into the matching service.</p>
	Enhance the skills of voluntary organisations through a programme of core training	Ensure that VCS organisations understand how to legally and safely operate a voluntary organisation – trustees, insurance, registration with the charity commission etc.
	Enhance the viability of voluntary	Target funding to be secured each year to support viability and sustainability of the VCS organisations.

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

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

Proposed New Model for Voluntary and Community Sector Services - Advice and Information – Service 2		
Advice and Information	<p>Income Maximisation</p> <p>Advice and Information:</p> <p>Housing Adult Social Care Legal Relationships Benefits and Tax Credits. Signposting to VCS Cost of Living</p>	<p>The new service will strengthen the advice and information offer in respect of social care in accordance with the Care Act 2014.</p> <p>The service will increase the number of face-to-face sessions which are undertaken.</p> <p>The service will maintain the use of volunteers to support the core service and provide adequate training to enable them to fulfil this role.</p> <p>The service will draw upon the Directory of Services produced by the Infrastructure Provider to signpost to the VCS.</p> <p>The service will liaise closely with the contract management team and share detailed data concerning accommodation advice sought</p>

		<p>The contract management team will liaise closely with Housing Need and with ASC to feed in areas for development and obtain information.</p> <p>Undertake detailed casework.</p> <p>Strengthen links with Housing and with Adult Social Care.</p>
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Proposed New Model for Carers services – Carers		
Carers	<p>To bring service in house to undertake all unallocated carers assessments and provide a number of carers support groups eg befriending, social groups and so on and to coordinate access to carers groups and activities within the community.</p>	<p>There is a conflict of interest with current arrangements in that the infrastructure organisation also delivers the carers services.</p> <p>The Tier 1 Wellbeing Carers Assessments are not working and splitting this out from Adult Social Care is not helpful.</p> <p>It would be better to have 1 worker within the ASC Operations Team undertake all unallocated Carers Assessment as well as coordinate a number of groups and activities for carers and refer into groups which will be detailed in the Provider 1 maintained Directory of Services.</p> <p>Any additional requirements can be delivered through the One Slough Community Fund.</p>

The Recommissioning Project Group will continue to meet throughout October and November 22 to further develop the service specification and tender documents. Some small adjustments to the proposed model may be made and the Lead Member for Social Care and Public Health will retain oversight of the process.

3. Implications of the Recommendation

3.1 Financial implications

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

3.2 Legal implications

- 3.2.1 Section 2 of the Care Act 2014 places a duty on local authorities to provide or arrange for services, facilities or resources which will prevent or delay the development of, or reduce the needs for care and support of, adults in its area. In performing that duty, a local authority must have regard to:
- a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty.
 - b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);
 - c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).
- 3,2,2 The Care Act 2014 Section 5 imposes a duty on local authorities to shape an effective marketplace of services to meet care and support needs in the local area. The Act describes how local authorities will manage the market to drive innovation, choice, quality, and continuous improvement whilst ensuring value and promoting Wellbeing. The Act places the following duties for adult social care commissioning authorities:
- To promote wellbeing for people with care and support needs.
 - Focus on outcomes that are important to people and the delivery of 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.

3.2.3 Duties in the Act place the following commissioning functions:

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

3.2.4 Section 12 of the Health and Social Care Act 2012 introduced a duty at Section 2B of the NHS Act 2006 for the council to take appropriate steps to improve the health of the people who live in its area.

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

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

3.2.7 The procurement for the new services will be conducted in line with the Public Contracts Regulations 2015 and the council's Contract Procedure Rules with assistance from Procurement and HB Public Law.

3.2.8 The Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) (TUPE) is likely to apply to the insourcing of the carers service.

3.3 Risk management implications

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

Risk	Assessment of Risk	Mitigation	Residual Risk
Some or all areas of the new contracts underperform.	Medium	<p>Tendering for the contract provides an opportunity for bidders to set out how they will deliver against the contracts.</p> <p>The new contracts will be carefully managed by the Contract Management function sitting within the</p>	Low

		People Strategy and Commissioning Team.	
Duplication of existing services through the Slough Community Fund element of the contract and lack of alignment with strategic aims of the council and its partners.	Medium	<p>The new model allows for better data collation at the front door and through the social prescribing network which will directly feed into priority areas for organisations bidding for funding via the Community Fund.</p> <p>The Service 1 Provider will be required to further develop and maintain a directory of services which will ensure all provision in the borough is mapped and this will reduce the risk of duplication of provision going forward.</p>	Low
Opportunity for using the VCS to maximise prevention of take up of ASC is missed.	Medium	The new model involves embedding social prescribers within the ASC Front Door and Hospital Social Work teams. This should aid with improving the preventative offer to reduce demand for Adult Social Care.	Low
Duplication in funding by different parts of the Council	High	<p>A number of different teams have facilitated funding to the VCS independently of each other and without regard to the contract.</p> <p>It will be important that all teams work through a single point of contact going forward ie through the contract manager.</p> <p>Conversations have already taken place to</p>	Medium / High.

		this effect and this will now need to be enforced.	
There is insufficient interest in new services and the potential pool of suppliers is small.	High	The People Strategy and Commissioning team will undertake a Market Engagement event(s). This will have the benefit of enabling the market to have input into the development of the detailed specifications for service.	Medium / High
There is difficulty recruiting into the Carers Co-ordinator role within the Council	Medium	The permanent recruitment process is overly long and complicated and requires simplification by the relevant team. TUPE is likely to apply which would remove the need for recruitment. If TUPE does not apply then recent recruitment to a similar engagement post has yielded significant interest and resulted in a successful recruitment.	Medium / Low

3.4 Environmental implications

3.4.1 The table below provides examples of environmental impact measures that affect voluntary sector organisations. The procurement will take account of these implications in the evaluation:

Environmental Impact	Management Measures
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 of car sharing. Promotion of electric powered cars.
Waste management	Promotion and support of recycling
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.
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3.5 Equality implications

3.5.1 A full Equalities Impact Assessment is set out at appendix 3.

3.6 Procurement implications

The procurement will be undertaken by open tender.

The indicative timetable is as follows;

Action	By whom / which entity	Date
Pre-emptive PIN notice issued (non-binding)	Mid October	TBC
Approval to procure	Cabinet	21 November 22
Tender documents issued	Procurement	30 November 22
Clarifications deadline	People Strategy and Commissioning	6 December 22
Bid deadline		7 January 23
Evaluations Complete	Evaluation Team	21 January 23
Internal approval process 3 Feb 23 – 9 March	People Strategy and Commissioning	
Approval for Contract Award	Cabinet	20 March 23
Call In	Yes	
Standstill period	Yes	
Mobilisation	People Strategy and Commissioning	April – June 23
Contracts go live date		1 July 23

3.7 Workforce implications

3.7.1 The Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) (TUPE) is likely to apply to the insourcing of the carers service.

3.8 Property implications

3.8.1 None

4. Background Papers

Appendix 1 performance Information.

Contract Area	Deliverables	Performance July 21 – December 21 Period 1 (Q1/2 of the contract)	Performance January 22 – June 22 Period 2 (Q3/4 of the contract)	Commentary
Capacity Building	Increase the number of Volunteers	<p>581 active volunteers accessing opportunities through Three Rings on-line platform.</p> <p>255 new volunteers recruited.</p> <p>Reduction in number of volunteers recruited over Q2.</p> <p>Overall reduction in number of active volunteers in Q2</p>	<p>369 active volunteers accessing opportunities through Three Rings on-line platform</p> <p>198 new volunteers recruited</p> <p>Reduction in number of volunteers recruited over Q3 and Q4</p> <p>Overall reduction in number of active volunteers over Q3 and Q4</p>	The number of active volunteers and new volunteers has declined over Period 2.
	Enhance the skills of voluntary organisations and volunteers through successful completion of core training	<p>31 unique training courses took place with 335 participants.</p> <p>Training includes:</p> <ul style="list-style-type: none"> Safeguarding (children and adults) Confidentiality Professional boundaries Communication Equality and Diversity Setting up successful organisations Breast Cancer Awareness Training on the Carers App 	65 training courses took place with 948 participants.	<p>There has been a significant increase in the number of training courses for volunteers and voluntary organisations.</p> <p>The current cost of training volunteers equates to £312.50 per volunteer, which is excessive.</p>

	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	25 voluntary sector organisations have been supported to successfully bid for additional funding to a total amount of £460,545	There has been a halving in funding secured.
	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	41	
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	Support to Vulnerable People	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) 167 young carers (aged below 25 years) supported to carry out their caring duty (against a target of 97 for the year) 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	180 110 232	Significant overperformance against the target set. (280/100) Overperformance against the target set. (135/ 97) Significant overperformance against the target set. (381/232)

(Health, the Council and the Coproduction network).		<p>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 & 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>	<p>51</p> <p>25</p>	<p>Overperformance against the target set (98/80)</p> <p>Underperformance against the target set. (33/50)</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</p>	<p>56</p> <p>59</p>	<p>Overperformance against the target set (56/50)</p> <p>Significant overperformance against the target set. (108/40)</p>

		activities to improve mental and physical health, rebuild confidence and self-esteem (against a target of 40 across the year)		
Reducing Isolation		265 elderly Pakistani residents supported with social isolation (against a target of 150 across the year)	57	Significant overperformance against the target set.(322/200)
		50 people accessing lunch clubs and other social activities (against a target of 25 across the year)	100	Significant overperformance against the target set (150 / 25)
		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).	0 – only funded for half the year	Slight underperformance against the target set (94/100)
		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)	59	Significant overperformance against the target set (108/40)
		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)	62	Significant overperformance against the target set (92/40)

	Reducing Poverty	115 people provided with information and advice concerning immigration (against a target of 200 across the year)	109	Overperformance against the target set (224/200)
		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)	101	Significant underperformance against the target set (195 / 300)
Carers Support Service	Help the early identification of unpaid carers	84 new carers identified.	55 new carers identified.	The number of new carers has declined over the second period.
	Ensuring a programme of support is in place to help support them maintain their caring responsibilities	57 carers referred to community activities.	33 carers referred to community activities	The number of carers referred to community activities has declined over the second period.
		90 carers (estimated) participating regularly in carers groups	24 carers participating regularly in carers groups	The number of carers participating regularly in carers groups has declined.
		4 carers groups in place.	4 carers groups continue to be in place.	The number of carers groups remains consistent.
	3 carers referred to the Wellbeing Friends Service.	9 carers referred to the Wellbeing Friends Service	There has been an increase in the number of carers referred to the Wellbeing Friends Service.	
Provision of respite activity for carers	Programme of activity is agreed with Carers – day trips, lunch clubs, therapeutic interventions	Programme of activity is agreed with Carers – day trips, lunch clubs, therapeutic interventions		

	<p>Carers Assessments and Referrals.</p>	<p>6 Tier 1 assessments carried out. This involves undertaking a strength-based discussion with carers, 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.</p> <p>0 referrals were made to the local authority through this service provision.</p>	<p>31 Tier 1 Assessments carried out.</p> <p>18 carers referred to Adult Social Care.</p>	<p>The number of Tier 1 Assessments carried out has increased.</p> <p>The number of carers referred to Adult Social Care has increased.</p>
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Capacity Building

Performance within the Capacity Building element of the contract has declined across all areas with the exception of training courses for volunteers and voluntary organisations where it has increased. Whilst it is noted that volunteering generally has declined since the initial waves of the pandemic and the closure of testing and vaccination sites, some issues concerning volunteer recruitment and management has been identified through engagement with a range of different groups, and this has been built into the new service model outline going forward.

One Slough Project

The One Slough Project has been the most successful element of the current contractual arrangements – with community and voluntary sector services in receipt of grant funding overperforming or significantly overperforming against the targets set in the vast majority of cases. This approach will be replicated in the new service specification. The grant awarding will be more closely linked to data on services required being gathered at the front door.

Carers

There have been some modest improvements in the number of carers assessments and referrals. As improvements have been made in this area there has been a deterioration in the number of carers referred to community activities and also participating in carers groups.

Appendix 2 – Engagement

Group	Ref	Feedback	Addressed
<p>Various Groups – pre-Cabinet Report May 2022 January to March 2022</p> <p>Voluntary sector, health, housing, adult social care and the co-production network</p>	1	The VCS needs to be flexible in delivery, agile and responsive to local emerging needs.	Yes – This will be delivered by improving data gathering at the ASC Front Door and through Social Prescriber Networks in PCNs and Community Connectors in respect of demand for VCS and Information and Advice. Use this as part of the bidding process for funding for VCS activities – through the Community Support Fund.
	2	The VCS needs to meet the needs of the individual earlier and via closer collaboration with the council front door primary care.	<p>Yes – Embed Social Prescribers within the ASC Front Door and also within the Hospital Social Work Team.</p> <p>Ensure that Social Prescribers across Primary Care and ASC meet regularly and are able to feed their views and experiences into contract management meetings via an ASC Commissioner, and into the bidding process.</p>
	3	Maintaining interest and engagement of existing volunteers in the recruitment of new volunteers coming out of the initial phases of the pandemic will be essential.	<p>Build this requirement into Provider 1 and Provider 2 service specification.</p> <p>Ensure that that Provider 1 plays an active role in matching volunteers to opportunities across the sector</p> <p>Provider to further develop and maintain a comprehensive and public facing directory of</p>

			services (currently being delivered by health) including whether volunteers are welcomed.
	4	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	Yes – Provider 1 will be required to further develop and maintain a public facing directory of all VCS and other relevant services within the borough. Will also be required to promote this with key statutory and other partners and in various media – including the Council website, twitter feed etc.
	5	Focus upon and address health inequalities, and access to service provision	Yes – See response to 4 - See response to 1 - See response to 7
	6	Provide collaborative leadership between statutory partners and the voluntary sector with common goals and an understanding of these	Yes – Provider 1 will be required to engage with all VCS services within the borough and operate as the representative body. Also, engagement with the VCS should be channelled through a single point of contact within the Council to coordinate.
	6	Develop better information management systems including their use for monitoring service provision	Yes – Provider 1 service specification
	7	Have representation at strategic decision making boards	This opportunity exists already. Can review representation as necessary with the provider
	8	Seek sustainable funding to build voluntary sector resilience	Yes – Provider 1 service specification
	9	Progress the quality assurance charter mark for local voluntary organisations	Yes – Provider 1 provider service specification
	10	Development of the Slough funding scheme with a focus on prevention, addressing isolation and wellbeing	Yes – See 1

	11	Increase the voluntary sector reach to provide support across all communities.	Yes – service specification Provider 1 and 2
	12	Address a gap in statutory advice and provision over care and delivery of care services	Yes – this area of the service specification will be strengthened for the Lot 2 provider
Co-production Network	13	What I have seen is that we are getting phone calls from social prescribers. Don't understand what my organisation does or the rest of the VCS. They are looking around for info around people they want to refer.	Yes – see 1, 2 and 4.
	14	Need to make sure there are enough funds to divert people from the front door.	Yes – agree. See budgetary information.
	15	There are some challenges for MH professionals in knowing what is out there. People with MH issues should be able to access groups better. Database would be very helpful. Its hard trying to keep up with what is happening.	Yes – see 1, 2 and 4.
	16	Main concern – when someone is in a very vulnerable position and before they can get help they go around the houses and cannot even get the question answered. Can we have a one point of contact for everything	Partially – see 4. There are social prescribers at PCNs and social prescribers will be embedded within the ASC Front Door. Issues with access to information should be addressed by the development and maintenance of a data base.
	17	Prevention is better than cure. GPs – once you are discharged from secondary services, then you are trying to find	Yes - See 1, 16

		<p>someone to help you eg MH. The first port of call is the GP. GPs need more info. They have leaflets on what you might get and posters on what you might get – need stuff to prevent you getting it .</p>	<p>Also – new model will embed social prescribing / carers resource into hospital social work team.</p>
	18	<p>What is happening has taken 5 years to get going It seems to be doing a good job. 5/6 years ago the whole set up was dismantled. It has taken that amount of time to get strong carers support in place. Be very reluctant to start that and stop again. It is used by quite a large group of carers. But a good number of carers are reliant on it. Need all the support they can get</p>	<p>Yes – carers groups are considered to be important. But, it is thought that carers coordination could be better undertaken through bringing carers coordination in house.</p>
	19	<p>Befriending service can be very helpful. Volunteering or connecting – can be mutually beneficially. Peer support. That is happening in Slough. Coffee mornings. Some of this on-line. Face to face isn't coming back. Its easier and cheaper to use on line. Not everyone likes it.</p>	<p>Yes – see response to 3</p>
	20	<p>ASC and VCS – isn't an either / or. [Someone] might have got support with caring responsibilities – but also needs help</p>	<p>Yes – embedding social prescribers within the ASC Front Door will assist with this understanding and to enable those in receipt of care and support to also access support from the VCS.</p>

	21	<p>We have an elderly relative – out of hospital in November. Lives by himself. We have never received any info the through the post He is 88 . Where would he get the info.</p>	Yes – see response to 2, 3, 17 etc.
	22	<p>Some people can find information on-line. Social prescribers – should be able to help via the front door. The directory will be on line – but there should also be help and advice available in person. Most people coming for help are at crisis. People need to know before hand what is out there.</p>	Yes – see response to 2,3, 17
Communities Team	23	<p>Need to ensure that there is provision for the VCS to recruit volunteers for the Council, including appropriate training similar to the volunteer passport. Also, to ensure that there is a facility to match volunteer need to volunteer interest.</p> <p>Also, good to build in to the specification for the infrastructure organisation to undertake an assessment with the Council of how volunteers could work with the Council in a clear and defined way. Although the Council will also need a volunteer strategy to clarify what its ask is and how it might deploy volunteers.</p>	Yes – this requirement will be built into the specification for Provider 1.

	24	Internally – there is a need for the Communities Team and the People Strategy and Commissioning team to work closely together in respect of service delivery and contract management and ensure alignment in this space.	Yes – this needs to be picked up internally. There also needs to be a single point of contact within the Council through which all additional grant requests are coordinated.
Housing Need	25	There is a need to be able to access support for vulnerable people who are placed in their own accommodation. It is not always clear what is available.	Yes – see response to 3 Yes – see response to 4
	26	Need to obtain more in-depth data around the type of advice which is being sought in relation to accommodation	Yes – the People Strategy and Commissioning Team will work with SBC Housing Needs to describe the data collation requirements in relation to the Lot 2 provider of information and advice.
	27	It would be really helpful to have a referral form and to refer directly into the information and advice service for example around income maximisation – so that cases in relation to Housing Need can be tracked.	Possibly – need to consider how this could work in practice, the cost and practicalities.
	28	Many clients do not have access to mobile phones and the internet. More sessions held face to face would be extremely beneficial and enable the most vulnerable to access the service – ideally in a central location.	Yes – Increased number of face to face meetings will be built into the Provider 2 Specification. Discussions are also taking place in relation to the current service to increase face to face sessions.
	29	It would be useful to have a focus upon casework rather than advice and information in relation to accommodation requirements.	Possibly – a good idea – will need to see how this could be accommodated within the available financial envelope for the service.

	30	It would be really helpful to have Tenancy Relations Officer – to prevent evictions and liaise with landlords.	Possibly - will need to see how this could be accommodated within the available financial envelope for the service.
Hospital Social Work Team	31	It would be highly beneficial to include capacity within the hospital to social work team to support new and existing carers understand what support is available along with support through the VCS more generally.	Yes – the proposed model for Provider 1 would include this type of provision.
Carers	32	A number of existing carers groups were praised including TV Adventure Playgroup, Mencap, Alzheimer's Dementia Support, Cippenham Carers, Asian carers and male carer groups also valued.	Noted
	33	Wellbeing friends operated by SCVS is useful . Volunteering groups offer good support.	Noted
	34	There is a lack of digital access / language barriers for carers.	Yes - To consider as part of the new arrangements for carers going forward. Recruitment of volunteers with particular language skills will be considered as part of the specification.
	35	There is short-staffing regarding volunteers – maybe need more recruitment of volunteers.	Yes – improvements in volunteer recruitment to be included within the new specification.
	36	There are not enough day services / respite provision available	No – Day services closures were implemented under the ASC Transformation Programme. Day provision can be accessed through alternative arrangements for those who are eligible for direct payments / adult social care.

	37	There is a gap in arts and crafts provision.	Funding through the community fund will be targeted at need and based upon data collated through social prescribers at the front door and in PCNs.
	38	There is a lack in information for carers. People find things out through word of mouth.	Yes – see response to 4.
	39	Addressing gaps has been delayed due to covid. Some gaps have been acknowledged since joining the carers groups such as carers assessments.	Yes – see new model. All carers assessments will now be undertaken through ASC.
	40	Training for carers for the demands faced by the carers role both physically and mentally.	Possibly – will be considered as part of development of the new spec.
	41	Lack of written information about events – emails and posters are good and social media. A lot of carers have no online access and prefer paper publications they can keep.	Possibly – will be considered as part of the development within the new spec.
	42	Lack of drop in services at GPs	Will need to give this consideration but might not be possible.
	43	Could have roadshows in town centres	Will need to give this consideration but might not be possible
	44	Wellbeing friends	Noted
Volunteers	45	More face to face meetings would be helpful to share information.	Possibly – will be considered as part of the development of the new spec
	46	Volunteers should have more opportunities to engage in activities.	Yes – see 3. Better matching service for volunteers with activities.

	47	Need a central location / information hub to find volunteering opportunities that match with volunteer skillset. Volunteer Hub or Portal is needed.	Yes – will be built into specification for Provider 1.
	48	Out of hours training is needed as needed as some volunteers are working or busy during working hours.	Possibly – will be considered as part of the development of the new specification.
	49	Out of hours volunteer passport training is required	Possibly – see 48
	50	Need to identify the needs of customers within the community.	Yes – see response to 1
	51	Better training for volunteers to protect against manipulation.	Will be considered as part of the development of a specification for Provider 1.
	52	Make volunteering more visible within the community and to appeal to people and to companies.	Yes – built into specification for Lot 1 Provider
	53	Have a volunteering toolkit	Possibly – would need to consider what this comprises.
	54	Promote first aid training in the community	Will be considered as part of the development of a specification for Provider 1.
	55	More recognition for volunteers – certification, volunteers ID.	Will be considered as part of the development of a specification for Provider 1. .
	56	Social coffee morning for volunteers once a month.	Possibly – retention of volunteers is a requirement of Lot 1 provider
	57	Regular volunteer group forum that is led by the Council to discuss concerns and ideas.	Possibly – retention of volunteers is a requirement of Lot 1 provider
	58	Incentives to be paid for – lunch , car parking, discount cards to volunteers are not out of pocket.	Affordability of these elements would need to be considered by Provider 1.

	59	More flexibility around time	Yes – matching volunteers with VCS providers is a key element of Provider 1.
	60	Aligning volunteer opportunities with career interest.	Yes – matching volunteers with VCS providers is a key element of the Provider
Social Workers	61	Need to provide detailed information about the services which are available in the community.	Yes – see response to 3.
	62	Need to ensure that there is clear information available concerning services across the community to avoid circular referrals.	Yes – see response to 3.
PCN Social Prescribers.	63	Access to volunteer transport is an issue for people to participate in clubs / activities	Yes – Directory of Services. Potential for this to be factored into bidding requirements for Community Fund.
	64	There is a need for volunteers to be DBS checked and coordinated.	Yes – to be built into specification for Provider 1.
	65	There is a gap in provision for people requiring a hot meal – when not eligible under Adult Social Care.	Needs will be considered on a case by case basis through the Adult Social Care team. If this is an area requiring attention by the VCS then this will be factored into bidding requirements for the Slough Community Fund.
	66	There is a gap in provision for people who require a cleaning service – when not eligible for this type of support under Adult Social Care.	Needs will be considered on a case by case basis through the Adult Social Care team. If this is an area requiring attention by the VCS then this will be factored into bidding requirements for the Slough Community Fund.
Mental Health Integrated Community Services (MHICS)	67	Some of the common issues are Housing, Benefits and Employment Advice.	Yes – these areas are included within the Provider 2 spec. Also the Directory of Service should include all organisations offering these types of services , including Provider 2.

	68	One of the gaps is men's groups – social opportunities for men. Safe spaces for men particularly with some mental health issues and especially under 40.	The Directory of Service should include all organisations offering these types of services. Gaps in service can be fed into the bidding considerations under Provider 1 Community Fund.
	69	More provision for asylum seekers is required.	Gaps in service can be fed into the bidding considerations under Provider 1 Community Fund
	70	Access to translation services is a gap.	Could include requirement to recruit volunteers with language skills into the specification for Provider 1.

Equality Impact Assessment

Directorate: People Strategy & Commissioning People (Adults)								
Service: Voluntary and Community Sector								
Name of Officer/s completing assessment: Jane Senior								
Date of Assessment: 30/09/2022								
Name of service/function or policy being assessed: Voluntary and Community Sector								
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The purpose of this Equality Impact Needs Assessment is to assess the possible effects of Slough Borough Council procuring a new VCS Infrastructure Service and Advice and Information Service in place of existing provision.</p>							
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Services are currently commissioned by the People Strategy and Commissioning Team sitting with the People Adults directorate.</p> <p>Current services are operated by Slough CVS and Slough Citizens Advice East Berkshire under contract.</p>							
3.	<p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>The service modernisation programme and re-procurement will have the impacts as set out in the table below</p> <table border="1" data-bbox="232 1139 2011 1420"> <thead> <tr> <th>Characteristic</th> <th>Positive , Negative, Neutral or Unknown Impact</th> <th>Rationale for Assessment</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Positive</td> <td>The information and Advice service is available to all adults who require advice in respect of a number of different areas, including housing advice, care and support, income maximisation and so on, Whilst it is not intended that children will access the service</td> </tr> </tbody> </table>		Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment	Age	Positive	The information and Advice service is available to all adults who require advice in respect of a number of different areas, including housing advice, care and support, income maximisation and so on, Whilst it is not intended that children will access the service
Characteristic	Positive , Negative, Neutral or Unknown Impact	Rationale for Assessment						
Age	Positive	The information and Advice service is available to all adults who require advice in respect of a number of different areas, including housing advice, care and support, income maximisation and so on, Whilst it is not intended that children will access the service						

		<p>themselves – they are likely to benefit from advice and information which is sought on their behalf by parents or carers.</p> <p>The VCS Infrastructure organisation administer grants for a range of VCS organisations which will directly benefit children and adults.</p>
Disability	Positive	People with a disability will be able to access and positively benefit from both services. .
Gender Reassignment:	Positive	People seeking or having been through gender reassignment will be able to access and benefit from both services.
Marriage and Civil Partnership:	Positive/ Neutral	People who are in a marriage or civil partnership will be able to access and benefit from both services
Pregnancy and maternity:	Positive/ Neutral	Those who are pregnant will be able to access and benefit from both services
Race:	Positive	<p>Both services seek to reach all elements of the community. Culturally specific provision is commissioned through the VCS Infrastructure organisation as appropriate. Refugees are able to access Advice and Information services.</p> <p>A gap identified through engagement relates to translation services. This could be met through recruiting volunteers with language skills as part of the Provider 1 specification.</p>
Religion and Belief:	Positive	People of any religion and belief are able to access and benefit from services.
Sexual orientation:	Positive	People of any sexual orientation are able to access and benefit from services.
Other: Mental Health,	Positive	<p>The service will be positive for two different additional groups:</p> <p>Mental Health: Preventative . Community Connectors will be able to access a range of provision within the community and their feedback on gaps in service will influence the bidding requirements for the Slough Community Fund.</p>

4.	<p>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.</p> <p>Access to VCS and Advice and Information Services</p>		
5.	<p>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?</p> <p>There will be no negative impact.</p>		
6.	<p>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).</p> <p>Data concerning uptake of provision is monitored and has been assessed.</p>		
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>The recommissioning of the VCS has been considered by a project group comprising representatives from the following: People Strategy and Commissioning, People (Adults) Operations, Public Health, the Co-production Network, PCNs Frimley ICB and Public Health.</p> <p>Engagement has been undertaken with; Social Workers, Carers, Volunteers, the Co-production Network, the Communities team, Housing Needs, PCN Social Prescribers.</p>		
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>Services will be tendered fairly and competitively. There should not be any impact upon community relations. The amount of available funding remains the same. The Community Grants programme aligns with health, social care, public strategic priorities.</p> <p>.</p>		

9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>Appropriate mobilisation period. A requirement to collect equalities data. Communications out.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>Robust evaluation of bids. Effective contract management.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments 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
Contract management	All	Contract Management	Services delivered in accordance to the specification including collecting relevant monitoring data.	Quarterly	October 23	NA

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

Name:

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

Date:

