Slough Borough Council

| REPORT TO: | Cabinet |
|---|---|
| DATE: | 15 th April 2024 |
| SUBJECT: | Slough Adult Social Care Strategy 2024-29 |
| CHIEF OFFICER: | Marc Gadsby, Executive Director People Adults |
| CONTACT OFFICER: | Marc Gadsby, Executive Director People Adults |
| WARD(S): | All |
| PORTFOLIO: | Cllr Anna Wright, Adult Social Care, Mental Health and Learning Disabilities |
| KEY DECISION: | YES |
| EXEMPT: | NO |
| DECISION SUBJECT TO CALL IN: | YES |
| APPENDICES: Appendix 1 – Equalities Impact Asse Appendix 2 - Adult Social Care Strate | |
| 1 Summary and Recommendatio | ns |

This report requests approval of the Slough Adult Social Care Strategy 2024-29. The Strategy sets out the Council's vision for working with people in Slough. It builds on work undertaken to date and describes the direction for Adult Social Care and how it intends to work with residents, service users and partners, such as health, the voluntary and community sector and care providers, to deliver the Strategy.

The aim of the strategy is to help everyone know what to expect from Adult Social Care. It focuses on developing care and support options, not only for current and potential service users and those close to them, including advocates and unpaid carers, but in relation to all residents, in offering a proactive and partnership approach to prevention and early intervention.

The Strategy has been informed by feedback from engagement to develop the Older People Strategy, Carers Strategy, Learning Disability Strategy and our Autism Strategy. It has also been informed through engagement with our Co-Production Network who reaffirmed their agreement to the 7 priorities within the Strategy including expansion of the priority in relation to Integration.

Residents told us about what is important to them; opportunities for all people to access information and support, that we must work hard at engaging hard to reach communities to understand their needs and what works best for them and that residents need a personalised and tailored approach to care and support. Residents also told us that integration must mean more than with our health partners and must include all of our connections such as housing, the voluntary sector, experts by experience and others who have valuable contributions to make in the work of Adult Social Care in Slough. Lastly but importantly, representatives of the Co-Production Network told us that we must seek to have in place a diverse workforce, representative of our community and capable of meeting the needs of all our residents.

Recommendations:

Cabinet is recommended to approve the Slough Adult Social Care Strategy 2024-29 set out at Appendix 1.

Note; the Adult Social Care Strategic Board will be responsible for monitoring the implementation of the Strategy

Reason:

To ensure that an overarching Adult Social Care Strategy which captures our approach towards delivering adult services in Slough is in place.

Commissioner Review:

"The commissioners are content with the recommendations in this report".

2 Report

Publishing the Adult Social Care Strategy 2024-29 contributes to the following priorities:

Slough Corporate Plan

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

- Working with partners to target health inequalities and promote well-being.
- Supporting residents to be as independent as possible whilst providing quality services for the most vulnerable.

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

Our Corporate Plan sets out a vision for Slough where *residents can live healthier*, *safer and independent lives*. This Strategy describes 7 key priorities to support this vision and to address the particular needs of those who might require additional support. These priorities were borne out of national and local drivers set out in the JSNA and Observatory Data and importantly through consultation with the Co-Production Network.

Slough Wellbeing Strategy 2022-25

Priority 2: Integration

- Increase the number of people living independently at home and decrease the proportion living in care homes.
- Increase the number of people who are managing their own health and care needs.

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

2.1 Options considered

| Option | Pros | Cons |
|---|---|---|
| Option 1 | | |
| Approve and implement the Adult Social Care Strategy 2024-29. | Up to date Adult Social Care Strategy in place which is informed by resident engagement. | No clear disadvantage to approving and implementing the Strategy. |
| Recommended | | |
| Option 2 | | |
| No Adult Social Care Strategy in place. | No advantage in not having an Adult Social Care Strategy in place. | Missed opportunity to implement an effective strategy which is aligned to the Corporate Plan and the Slough Wellbeing Strategy and thereby supports the |
| Not recommended | | delivery of broader corporate objectives |

Option 1 is recommended Background

The Adult Social Care Strategy 2024-29 sets out the Vision for Adult Social Care to achieve our ambition and help resident's live more independent, healthier and safer lives:

"To improve the outcomes of our residents and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by connecting them to their interests and communities and a network of wellbeing, care and support services."

Adult Social Care's core purpose is to support people to live with the people they love in the place they call home, doing things that matter to them in communities that are welcoming, where people look out for one another.

The Strategy sets priorities which underpin the work of Adult Social Care. These priorities keep focus on what is important and what Adult Social Care is continuing to work towards to deliver its core purpose and achieve its Vision. It includes a range of work-streams and activities which set out what ASC will do to deliver its priorities, as well as how ASC will measure success. A summary of activities and measures are included in the delivery matrix below, full details are set out in the Strategy document. Delivery of the Strategy will be overseen by the Adults Board.

| ADILLT | DEL IVEDV | ADULT COCIAL CARE | DELIVEDY MATIV |
|--|---|---|---|
| ADULT SOCIAL CARE STRATEGY | DELIVERY MATIX | ADULT SOCIAL CARE STRATEGY | DELIVERY MATIX |
| Priorities | Work-streams | Activities and Action | How we measure success Think Local, Act Personal and measures: |
| | Working Together | | |
| Embed Co- Production at the heart of care and support. | We want to further develop our current positive approach to coproduction and embrace a healthy partnership between the people who work as part of the system and our residents. | We will agree new terms of reference for our Co-Production Network and confirm governance arrangements and create a yearly action plan which underpins our strategic aims. We will review our approach co-production and design to ensure that we have an inclusive membership and build a framework which supports us to move to truly co-designed services with co-defined outcomes We will continue to develop and implement our approach to connecting with groups and individuals who we know have poorer outcomes or experiences of care and support services. | Terms of reference, governance and schedule (2024/25 and reviewed annually) for Co-Production Network (CPN) will be agreed by July 2024 Co-Production Network Action plan will be created September 2024 TOR and Review timetable for membership of the Network will be in place by July 202 Connections with leaders of hard-to-reach communities and groups will have been made and agreement reached for a new method of approach for meaningful engagement in place by December 2024 Be asset-based and geared to promoting people's independence — we support people in building capacity to access and use information, and to manage their own care and support |
| | Transformation | | |
| Enable people to maintain their health and wellbeing. Prevent the need for take up of adult social care. Safeguard our Vulnerable Population | Transformation Adult Social Care has had in place a wideranging transformation programme which has recently been reviewed and refreshed | We will embed a model of care and support that focuses on prevention, works with people's strengths and assets, that engages partners internally in the council, with health services and the voluntary sector, and with residents themselves. We will communicate with all stakeholders the importance of realising the benefits of the programme on the impact of outcomes for residents and fully engage their support and commitment We will establish a new transformation board from April 2024 to oversee the delivery our key strategies and measure their effectiveness. | Proportion of new service users that received a short-term service during the year where the sequel to service was either no ongoing support or support at a lower level (%). In 2022/23 the outturn was 63% (161/256) for this measure, relative to an England average of 77.5% and a Southeast average of 77.7%. 2023/24 annual performance is reported in June 2024. Rolling programme of residents' communication, engagement and consultation agreed and published including statutory annual surveys: Carers and Service Users, outcome to report to the Adults Board for review Adult's Board terms of reference and membership developed by June 2024 Be joined up and efficient – our information and advice provision is coherent, and people can access support easily. Ensure high quality –people have their queries resolved effectively, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate |

| | Strategies | | |
|---|--|---|---|
| Enable people to maintain their health and wellbeing. Prevent the need for take up of adult social care. Enable people to manage their own care and support needs | We have several key strategies that we will deliver over the next 3 years: Older People, People with Learning Disabilities, Carers and People with Autism. | We will establish steering groups comprised of service users and their family members and professional stakeholders to oversee the implementation of new and refreshed strategies. We will review how we involve residents in the work that we do to ensure that we are connecting with groups and individuals who we know have poorer outcomes or experiences of care and support services. | Action plans contained within the strategies will be implemented and reports into Cabinet on an annual basis will highlight positive progression with tasks Consultation with providers and with the co-production network on a refreshed Market Position Statement 2024-27 will have been completed Be preventative – we offer people early advice about how to manage their own health and help them to plan ahead. Ensure high quality –people have their queries resolved effectively, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate |
| | Integration | | · |
| Progress Integration Enable people to maintain their health and wellbeing. | We want to continue to collectively plan health and care services to meet the needs of our residents. But we also want integration to include our work with our Council colleagues in Housing, Public Health, Leisure, and Environmental Services. | Review the TOR for the Health and Social Care Partnership Board Agree membership for a working group with representation from Housing, Leisure, Public Health and Environment to identify all opportunities for further integration and set out a work plan for delivery | Contributions through the Health and Care Partnership to the Health and Well-being Board, including TOR of the Health and Social Care Partnership Board will be completed by July 2024 and monitored quarterly at Adults Board Review and renew our opportunities for collaboration and development with all our partners and consider integration in its widest sense will be shared and reviewed quarterly by the Adults Board Be asset-based and geared to promoting people's independence — |
| | | | we support people in building capacity to access and use information, and to manage their own care and support. |
| Safeguard our Vulnerable Population Enable people to maintain their health and wellbeing. | We aim to keep our services under ongoing review to provide assurance to ourselves, our residents and others that our services are safe, effective, caring, responsive and well-led. | Embed new and refreshed systems, processes and tools towards quality assuring providers, addressing quality concerns and ensuring continuous improvements Relaunch a rolling programme of 'Care Connected' provider forums for regulated and non-regulated care providers. Build upon existing relationships with the CQC, health and local authority partners to ensure a joined-up approach towards working with providers. | We will agree a schedule and process of quality assurance review so that we know what is working and what is not and take the appropriate steps for improvement including from complaints. Monthly performance item reporting to Adult's Board from April 2024 Ensure high quality –people have their queries resolved effectively, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate. |
| | Prevention | | |
| Enable people to maintain their health and wellbeing. Progress Integration | One of our most important responsibilities is prevention. By working with people early we can support them to remain independent in their home and community. | We will assess and evaluate the effectiveness of our tiered preventative approach to support residents to manage their own health and wellbeing needs as far as possible and reduce demand for adult social care. We will continue to embed strength-based practice across our service to ensure the best outcomes for | Improved performance across: In Slough, 7% of the requests result in Ongoing low-level Support*(Jan24 rolling average), compared to 13% England and 13% Southeast 2022/23 averages, which are the most recently available published benchmarks. In Slough, 25% of the requests result in Short-term care: Other^(Jan24 |
| | | individuals, drawing upon their own abilities and the assets available to them within the local community | rolling average), compared to 7% England and 5% Southeast 2022/23 |

| Safeguard our Vulnerable Population Enable people to maintain their health and wellbeing. | Safeguarding We will continue to protect all residents from abuse, neglect or exploitation, and ensure their views inform any action taken where possible. | We will fully implement our new adult social care front door service, including community connectors, to ensure effective signposting to alternative support Safeguarding practice is personcentred, and outcome focused. We are working collaboratively to prevent abuse and neglect where possible. We, and all agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; | averages, which are the most recently available published benchmarks. In Slough, 13% of the requests result in Universal services/Signposted to other services (Jan24 rolling average), compared to 27% England and 30% Southeast 2022/23 averages, which are the most recently available published benchmarks. Be preventative – we offer people early advice about how to manage their own health and help them to plan Percentage of safeguarding referrals that convert to section 42 Continuous timetable in place promoting safeguarding awareness with our residents, partners and staff; Safeguarding Board to review practice, process and progress against agreed actions quarterly To increase the recording of ethnicity of safeguarding concerns in order to |
|---|---|--|--|
| | | improving and enhancing the quality of life of adults in Slough | better identify the promotion of adult safeguarding across the Slough population, particularly in relation to black and ethnic minority communities Continuing to review and improve the validity and reliability of ASC Safeguarding Data Reporting monthly to Adults Board Be personalised – we recognise that everyone's needs and assets are different, and that while many people are able to research things for themselves, others need more in-depth help including advocacy. |
| | Working in Adult Social Care | | |
| Create a sustainable workforce | Staff are our greatest asset and are already committed ambassadors of the local adult social care workforce in Slough. We have in place a workforce with the right values and behaviours to work creatively within our culturally rich and diverse town. We want to continue to build on this to ensure that our workforce is representative of the residents we support. | We are committed to our rolling Apprenticeship schemes and want to further develop and embed our career pathways, opportunities, and avenues for development, and ensure these are sustainable in the long-term so that we can attract, as well as retain highly skilled and committed individuals. | Comprehensive, sustainable and deliverable workforce strategy in place September 2024 Be asset-based and geared to promoting people's independence – we support people in building capacity to access and use information, and to manage their own care and support. Ensure high quality –people have their queries resolved effectively, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate. |
| | Equality and Diversity | D II | |
| Enable people to manage their own care and support needs Safeguard our Vulnerable Population | We want to foster an environment in which a person has an equal entitlement to high quality services, employment and opportunities for personal development, regardless of ethnic or | Deliver our statutory responsibilities as part of our Public Sector duty Ensure the Adult Social Care Equalities in Commissioning strategy is delivered We want to do more to address inequalities in experience and outcomes | We will adhere to the equalities in commissioning statement and continue to contribute towards the Corporate Plan to address health inequalities Completion of Equality Impact Assessments for significant changes within the Department, to be reviewed annually by the Adults Board |
| | racial origin, religion or belief, disability, age, | | We will have improved our understanding of the communities in |

| | | Г | |
|----------------------|-------------------------|---|--|
| Create a | gender, gender | | Slough, including better data about |
| sustainable | reassignment, sexual | | who is and isn't accessing services |
| workforce | orientation or family | | Continuing throughout 2024 |
| | circumstance | | |
| Enable people to | | | We will have reached out to |
| maintain their | | | communities to understand how to |
| health and | | | improve access and create more |
| wellbeing. | | | inclusive services and co-designed an |
| " | | | action plan to respond to this Linked to |
| | | | Co-Production Network plan to deliver; |
| | | | monitored via Adults Board |
| | | | monitored via / tadito board |
| | | | Be personalised – we recognise that |
| | | | everyone's needs and assets are |
| | | | different, and that while many people |
| | | | are able to research things for |
| | | | themselves, others need more in-depth |
| | | | help including advocacy. |
| | Data and Intelligence | | Help including advocacy. |
| | Data and intenigence | | |
| Enable people to | We want the information | More information shared effectively | We will have in place a system |
| maintain their | we collect to be valid | between professionals | whereby data collections are |
| health and | and reliable, to be | more time and resources | transparent and impose minimal |
| wellbeing. | managed safely and to | more time and resources | burden by September 2024 |
| l tronsomig. | add value to the work | More time can be focused on providing | Saluent by Coptomber 2021 |
| | that we do. | high quality, personalised care and | We will have robust systems in place |
| Prevent the need | that we do: | support | via performance dashboards where |
| for take up of adult | | Support | data is routinely made available and |
| social care. | | Hairan data ta main muantan | , |
| social care. | | Using data to gain greater | used by those who need it by September 2024 |
| Fueble ne suls to | | understanding of people's care journeys | September 2024 |
| Enable people to | | - whether that be for people who draw | The Claumb Data Ctuata and Cuarta and |
| manage their own | | on care or unpaid carers | The Slough Data Strategy Group and |
| care and support | | l | Information Governance Board |
| needs | | Use data to identify good practice, | continue to monitor and plan for the |
| | | areas for improvement and research | milestones in digitalisation mapped out |
| | | into how care is commissioned, | in 'Care data matters.¬ and will report |
| | | provided and integrated with healthcare | progress quarterly to the Adult Board |
| | | and better management and oversight | |
| | | of the health and care system at local, | Ensure high quality –people have |
| | | regional and national levels | their queries resolved effectively, and |
| | | | experience information and advice as |
| | | | easy to understand, accessible, timely, |
| | | | comprehensive and accurate. |

3. Implications of the Recommendation

3.1 Financial implications

Whilst there are no financial implications directly relating to the decision to approve Adult Social Care Strategy per se, the proposed interventions therein need to be subject to proper due diligence and financial appraisal. That said, it is intended that implementation of the work-streams will attract cost efficiencies to the Council and deliver on our best value duties.

It is anticipated that by implementing the above principles and work-streams, and by closely monitoring and ensuring delivery of the outcomes, we will be more efficient in our services and as a result deliver a range of savings across the various work activities.

For example, promoting independence through increasing the use of assistive technology, progressing integration through the establishment of a more robust customer journey across health and social care, preparing more effectively to meet the needs of residents with more complex needs, or by developing and utilising data and intelligence as business as usual.

It is recognised that the Adult Social Care Strategy must adhere to the agreed budget allocation across the Directorate, therefore, any work-streams need to be modelled as either cost avoidance or cost efficiencies across the Directorate. However, any significant investment within either the Capital Programme or General Fund will need to be requested through the appropriate official Cabinet reporting process.

This Strategy will allow us to build on our work to provide financial sustainability for the Council and embed good practice for local government: living within our means, balancing our budget and being honest and open about the difficult decisions that we will need to make over the coming years.

The current total budget for 2023/24 for Adult Social Care & Public Health is a net budget of £28.4m. This is a cash limited budget.

| | £m |
|-------------------|--------|
| Gross Expenditure | 56.1 |
| Income | (27.6) |
| Net Expenditure | 28.4 |

The gross expenditure budget includes £42.9m (77% of the budget) which is expended on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The remainder of the budget funds frontline services and operational costs.

3.2 <u>Legal implications</u>

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

- 3.2.1 The Care and Support Statutory Guidance refers to the prevention and promoting wellbeing duties as aimed as individuals with no current particular health or care and support needs. Universal services include, but should not be limited to information and advice. Services can include supporting safer neighbourhoods, promotion of healthy and active lifestyles, reducing loneliness or isolation and encouraging early discussion in families.
- 3.2.2 Effective intermediate and reablement services are also referred to in the Guidance as key to delaying the need for care and support services. These are services often provided at the point of leaving hospital for a limited period of time and are excluded from personal budgets. They are an effective way of preventing needs escalating and supporting individuals to maintain or regain the ability to live independently. There is a key action on ensuring reablement services are delivering value for money and meeting the needs of the population.
- 3.2.3 The Guidance refers to the need for strategies and plans to be aligned with other Council strategies and to take account of local differences. This requires the following principles to be met:
 - involvement of local people who use the services and representative organisations,

- ensuring services are available at the right time in a range of formats and channels, meeting the needs of distinct groups,
- · being clear, comprehensive and impartial,
- · being consistent, accurate and up to date,
- · being based on detailed analysis,
- · directing people to sources of further information,
- · being used to inform future planning,
- ensuring appropriate quality assurance and review, including customer feedback to make sure the Council learns from experience and continuously improves.
- 3.2.4 The Adult Social Care Strategy has been produced following consultation and engagement with residents. It will be reviewed by the Adult Social Care Strategic Board to ensure it continues to meet the needs of the population and focuses limited resources in the right areas.

3.3 Risk management implications

3.3.1 Overall, the risks associated with approving the Adult Social Care Strategy are set out below.

| Risk | Assessment of Risk | Mitigation | Residual Risk |
|--|--------------------|---|------------------|
| Insufficient capacity to deliver all workstreams whilst also preparing for CQC inspection and delivering business as usual | Medium | Recruitment as above Identified resource to support CQC preparation Constant review of all ASC including to identify and respond to pressure points | Low/Medium |
| Insufficient staffing resource to implement the worksteams within the strategy. | Medium | Recruitment to any vacant posts and staff retention endeavours. Acknowledgement that progress might be negatively impacted if staffing resource is affected. | Low / Medium |
| Lack of staff awareness and ownership of the Strategy | Medium | Planned Staff Briefings Department Away Days Team Meetings agenda item Supervision and information sharing | Low / Medium |

| Insufficient budget to support any commissioning intentions or new activities arising out of the Adult Social Care Strategy work-streams | High | Budget availability to be confirmed in advance of commencement of any particular commissioning project. Ensuring best value considerations. Robust analysis as part of project of effectiveness and | Medium |
|--|------|---|--------|
| | | efficiency of any existing current supply. | |

3.4 <u>Environmental implications</u>

There are no environmental implications

3.5 Equality implications

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

A full Equalities Impact Assessment is set out at Appendix 1.

4. Background Papers

None

Appendix 1

Equality Impact Assessment

Directorate: Adult Social Care (Adults)

Service: Adult Social Care Strategy 2024-29

Name of Officer/s completing assessment: Michelle Witham

Date of Assessment: 19/12/23

Name of service/function or policy being assessed: Older People

1. What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?

The Strategy sets out how the Council, working with its partners, will support and encourage residents to manage their own health and wellbeing, and ensure that that right support is known about and available at the right time. It is also intended to focus on work in relation to the quality of services, the experiences of service users and to promote integration, transformation and equality and diversity.

The aim of the Strategy is to support people to live with the people they love in the place they call home, doing things that matter to them in communities that are welcoming, where people look out for one another.

2. Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.

Delivery of the work-streams contained within the Strategy will be overseen by The Adult Social Care Board

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

The Strategy affects Residents in Slough.

| Characteristic | Positive, | Rationale for Assessment | |
|----------------|------------|--------------------------|--|
| | Negative, | | |
| | Neutral or | | |

| | Unknown Impact | |
|---------------------------------------|----------------------|---|
| Age | Positive | Older people. It is intended that the Strategy will have a positive impact upon their lives by supporting individuals to manage their own health and wellbeing needs and to access the right support at the right time |
| Disability | Positive | Some residents will have a disability. The Strategy therefore directly benefits disabled people as it seeks to address and prevent the need for formal support and work in an integrated away across the NHS and Social Care, housing, and with all other partners internally and external to the Council |
| Gender Reassignment: | Positive | The Strategy will benefit all residents including those who have undertaken gender reassignment. |
| Marriage and Civil Partnership: | Positive | Many residents support a partner. The Strategy is likely to have a benefit upon those who are married or in a civil partnership as it will support residents within their caring roles. |
| Pregnancy and maternity: | Positive/ Neutral | N/A |
| Race: | Positive | The Strategy sets out to inclusively understand the difficulties which residents with protected characteristics can experience. The Strategy should have a positive benefit. |

| | Religion and Belief: | Positive | Residents of any religion and belief should benefit from the Strategy. |
|----|--|------------------|---|
| | Sexual Positive Residents of any sexual orientation should benefit from the Strategy. | | Residents of any sexual orientation should benefit from the Strategy. |
| | Other: | Positive | |
| 4. | What are any like background inforr | | acts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the |
| | Better support to | individuals acro | ess all equalities categories to enable residents to receive the right support at the right time. |
| 5. | What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why? | | |
| | There will be no r | negative impact. | |
| 6. | . Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc). | | |
| | | tains a commitn | gement activities to support the development of the Strategy including the Priorities. nent to gather further information on the needs of residents from diverse communities in order that we ts in Slough. |
| 7. | Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved? | | |
| | The Strategy has been shaped by engagement with the Co-production Network and outcomes from Community Engagement events for inclusion in all ASC strategies | | |
| | | | |

| 8. | Have you considered the impact the policy might have on local community relations? | | | | | |
|-----|--|--|--|--|--|--|
| | A demonstrable commitment to delivering the strategy should have a positive impact upon community relations. | | | | | |
| 9. | What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact? | | | | | |
| | There are no identified negatives. | | | | | |
| 10. | What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. | | | | | |
| | The impact of the Strategy will be overseen and monitored by the Adult Social Care Board | | | | | |

| What course of action does this EIA suggest you take? More than one of the following may apply | | | |
|--|--|--|--|
| Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken. | | | |
| Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan). | | | |
| Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan). | | | |
| Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan). | | | |

Action Plan and

Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

| Action | Target Groups | Lead Responsibility | Outcomes/Success Criteria | Monitoring & Evaluation | Target Date | Progress to Date | | | |
|--|------------------|------------------------|--------------------------------|-------------------------------|----------------|---------------------|--|--|--|
| Name: Michelle Witham Signed:(Person completing the EIA) | | | | | | | | | |
| Name:Signed: Date: 18 ^h March 2024 | | (P | Policy Lead if not same as abo | ve) | | | | | |