

STRATEGIC ITEM

Committee: Health and Wellbeing Board

Date: 19 April 2016

Wards: All

Subject: Voluntary and Community Sector Health & Wellbeing Priorities

Lead officer: Khadiru Mahdi

Lead member: Councillor Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health

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Recommendations: The Health and Wellbeing Board is being asked to:

- A. Endorse the revival of the Adult Social Care Task Group with a revised Terms of Reference and membership, which includes the Clinical Commissioning Group (para. 3.4).
 - B. Pilot Social Prescribing as part of the East Merton Model of Health and Wellbeing, collaborating with MVSC, Healthwatch Merton and the voluntary and community sector (para. 3.8.)
 - C. Endorse a VCS State of the Sector Review 2016 and the development of combined VCS and Volunteering Strategy (para. 3.11).
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This paper provides a brief outline of MVSC's strategic priorities and key voluntary and community sector issues for discussion by the Health and Wellbeing Board.

2. BACKGROUND

MVSC's strategic priorities

- 2.1 MVSC is the main infrastructure/umbrella organisation for the voluntary and community sector (VCS) in Merton. The key strands of its work are organisational development, volunteering support, strategic representation and influence, and supporting local community action. It undertook a Strategic Review 2015-18 informed by the State of the Sector Report 2014 and views of stakeholders, including Merton Council and the Merton Strategic Partnership.

MVSC's Vision is "A thriving Merton community where people's lives are enriched by voluntary and community action."

Our Mission is "To inspire and develop an excellent voluntary and community sector in Merton."

Strategic Objectives

- i) Provide support to voluntary, community, faith and social enterprise organisations
 - ii) Build social capital by supporting and developing volunteering and community action
 - iii) Identify changing and emerging need and respond with development
 - iv) Promote, support and develop liaison, advocacy, joint working and strategic partnership between sectors
 - v) Promote quality through standard setting
- Ensure sustainability.

2.2 MVSC manages Healthwatch Merton, the consumer health champion. Its 2016 main areas include:

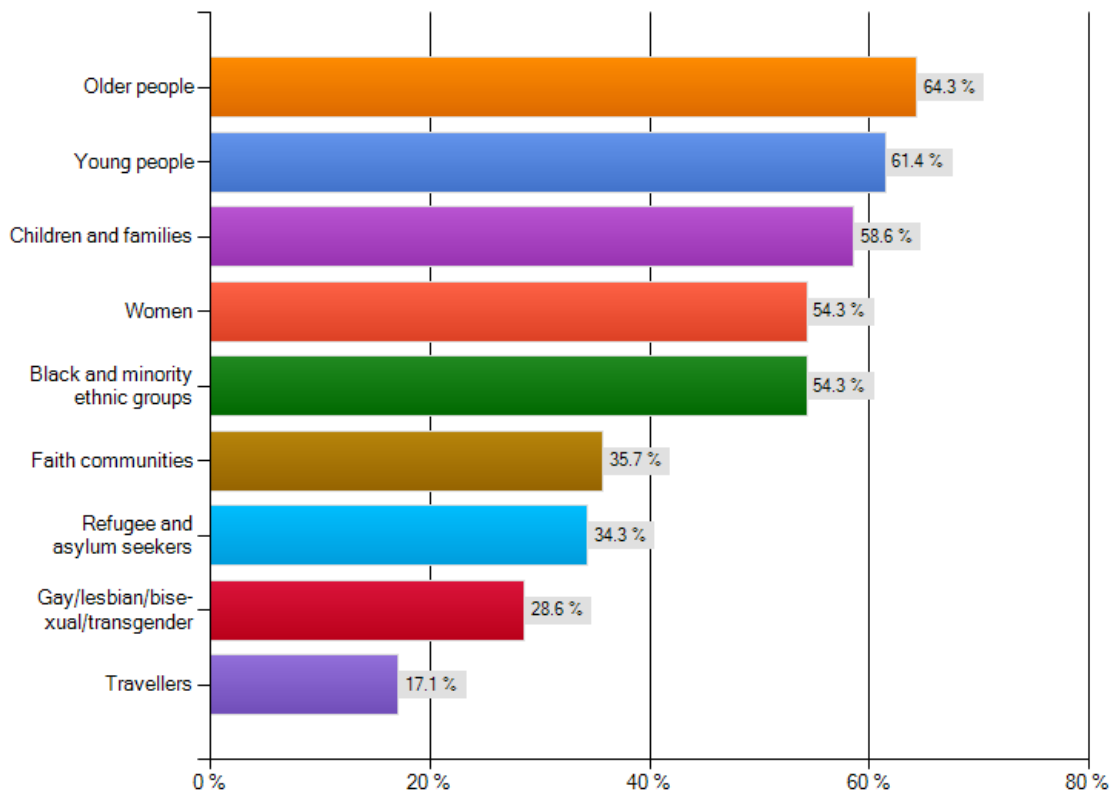
- East Merton Model of Health and Wellbeing
- Adult Social Care savings/cuts
- Development of Children and Young people work
- Social prescribing learning and strategy incl. pilot at the Nelson learning
- Progress of Healthwatch Merton Operational Committee role/functions
- Continuation on the integration agenda
- Enter and View.

These areas are in addition to the ongoing signposting, outreach and partnership work with the Voluntary and Community Sector, Merton Clinical Commissioning Group, Local Authority, Public Health and NHS across Health and Social Care.

The Voluntary and Community Sector

2.3 We have extensive contracts and links with over 990 voluntary, community, faith and social enterprise organisations, including very small groups in the east of the borough. These organisations provide a diverse range of services for Merton residents, many of which make direct contribution to residents' health, social care and wellbeing. The diagram below gives a snapshot from the State of the Sector Survey 2014.

Which client groups does your organisation work with?



Analysis of the survey results compared with data from the 2011 Census suggests that 58% of respondents work with children and families, children representing 19% of the population, 61% work with young people who represent 20% of the population and 64% work with older people who represent 12% of the population.

3. KEY ISSUES FOR THE VOLUNTARY AND COMMUNITY SECTOR

Health and Wellbeing Issues

- 3.1 The Council's Medium Term Financial Strategy and its budget setting process for 2016-17 throw into sharp relief the limited and dwindling funds allocated to health and social care services in Merton at a time when vulnerable residents need these services most because of austerity, welfare changes and projected increase in the ageing population.
- 3.2 The voluntary and community sector has been at the heart of health and social care service delivery over the years but the funding decisions for 2016-17 puts these services and the sustainability of many organisations providing them at risk. Anecdotal reports show current and potential effects on service beneficiaries. These require monitoring to gather data that will inform measures to mitigate these effects and future service planning.
- 3.3 More effective VCS engagement is one of the lessons learned from the Adult Social Services consultation on the savings proposals. This is required in order

for the sector to inform evidence based setting of priorities and allocation of resources. Linked to this would be co-production, funding and procurement processes. The Adult Social Task Group has facilitated some of these processes in the past and is a good template to apply in future.

- 3.4 **Recommendation:** To revive the Adult Social Care Task Group with a revised Terms of Reference a membership that included the Clinical Commissioning Group.

East Merton Model of Health and Wellbeing

- 3.5 The voluntary and community sector addresses the **wider determinants of health** through its varied services for local people, geographically and in communities of interests. They generate a high social value through their services and connectivity and these need to be harnessed effectively in order to realise the vision of a holistic people centred East Merton Model of Health and Wellbeing. The model provides an excellent opportunity for Health and wellbeing Board members and the VCS to adopt a co-production approach to social prescribing.
- 3.6 MVSC and Healthwatch Merton are committed to supporting the development of the East Merton Model of Health and Wellbeing. They are willing to play a key role in engaging the voluntary and community sector and individual residents respectively. The Community Navigator, jointly supervised by the HARI Service and Healthwatch, is already well placed to support and link residents to appropriate health and community services.
- 3.7 MVSC has a comprehensive database of VCS organisations. Its role in coordinating the voluntary and community sector providers through various networks, particularly the VCS Health and Social Care Forum and the INVOLVE Network could be pivotal in piloting a **social prescribing** model for Merton. This will include embedding **quality assurance** by exploring bespoke quality marks such as the '*Quality for Health*' developed by Voluntary Action Calderdale and Calderdale CCG.
- 3.8 **Recommendation:** That the Health and Wellbeing Board pilots Social Prescribing as part of the East Merton Model of Health and Wellbeing, collaborating with MVSC, Healthwatch Merton and the voluntary and community sector.

Merton VCS and Volunteering Strategy 2016-19

- 3.9 Merton's Voluntary Sector and Volunteering Strategies are both in need of updating. A report to the next Merton Partnership will propose an approach to developing a new and combined Voluntary Sector and Volunteering Strategy sponsored by the Merton Partnership.
- 3.10 Both the Merton Council's Third Sector Strategy and Merton's Volunteering Strategy were first published in 2008 and reviewed in 2011. Annual action plans

were development and implemented in subsequent years and progress reported to the Compact Board, the Overview and Scrutiny Commission and the Merton Partnership. The evident synergies between the Volunteering Strategy and Voluntary Sector Strategy provide a clear rationale for combining the two.

- 3.11 The new strategy is all the more relevant given the significant cuts in voluntary sector funding coupled with the increasing demands for its services from people with more complex needs. The process will allow input from VCS organisations as well as statutory and business partners. A State of the Sector Review 2016 would also enable MVSC and partners to gather comprehensive intelligence about various aspects of the sector in the borough including social value; governance and leadership; staff and volunteers; finance and services.

Recommendation:

It is recommended that the Health and Wellbeing Board endorses a VCS State of the Sector Review 2016 and the development of combined VCS and Volunteering Strategy.

4. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

None.

5. BACKGROUND PAPERS

None.

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