

Committee: Cabinet

Date: 17 September 2018

Wards: All

Subject: Strategic Partner Programme 2019/22 – commissioning requirements

Lead officer: John Dimmer, Head of Policy, Strategy and Partnerships

Lead member: Councillor Edith Macauley, Cabinet Member for Community Safety, Engagement and Equalities

Councillor Tobin Byers, Cabinet Member for Adult Social Care & Health

Contact officer: Amanda Roberts; Policy, Strategy and Partnerships Officer
(020 8545 4685 / amanda.roberts@merton.gov.uk)

Recommendations: That Cabinet:

- A. Note the aligning of the Information and advice, voluntary sector infrastructure support, Wellbeing, Carers, and Healthwatch services into an expanded Strategic Partner programme (see section 3.10)
 - B. Note the Funding Prospectus as the basis on which to commission these services (see section 3.14 – 3.20)
 - C. Note that funding agreements cover the period 2019-22 with funding for the third year of the information and advice and voluntary sector infrastructure support elements subject to a further Cabinet decision in 2020/21 (see section 3.13)
 - D. Note the scoring methodology and weighting to select providers (see section 3.24)
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report provides Cabinet with details of work which has been undertaken to transition to an outcomes-focused commissioned grants approach for the Strategic Partner programme, as well as the process moving forward. This has involved extensive engagement with the voluntary sector; wider mapping of the need, demand, and supply landscape; and the aligning of related funding which is on the same time cycle.
- 1.2. We are proposing an expanded Strategic Partner programme that has five pots of aligned funding:
 - Information and advice services
 - Advice and support to voluntary and community groups
 - Wellbeing services
 - Carers services
 - Healthwatch.
- 1.3. We intend to invite bids for funding in October 2018 based on commissioning requirements set out in a funding prospectus which has been developed through a Collaborative Working Group. The draft funding prospectus is set out in Appendix 3. This report also sets out the process for awarding funding and timetable.

2 BACKGROUND

- 2.1. In July 2017 Cabinet agreed that a future Strategic Partner grants programme be based on a commissioning approach, with specifications being developed with the voluntary sector and partners. It was also agreed that funding would be maintained at the current level for 2018/19 – 21 and that officers would look at opportunities to pool or align other related departmental grants.
- 2.2. Officers have been working with a Collaborative Working Group of voluntary sector representatives and service commissioners to develop a set of commissioning requirements that form the basis of the draft Funding Prospectus that will be used to invite bids for funding from the voluntary sector. In addition, service commissioners from across the Merton Partnership have been discussing what funding could be either pooled or aligned with the programme.

3 ANALYSIS

Co-design and the process thus far

- 3.1. The recommissioning process was launched with a workshop at Vestry Hall on 30th November 2017 which was attended by approximately 50 voluntary and public sector representatives. The outputs from the workshop have formed the basis of a number of working papers to inform development of the funding prospectus.
- 3.2. A task and finish ‘Collaborative Working Group’ drawn from attendees at the November Workshop was set up, featuring representatives from across the Council, CCG, and voluntary sector. This meeting was co-chaired between Hannah Doody (the CMT lead for the voluntary sector) and Suzanne Hudson (Chief Executive of Citizens Advice Merton and Lambeth – the largest advice provider in the borough). In addition, the group has nominated leads for data/needs analysis, engagement/consultation and best practice, and two sub-groups were called together to look at specific topics including voluntary sector infrastructure support and starting an advice forum in Merton.
- 3.3. This Collaborative Working Group met on five occasions over as many months, and meetings were themed in order to use the time to best effect.
- 3.4. Discussion in this group was passionate and extensive and helped to develop a series of papers outlining the main issues and ways forward, ultimately resulting in the draft funding prospectus which has now been developed. The outcomes identified by the group formed the basis of much of the funding prospectus, and their inputs ensured that the prospectus’ launch on 14 July was as well received as it was.
- 3.5. This process of co-production facilitated through the Collaborative Working Group is clearly evident in the draft prospectus and has had a positive impact on the Council’s relationship with the voluntary sector. There has been a great deal of feedback from those involved in the process to say what a valuable endeavour it has been.
- 3.6. We believe that this process has set the standard for relationships with the voluntary sector moving forward, representing genuine co-production.

Mapping of needs and demand

- 3.7. In developing the draft funding prospectus, we requested data from information and advice-giving organisations in the borough, to better understand levels of demand. This data was viewed in the context of the borough’s profile (much of which can be

ascertained from the [Merton Data](#) webpage) in order to identify any potential unmet need.

- 3.8. The [results from these surveys](#) were analysed and emerging from this were several categories of information and advice provision which were identified as a priority, both from service user and organisational data. The highest demand for information and advice provision relates to benefits, debt, and housing, and this information was used in the development of the prospectus.

Commissioning process and additional funding streams

- 3.9. Conversations have taken place between the Policy team and various commissioning managers throughout the Council, including Adult Social Care, CSF, Housing, Public Health, and Community Safety to consider the possibility of pooling or aligning funding pots. Additionally, all housing providers operating in Merton, the CCG, and other commissioning bodies have been contacted to establish the work currently being commissioned from the voluntary sector in order to prevent duplication. Emerging from these conversations were a number of current funding streams which run on the same timeline and have an overlap in the organisations or communities they support.
- 3.10. Following discussions with commissioners it is proposed that the new Strategic Partner Programme contains five distinct funding streams; these are: 'Information and Advice Provision', 'Voluntary Sector Infrastructure Support', 'Wellbeing Services (Adults)', 'Carers Service', and 'Healthwatch Merton'.
- 3.11. The funding which previously was part of the Strategic Partner Programme (i.e. Information and Advice, and Voluntary Sector Infrastructure Support) will continue to be commissioned by the Policy, Strategy, and Partnerships team. Meanwhile the 'Wellbeing Services' and 'Carers Services' funding streams come from Adult Social Care budgets, with both of these services having previously come under the 'Ageing Well Programme'. Healthwatch Merton will remain under the same budget as the previous Healthwatch contract. Further detail on this funding is set out in Appendix 1.
- 3.12. When commissioners met to discuss the requirements relating to voluntary sector infrastructure support to the voluntary sector it became clear that the available resource would not fund all the essential elements set out in the prospectus. This means that we are reliant on the provider's ability to generate additional income through fees/charges and other grants sources. The funding for this element of the programme has been increased by £60k p.a. which consolidates annual grants previously awarded by the Merton Partnership in 2016/17, 2017/18 and 2018/19 for voluntary sector development and community giving. This resource will be used to prioritise voluntary sector development in relation to youth services with a particular focus around the serious youth violence strategy.
- 3.13. Funding for the Wellbeing, Carers Services, and Healthwatch elements of the new programme is across 3 years 2019-22. Cabinet approved funding in July 2017 for the information and advice and voluntary sector infrastructure support elements for 2018-21. To align timescales across the programme it is therefore proposed that the funding agreements for information and advice and voluntary sector infrastructure support is also for 3 years. However, funding for year 3 (2021/22) would be subject to a further Cabinet decision in 2020/21.

The prospectus, consultation, and engagement

- 3.14. The prospectus can be found as Appendix 3 and sets out the key features of services we hope to fund. These features include those which have prevention at the heart of their offer, providing early intervention to ease the burden on more intensive, longer term, and costly measures down the line which are often provided by the Council, in particular social care and housing.
- 3.15. The prospectus and consultation was launched at MVSC's last INVOLVE meeting on 14 July, which featured a series of presentations, questions and answers, and workshops. Suzanne Hudson also gave a short presentation highlighting the success of the Collaborative Working Group and speaking to the co-design of the prospectus. This greatly improved the reception the prospectus received.
- 3.16. The launch event also provided an opportunity for the voluntary sector to ask questions and leave comments, using a sticky note system. Any questions which could not be answered on the day were taken away, and an [FAQ document](#) was compiled, uploaded online, and sent to the attendees. More than 50 questions were asked, and raised some important considerations regarding eligibility for funding and questions about the process.
- 3.17. In addition to this launch event, relevant officers made themselves available for a two hour drop-in session at Vestry Hall, and the voluntary sector were encouraged to attend and ask questions.
- 3.18. The overall feedback to the funding prospectus and the process that has fed into it has been overwhelmingly positive. Feedback that has been given has been constructive and has enabled us to develop the prospectus further.
- 3.19. The consultation process ended on 27 August and the prospectus has been updated in-line with the feedback received from the voluntary sector over the six week consultation period.
- 3.20. Four official consultation responses were received, providing useful feedback which has been reflected in the draft prospectus. We believe the low number of responses to the official consultation survey reflects the amount of work done with the voluntary sector prior to an official consultation launch. The Collaborative Working Group ensured the voice of the voluntary sector was reflected in the prospectus, and the presentation and workshop held at the INVOLVE meeting resulted in a huge amount of feedback.

The application form and scoring methodology

- 3.21. The application form for these five funding pots will be standardised across the streams to ensure there is a simple and consistent process for the voluntary sector.
- 3.22. It is likely there will be one funding panel for the 'information and advice provision' and 'voluntary sector infrastructure support' funding streams, whilst a separate panel will be used for the 'wellbeing programme', 'carers service', and 'Healthwatch Merton'. Panels will be drawn from the Council's lead commissioners.
- 3.23. A new scoring methodology has been developed to appropriately judge applications for the updated Strategic Partner Programme. This scoring system ranges from 0 to 5, with 0 being for a response which has not been given or one which is wholly inadequate, whilst a 5 is reserved for responses which are robust, evidenced, and go above and beyond what is asked. Where an application scores a one in any category or has more than one score of two they will automatically be rejected.
- 3.24. The scoring criteria, weightings and scoring system is set out in the two tables below.

Category	Demonstrates	Weighting
Track record	<ul style="list-style-type: none"> • Delivery / impact • Fundraising / income generation • Partnership and collaborative working / constructive relationships 	20%
Meets requirements	<ul style="list-style-type: none"> • Alignment with key features set out in the funding prospectus 	40%
Value for money	<ul style="list-style-type: none"> • Evidence based methodology • Outputs and impact • Prevents / delays public sector costs 	20%
Bridging the gap	<ul style="list-style-type: none"> • Meets demonstrable needs • Helps deliver LBM equalities duties • Reaches priority client groups • Involves service users in design 	20%

Score	Meaning	Description
0	Inadequate	There was no response to the question / there is no supporting evidence demonstrated
1	Poor	There is a significant lack of evidence / it fails to meet the required standard / there are serious shortcomings
2	Weak	There is a lack of evidence / there are some shortcomings
3	Acceptable	The response is robust and there is an acceptable level of evidence / any concerns may be of a relatively minor nature
4	Excellent	A very well-evidenced response / very few if any shortcomings / demonstrates a full understanding of the required standard
5	Exceptional	Outstandingly well-evidenced / goes above and beyond what is required / very few if any shortcomings

3.25. Cabinet is asked to review and approve the updated scoring methodology and weighting.

4 ALTERNATIVE OPTIONS

4.1. We could choose to not fund the elements in the Strategic Partner programme, however, it is likely that we would be in breach of statutory duties and subject to legal challenge (see legal implications below)

4.2. We could fund the Strategic Partner programme at a reduced level. However, the top priority for the new administration is to protect vulnerable residents and the Strategic Partner programme directly correlates to this. Supporting the voluntary sector to provide services to vulnerable residents is likewise a priority for the new administration. It is also likely that reducing preventative and early intervention services will result in higher demand in the longer term for social care and homelessness services leading to higher costs overall.

- 4.3. We could move away from grant funding and procure the requirements instead, however the Strategic Partner Programme was taken through Cabinet in July 2017 where it was decided to retain the grants whilst taking a commissioning approach. Were the programme to be procured as a contract, this would need to go back to Cabinet, and would fundamentally change the nature of the programme.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. Extensive consultation has taken place through the Collaborative Working Group, which has met a total of five times.
- 5.2. The consultation was open for a period of six weeks including a workshop to launch the consultation process and a drop-in session to address any questions from the voluntary sector. The launch event on 14 July was attended by over 50 organisations and a detailed [FAQ document](#) was published after the event providing answers to more than 50 questions. Four additional responses were received via the consultation survey and these are detailed in Appendix 2, along with the response or action taken.
- 5.3. A workshop took place in November 2017 which included approximately 50 representative from the voluntary sector. This workshop formed the basis of much of the discussion moving forward.
- 5.4. Two surveys were developed which gather the views of voluntary sector organisations and its service users over the past two years. These have been distributed in both digital and physical form, and were promoted by Merton Council and organisations across the voluntary sector.
- 5.5. Conversations with commissioners within the Council and beyond (the CCG, housing providers) have taken place throughout this process. An initial mapping exercise involved a number of commissioning managers in Merton, and a further 'Commissioners meeting' took place in June.

6 TIMETABLE

- 6.1. The consultation period began w/c 16th July and ran for 6 weeks (until 27th August)
- 6.2. The Funding Prospectus and process for selecting new providers will be finalised and go to Cabinet on 17th September
- 6.3. The programme will be advertised to prospective bidders from October, subject to no 'call in' of the Cabinet decision
- 6.4. The deadline for funding bids will be on 12 November 2018, after a six week period
- 6.5. The selection panels will meet after the closing date for applications and a report will be prepared for the Chief Executive with recommendations on organisations to be funded.
- 6.6. Applicants will be notified of a decision by 31 December 2018
- 6.7. Funding agreements and monitoring arrangements will be finalised in March 2019 and funding will commence from April.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. The cost of the information and advice element proposed in this report is £1.06 million over two years 2019-21 (excluding notional funding). This can be met within the current core budget.
- 7.2. The cost of the voluntary sector infrastructure support element proposed in this report is £370k over two years 2019-21 (excluding notional funding). This can be met within the current core budget.
- 7.3. It is proposed to award contracts for information and advice and voluntary sector infrastructure support over a 3 years period with funding agreed for the first two years as set out in 6.1 and 6.2. We would notify providers of the level of funding to be allocated in 2021/22 for these two elements in 2020/21.
- 7.4. The total grants allocation for Wellbeing Services 2019-22 is £1.2 million and Carers Services is £829,000 over the same funding period. Further details are available in Appendix 1. The grant funding for these services is from the Adult Social Care core budget.
- 7.5. It was agreed at C&H DMT to include an innovation fund as part of the Wellbeing Services. With the expansion of social prescribing across the borough, and other care navigation and outreach support, we anticipate certain gaps in service provision to be identified. We intend to provide £30,000 as a one-year pilot funded via the iBCF to support social enterprise style bids for organisations to access small/medium grants which use innovative ideas to promote wellbeing.
- 7.6. The grant funding available for Healthwatch Merton is £375k over the three years 2019-22. This is met predominately from Corporate Services budget (£100,000 per annum) with the remainder met from the Department of Health Local Reform and Community Voices grant.
- 7.7. There is no reduction in overall funding up to 2021/22 but there could be some organisations who could lose funding and others who gain. There is no provision for any transitional arrangements. The overall budget will be kept under review as part of the approach to balancing the budget over the medium-term.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. Under the Care Act 2014 (Part 1 Section 4) a local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.
- 8.2. Under the Homelessness Reduction Act 2017 (Section 2) local housing authorities are required to provide advisory services, free of charge, which provide information and advice on preventing homelessness and securing accommodation when homeless.
- 8.3. The Care Act 2014 states that local authorities must actively promote wellbeing and should have different types of support, services, facilities and resources that help a person avoid developing needs for health and social care support. This includes supporting carers and provision of information and advice.
- 8.4. Merton Council has a legal duty set out in the Health and Social Care Act 2012 to commission a local Healthwatch organisation that is independent of the Council and the NHS.
- 8.5. The Council has the power under the Localism Act 2011 (known as the general power of competence) to do anything an individual may do, unless specifically prohibited. This includes the power to make grants.

- 8.6. In adopting an outcomes-focused commissioned grants approach, care must be taken to ensure that the outcomes identified are not such that a funding agreement is in reality a contract, which would be subject to the Public Contracts Regulations 2015 and the Council's Contract Standing Orders.
- 8.7. Care should also be taken that the giving of a grant does not amount to State Aid. As such the Council should ensure that prior to award of grant a declaration is made by the organisation.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. The equality analysis undertaken for the redesigned programme has identified mainly positive impacts but also a potential negative impact for voluntary and community sector organisations that may not be able to meet the more rigorous and specific criteria we will use to decide who our Strategic Partners will be. These services are likely to support individuals with a range of protected characteristics. However, this is a consequence of having a much better understanding of needs and the type of services to best meet this need resulting in a more detailed and precise set of requirements. Overall, the impact of having a more detailed set of criteria to select partners should be positive. No particular equality groups have been identified that would be affected more than others. The full equality analysis for consideration is set out in Appendix 4.
- 9.2. To mitigate any potential negative impact, we have undertaken consultation with the sector on the detail contained within the draft prospectus and ensured that this consultation was widely publicised. We held a consultation event and advice session to answer queries from voluntary and community sector organisations on the draft funding prospectus. We also produced a question and answer document to address queries from the consultation event. Support is available from Merton Voluntary Service Council for organisations who wish to submit collaborative bids and these are encouraged for specific funding streams. The application period will be six weeks, as in previous rounds. In addition, when we assess applications received we will make judgements on the spread geographically and on the basis of needs.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. The proposals in this report do not have a direct crime and disorder impact, however, they will contribute to an inclusive and cohesive society and improve the resilience of vulnerable residents. Overall, this should have a positive impact on the factors that contribute to crime and disorder and reduce the likelihood of vulnerable residents becoming victims of criminal behaviour.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. Two of the council's key risks relate to equalities and to partnership working. The proposals set out in this report will mitigate risks in relation to both of these.

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

1. Background information
2. Consultation response table
3. Strategic Partner draft funding prospectus
4. Equality Impact Assessment

13 BACKGROUND PAPERS

13.1. None.

14 LINKED REPORTS

14.1 Cabinet report – Future Funding of the Strategic Partner Programme – 03/07/2017 - <https://democracy.merton.gov.uk/ieDecisionDetails.aspx?ID=477>

Appendix 1 – Background Information – services currently commissioned 2018/19

Strategic Partner Programme

- The corporate Strategic Partner Grants programme currently funds the voluntary sector to provide information, advice, and voluntary sector infrastructure support services. The annual cost of the current programme is £682k. The current grants were extended for an additional year (2018/19) to allow time for the new Strategic Partner programme to be developed.
- The current breakdown of funding for Strategic Partners is as follows:
 - Citizens Advice Merton and Lambeth (£341,898)
 - South West London Law Centres (£56,034)
 - Springfield Advice and Law Centre (£53,765)
 - Merton Voluntary Service Council (£125,484)
 - Merton Centre for Independent Living (£80,000)
 - Merton Community Transport (£25,000)

Ageing Well and Carers Service

- The Ageing Well Programme commenced as a national programme commissioned by the Department of Work and Pensions and led by the Local Government Group (LGA) in 2010. The programme aimed to support local authorities to promote the independence and wellbeing of older people. One of the programme's components provided support to 19 local authorities to develop 'place based projects' aimed to enable them to 'develop good places to grow older'. The London Borough of Merton was one of these local authorities and achieved national recognition for its Ageing Well Programme Phase 1. The key aims were refreshed for Phase 2 of the Ageing Well Programme, run from April 2016, to focus on promoting independence.
- Since the Ageing Well Programme started, the adult social care system has continued to be under sustained and growing financial and demographic pressure. As such, it is facing a period of significant change. It is imperative to maximise independence of residents of the borough to minimise the level of social care required to be delivered. This has required a fundamental shift in the expectations of individuals, communities and service providers.
- It has been recognised that there are now gaps in the programme which need to be addressed and therefore it is the intention to widen the focus of the Programme to include all adult residents of Merton who would benefit from the principles key features outlined in the Wellbeing Services section of the Strategic Partner Programme prospectus.
- The Ageing Well Programme currently funds the voluntary sector to provide low level preventative support and services that enhance a person's wellbeing and independence. The programme also funds the development of a Carers Hub where Carers in Merton can access a range of interventions, activities and support to assist them in their caring role. This includes statutory Carers Assessments. The current providers and their annual cash grants over the past three years are as follows:

Organisation Name	2016/2017:	2017/2018:	2018/2019:
Wimbledon Guild	£51,870	£43,420	£43,420
Merton Vision	£46,140	£46,130	£46,130
The Merton & Morden Guild	£29,845	£29,420	£29,854
Friends in St. Helier	£29,845	£29,420	£29,854
Age UK Merton	£73,560	£75,017	£76,405
Carers Support Merton (includes £50,000 IBCF)	£268,740	£272,443	£276,219
Commonside Trust	£57,130	£50,000	£50,000
Asian Elderly Group of Merton	£18,270	£18,270	£20,000
Imagine Independence (contract)	£113,116	£113,116	£113,116
Total:	£688,534	£677,236	£684,998

Healthwatch

- The Health and Social Care Act 2012 included a requirement on local authorities to establish a local Healthwatch in their area. This duty replaced the duty to establish a Local Involvement Network (LINK) from 1 April 2013. Healthwatch is the consumer champion for health and social care in Merton.
- Merton Voluntary Service Council (MVSC) was awarded the contract to deliver Healthwatch Merton in March 2013 following a competitive tender process. A two-year contract was agreed with options to extend for an additional two years if agreed by both parties. These options were taken up extending the contract to March 2017. In February 2017 Merton Council agreed a further year's extension based on the same terms as the original contract. This was to allow addition time to explore long term procurement options for the service. A further extension was agreed for 2018/19 in order to align Healthwatch with the new Strategic Partner Grants programme. This approach means the Council can work with stakeholders to develop the specifications setting out the outcomes required and what will and will not be funded and ensure a more consistent monitoring of performance than it has been to date as a stand-alone project.
- The contract for Healthwatch Merton is for £125,068 in 2017/18. This is met predominately from Corporate Services budget (£100,000) with the remainder met from the Department of Health Local Reform and Community Voices grant.

Appendix 2 – Consultation response table

Feedback received	Response or action taken
<p>Although support with community care has now been included, it is still only in brackets. Support with e.g. accessing social care, addressing issues arising such as non-provision of services, disputes with care agency, or independently supporting people through safeguarding are all vital areas of work which are not covered by ASC teams, are not covered by the Wellbeing Grant and are not addressed through statutory advocacy commissioning</p>	<p>The wording of this section has been revised to reflect the advice needs relating to community care, and any unintended implication of it being of lesser importance has been removed (page 4).</p>
<p>There should be greater focus on prevention, which will assist in reduction of need for other services at a later stage. There was plenty of reference to enabling people to become more self-sufficient, but not enough perhaps on how they would get there or on how the need might potentially be prevented.</p>	<p>Merton Council does not wish to be prescriptive regarding how a service should be delivered. The updated Strategic Partner Programme has an outcomes focus, but does not dictate how a service should be delivered (page 4).</p>
<p>While community care has been included in the prospectus, it has been left out of the FAQs. Having raised community care at every meeting, and having had the same raised by other VCS colleagues, it would seem that this is a strategic decision.</p>	<p>Exclusion of community care has not been a strategic decision. The prospectus now makes explicit reference to its importance. The Q&A document will not form part of the final prospectus and so its phrasing is not of relevance (page 4).</p>
<p>The prospectus mentions Disabled People only twice, and not at all in the Advice and Information section. Even the generalist services are finding that a large number of their users are Disabled People, while we had to turn away a 5th of potential cases last year due to capacity. I feel it would be helpful for the prospectus to acknowledge the need for accessible services in a more overt way than it does currently, and to acknowledge the needs of Disabled People.</p>	<p>The over-representation of disabled people in seeking information and advice is acknowledged and a new service feature – ‘Accessibility’ has now been included to ensure that any funded service is accessible (page 7).</p>
<p>I can see that some changes have been made to reduce the focus on private tenants, however, I am still concerned that the way this has been prioritised would still constitute indirect discrimination of people with the protected characteristics most likely to be found in social housing. I also feel, based on our casework, that it over-estimates the level of support available from a housing association.</p>	<p>Wording has been adapted to reflect that an RP’s own procedures should be the first step, <i>where reasonable</i>, before seeking independent advice (page 4).</p>
<p>One of the points made at the Working Group was that while no one wants to duplicate, service users deserve a choice. In fact, we have on several occasions taken on people who have been barred from other services; how would this</p>	<p>Barring clients from services would be a matter for that organisation and would constitute a part of service delivery, which Merton Council would not prescribe. We are not advocating for a single provider of</p>

<p>be managed if only a single Advice and Information service exists?</p>	<p>information and advice but at the same time do not want to see the voluntary sector duplication its work and splitting a limited supply of funding between identical or similar services.</p>
<p>We have learned from past projects that traditional outreach does not work very well for our service users. However, we do undertake home visits (a core part of our service). Would this be considered sufficient under the outreach criteria?</p>	<p>Yes, undertaking home visits would be considered sufficient. We think it is important that an organisation knows its client group and how best to reach them. This might involve home visits or alternatively could involve work in the community.</p>
<p>The current provider does excellent work supporting a range of forums and networks which support VCS to come together and is very valuable. However, it is not wholly clear where this would now sit in the prospectus? Perhaps the representation element could be more clearly</p>	<p>There is a great value in this network of forums and this has been reflected in updated wording in the 'Networks' section (page 14).</p>
<p>Where would policy, prevention and voice activity work sit within this model?</p>	<p>This kind of work would not fall under the voluntary sector infrastructure funding pot, the features of which can be found in the funding prospectus. With regards to policy work, an application would be best placed under the information and advice funding stream.</p>
<p>The FAQs have indicated that this issue of being able to make cross-cutting bids is being taken back for further discussion and I would request that cross-cutting bids are allowed.</p>	<p>The Strategic Partner Programme contains separate funding streams for separate outcomes, and so we see the concept of separate applications as a logical and legitimate route to take.</p>
<p>It is really positive that the language we found offensive in the original prevention model has been changed. However, the positive emphasis of the prospectus is undermined by the language in the FAQs which in several places talks of "prevent, reduce and delay the need for health and social care services" and reminds me of comments made in the Working Group by ASC team members of wanting to create a "firewall" to prevent people accessing Council Services. I would like to again raise concerns about this kind of approach in a wellbeing service. To my mind we should be talking about prevention of problems for the individual, rather than prevention of access to services.</p>	<p>Regarding the language in the Q&A document, this will not form part of the final application and so the focus should be on the prospectus' language. Regarding the broader concept, we have been clear from the beginning that these services should form a crucial preventative function, which focuses on early intervention for individuals, which may prevent them from requiring more intensive and costly action down the line. Early intervention and support that preserves or increases independence is the priority not preventing access to services.</p>
<p>The prospectus does not demonstrate that enough will be done to promote and support agencies that give residents and carers a forum for social interaction, where they can seek to ensure they maintain healthy and active lifestyles, which will in turn generate a stronger climate of</p>	<p>Whilst the prospectus has not been specific about a forum for social interaction, it has stated that it would encourage activities for social interaction, and this could include forums.</p>

prevention.	
There remains a gap in provision of support for people in tier 1. Who will be supporting people with social care needs or established health conditions? I don't feel this was answered in the meetings nor in the prospectus. Please could you clarify who will support this group of people?	As stated in the prospectus, The Wellbeing Programme primarily aims to support residents within tiers 2 and 3 of the Prevention Model, however we would expect customers in tier 1 to be referred to the Wellbeing Programme as appropriate to enhance their wellbeing. Customers in tier 1 would normally present to Adult Social Care via the hospital or community.
The 'Promoting independence' section would benefit from acknowledging that some people will need community care/packages of support from ASC in order to live independently.	In the prevention section of the prospectus it states that Adult Social Care will work closely with the Wellbeing Programme to ensure people are appropriately referred to ensure that their needs are met where possible and that people know the range of services and support available locally for them to regain/remain independent.
Regarding social interaction, I have several times made the point both the Working Group and at the Health and Wellbeing Board that provision needs to be made for people with care packages to be supported with this areas of wellbeing. It would be helpful if the prospectus could acknowledge this as it is an important aspect of prevention.	Please see the responses to the previous 2 questions.
Is there duplication covering carers twice? In the Carers section and the wellbeing section?	No there isn't duplication. Whilst we have a separate Carers Services section, we would want all applicants of the Wellbeing Services to ensure that where carers and families identified, they are supported in their role and referred to the carers service where required.
Joint working is a two-way street. As I have mentioned before, Council colleagues also need to respect and listen to their partners. As currently written, the section on joint working very much puts the onus on the VCS and yet this should be a partnership of equals.	We fully acknowledge and accept the concept of joint working as a two-way street, and recognise the role Merton Council plays in this. We believe this is adequately reflected in the principles of joint working (page 31).
Specifically on the escalation procedure, it would be very helpful if that could be agreed prior to the launch of the grants process, given that partners are asked to sign up to it.	This is currently being developed and we hope to have an escalation procedure signed off before the launch of the grants process.
There should be efforts made to promote the Merton strategy beyond Merton's borders and to other local authorities, so that they might realise and recognise its benefits. It is an important programme and worth supporting	This is a very valid comment, and we will ensure to share any best practice and learning gained from the experience with other organisations and local authorities.

Appendix 3 (on following page) – Draft Funding Prospectus