



WAVOCC AGM Q&A 2010

1. Jim J Smith, WAVOCC

'How do you see the Big Society Agenda having impact on Partnership working in Worcestershire, and within what timescales?'

Frances Howie responded first by noting that the Big Society Agenda gives lots of new opportunities for partnership working. She added that this is something which will require legislative change, so would expect it to happen by 2012.

Keith Sherman commented that he has two concerns; firstly that some of the language has started to disappear. Keith added that he thinks this is another name for intergenerational work that will bring a generation that view society in a different way. We also need to bear in mind that the current Government is only in place for the next 5 years.

He also raised concerns in terms of original language – that it is not just individual responsibility but also individual actions. However the problem is then that things need resourcing. Keith mentioned the Village Agents scheme in Gloucestershire and commented that this doesn't just work, it is funded and the agents are employed. He also referred to the neighbourhood watch scheme, in terms of the fact that all are volunteers, but that the support scheme is funded. Keith asked where are all the resources going to come from?

Kevin Maton commented that he thinks this hasn't been thought through properly and people need to think about how they work together and use the strengths of how they work at the moment.

Adam Russell noted that there are ironies in talking about a Big Society when in terms of learning disabilities there has been a small society for 30 years. There is lots of exclusion and the journey for people with Learning Disabilities is at the start of inclusion, with a long way still to go.

2. Anonymous WAVOCC Member

'Will there be an open and transparent evaluation of the Health Improvement Fund, including how much has gone from one public sector body, to another public sector body?'

Frances Howie answered that, yes, there will be an evaluation of the Health Improvement Fund. Frances noted that all projects must submit evaluations. With regards to numbers, 41 projects were approved, and funding was granted to 8 LSP community partners, 26 Third Sector Organisations, and 7 statutory organisations.

Keith Sherman interjected merely to say that if Compact means anything, it should be open and transparent. He was surprised that this question has been asked as it should happen automatically.

3. Mark Jackson, Chief Executive, St Richards Hospice

'I currently have a very simple efficient and rapid commissioning process. The structural changes to the NHS outlined in the Health White Paper will result in a far more complex and inefficient lengthy process which will almost certainly necessitate St Richards employing additional back-room staff'.

Frances Howie noted that there was clearly a risk of this, hence stressing the role of guidance notes accompanying the White Paper. She added that this is more of a consultation paper – there are increasing concerns about practicality, and she thinks that the new Government will want to avoid this.

Keith Sherman commented that although funding is currently in advance, a consequence of the personalisation agenda is that funding is in arrears and this creates a major sustainability risk for a wide range of VCS organisations. Keith said that he wants the personalisation agenda to be successful but feels it may kill the market before it has a change to get going.

Kevin Maton commented that he has talked to a number of organisations about this and the issue of uncertainty.

Adam Russell added that having spent the last 3 years wrestling with personalisation from a local authority perspective he thought that there would be less enthusiasm for personalisation after the change of Government, but if anything it has strengthened it. Adam commented that personalisation will ease beaurocracy and that local authority processes are gradually getting simpler as users are having a voice.

4. Richard Quallington, Chief Executive, Community First

'What does that tell us about the Sector and what can they do differently?'

Keith Sherman answered VCS can do something that they are already doing, being proactive. Organisations need to focus locally and directly on what's not being done for local people whose needs have been assessed.

Keith continued, saying we need to go to the commissioner and show them what we can deliver. He also added that organisations are going to have to be more evidence based and better at assessing the needs of ALL people in our areas.

Adam Russell commented that a lot of things won't change in terms of expectations and the way services are delivered. What we have is fit for purpose, there could be better dialogue and practical engagement with the VCS but he thinks what we have is fundamentally ok.

Kevin Maton noted that organisations need to be more commercially orientated, and assess more carefully who gets information and what value is put on services.

4. Natalie Boughtflower, WRSCAC

'The NHS seems to be looking to purchase services from the VCS, but seems less keen on providing specialist services. If an Organisation would be looking to sell their services how would they go about it?'

Frances Howie commented that as part of current cycle of change the PCT has to divest themselves of some services. In future this may be that specialist nurseries will go to the Acute Trust then be commissioned by other Trusts.

Frances commented that being proactive, giving evidence, and showing a return on investment are all important qualities.

Natalie Boughtflower commented that this was great advice, but added in terms of demonstrating how much organisations can save the PCT it is difficult to get information about how much it costs, and how much they are currently paying – this needs to be clearer.

Keith Sherman noted that the real issue in terms of that is doing market research and pitching in a professional way to try to help them achieve those things.