



## WAVOCC AGM Choice and Control Panel Questions

Peter Arch, Head of the Joint Commissioning Unit, and Adam Russell, Strategic Commissioning Manager - Joint Commissioning Unit were kind enough to stand in as the complete panel after 50% panel drop out due to illness. WAVOCC would like to thank both Peter and Adam for their strong contribution to the day.

Please see below for a summary of the discussion during the Question and Answer session:

1. **Philip Talbot, Chief Officer of Age Concern Herefordshire and Worcestershire**, addressed Peter Arch saying, 'You spoke about statutory budgets over the next 5 years, is this going to go up or down.'

Peter Arch stated, 'We all read the newspapers and are aware of the current economic climate'. Noting, that when he reads, 'Health Service Journal and politicians views that there is to be a 20% reduction in some budgets, Worcestershire County Council are thinking proactively. NHS Managers don't know what the facts are'. Continuing, 'waiting times are down, there are more resources being put into the NHS and there is more money going into the NHS now than ever in history' and that, 'no one anticipated the financial crisis'.

2. **Liz Lloyd, Chief Officer, Worcestershire Association of Carers**, asked, 'have you started looking at the change in acute services to preventative services'?

Peter Arch responded, 'perhaps this can be discussed in the next session. I think the voluntary sector is critical in that area'.

3. **Jenny Gage, Chief Officer, Worcestershire Association for the Blind**, asked, 'how will you encourage joint working between Worcestershire County Council and NHS Worcestershire and raise the profile of the Voluntary and Community Sector.'

Peter Arch responded by saying, 'my role is to plan and design. There is the issue of communication, and it is a formidable challenge, but we can't do knee-jerk reactive planning behind closed doors'. Peter continued by talking about future financial aspects saying there are: 'Severe financial challenges, after the next 2 years it will be tight. There is a shift from any service provider being measured and more towards dual outcomes. We are looking at pounds in and outcomes out. We can measure health and we can measure wellbeing. We are not incremental planning as in the past, but how do we spend the whole pot? Resources are not infinite. The NHS is suffering a rapid

slowdown in growth. Society cannot afford an illness driven approach to health’.

Peter went on to add ‘What can the VCS offer – I believe an awful lot. But the benefits of the VCS will have to be promoted and presented effectively. The VCS has a role in consultation, communication and adding value of community, but how can this be mobilised? What other resources can the VCS lever into negotiation? In terms of challenges we face, priority areas – the VCS has a big role. In a time of economic challenges, there needs to be a different relationship’.

4. **Keith Sherman, Chief Officer, Age Concern Bromsgrove and District**, stated ‘The VCS should be able to use volunteers as added value’.

Peter Arch responded that ‘this should be a joint approach, but has major challenges. We have to start thinking those equations through. We need ways of doing this and need to have methodology in place to do that. Recognising volunteering as a service and that providing a service enables life improvement for volunteers’.

5. **Liz Lloyd, Chief Officer, Worcestershire Association of Carers**, noted that ‘The Strategic Review of Carer Support Services report, is now out for consultation but not to the VCS as a whole’. Liz noted ‘that she was disappointed that it wasn’t distributed more widely’.

Peter Arch commented, ‘that there is quite strong engagement in carers and carers groups, and that he was happy to distribute the report through WAVOCC for consultation’.

**Sally Ellison, Chair of WAVOCC**, noted ‘that it was important for WAVOCC to be seen as a strategic link.’

6. **Jim D Smith, DIAL North Worcester**, discussed the Physical and Sensory Impaired Review Board, where he represents WAVOCC. The review was subsequently deferred as there were too many issues. He noted that ‘it was a tight timescale for consultation’.

Peter Arch said ‘someone who works in my team will be going to the groups and they are trying to be as inclusive as possible’.

7. **Sue Spackman, Chief Officer, Upton Community Care**, commented ‘you say you want the public through the VCS to play a bigger part, but we find it difficult to recruit volunteers. Won’t it be harder to find them, with people working later in life, they are not keen to do more work’.

Peter Arch responded 'I acknowledge what you have said and also mentioned it in my presentation. Volunteers are stressed and volunteering is coming out of vogue. The point to the VCS is that they are in a far better position to be local, whether or not people volunteer is a big question'.

**Dr Bryan Smith, Chairman, NHS Worcestershire**, commented that 'the Government doesn't want people to work to the age of 70, it just doesn't want to pay pensions until the age of 70. The VCS is fractioned and we need discussion across the VCS as to how we can work together. It is essential that we have a body that we can speak to in WAVOCC. I would urge people to hitch their wagon to WAVOCC and become members'.

8. **Mark Lawley, DIAL North Worcestershire**, asked 'are Choice and Control also involved in providing community equipment within their interpretation of personalisation'.

Adam Russell noted that 'the Choice and Control programme has rolled in things that they have immediate control over and will gradually roll up other services and types of funding. If a person has housing support needs and personal needs it is ridiculous that this should come from 2 providers. Equipment and assisted technology will be rolled into Choice and Control but budgets will be jointly controlled'.

Peter Arch commented that 'the concept is a shop front where people can get what they need'.

**Phil Street, Executive Director, Bromsgrove District Council**, commented that he has a background in the Voluntary and Community Sector and believes that the VCS should be called the 3<sup>rd</sup> sector. The dilemma of the situation is highly competitive and it is beholden on the 3<sup>rd</sup> sector to acknowledge they are doing valuable things and to enter into dialogue with commissioning. Doing a good thing, and being a good thing is not enough. We need to build vocabulary about what we want to achieve. The Voluntary and Community Sector have to meet expectations in contracts as the competition gets more ferocious'.

Peter Arch, noted 'the Voluntary and Community Sector spans a huge breadth. Much more specific dialogue is needed and will speak to colleagues about providing regular listening events'.

Phil Street concurred, that 'their dialogue equates to a two way discussion'.

9. **Howerd Brooksbank, Disability Answers**, asked, 'how is support for carers integrated into Choice and Control?'

Adam Russell responded 'let's not lose sight of the fact that many carers do it voluntarily. Many people run it as a team effort with family carers. We don't want to push people into that role. Individual budgets and Choice and Control empower in some circumstances carers to be able to step back. Resource for carer budgets to support them is available through organisations like Penderels. We can provide (and commission) from the 3<sup>rd</sup> sector training and support to support carers through Choice and Control'.

- 10. Mark Jackson, Chief Executive, St Richards Hospice**, noted that Worcestershire County Council is not the majority commissioner of the Voluntary Sector in Worcestershire, 30% of activities might be funded by the County Council but 70% is funded from other sources. He continued 'are you really confident that you are commissioning the right thing because I believe commissioning is fundamentally flawed as you don't consult clinical directors who are the experts'.

Peter Arch referred to the Darzi report and the need to create different dynamics between clinical staff and "suits". He continued, "if "suits" don't take advice they will get it wrong. There are roles for the lead clinician to advise. We have just set up a dementia group with a professor from University of Worcester as a clinical advisor. It should be acknowledged that when talking to a consultant it is like seeing a lawyer, there will always be different opinions. Clinical engagement is ongoing, it is critical to get service user involvement. The shape of services is starting to change in terms of policies, structures and better linkage'.

**Dr Bryan Smith, Chairman, NHS Worcestershire**, concurred with Peter Arch and commented that it is a Whitehall initiative to separate providers from commissioning.

- 11. Sylvia Meyrick, Speakeasy NOW**, commented that there are 2 different systems for individual budgets and that funding streams for supporting people goes into individual budgets. Will people with Learning Disabilities lose that?

Adam Russell responded, 'they won't lose it, it should be extending to everyone. There is strong evidence to support 60% of supporting people will come from individual budgets'.

- 12. Jim D Smith, DIAL North Worcestershire**, asked, 'The Office of Disability Issues circulated a letter recently from Ministers talking about Choice and Control and Trailblazers. Is it the intention of WCC to apply to be a Trailblazer and how will they involve voluntary organisations'?

Adam Russell noted that ‘the Government often initiate Trailblazing schemes with strings attached of which we have to be mindful. We are well resourced in Worcestershire so there is no financial urgency. It is a case of weighing it up – if the Trailblazer scheme offers a better model of consulting stakeholders it would be something I would push for’.

- 13. Jenny Gage, Chief Officer, Worcestershire Association for the Blind**, commented that ‘we’d like some recognition that the voluntary sector professionals have much knowledge in this area. We would like the opportunity to talk more’.

Adam Russell noted that he is not inaccessible and that ‘WAVOCC members can contact me directly or refer to other members of the Choice and Control Team. Up until recently there has not been enough to say. The problem is we are at the formative stage with processes. How are we going to respond to an agenda as huge as personalisation? We need much more structure and frequent communication’.

**Mark Jackson, Chief Executive, St Richards Hospice**, responded ‘you are obligated under the Compact to work with the VCS. It is your statutory responsibility to consult’.

Peter Arch replied that ‘we can never consult enough’.

Suzy James interjected ‘with reference to the Compact there has been good consultation regarding Choice and Control. Worcestershire County Council are aware of their duty to involve, in fact I’d like to invite you all to an event on 11<sup>th</sup> September to talk to us about our duty to involve’.

- 14. Philip Talbot, Chief Officer, Age Concern Herefordshire and Worcestershire**, noted that he was ‘I’m heartened to hear Peter’s comments regarding competitiveness. Protectionism needs to be challenged, but to do that we need to have access, for this to be the case you need to move away from subcontractor mode – partnership is more than that, it is not just about delivery of services to outcomes. We want to help make sure we are represented and become a critical friend. It is both of our responsibilities to deliver and develop together. We need to see more of you’.

**Sally Ellison, Chair of WAVOCC**, offered thanks for questions and officially closed the meeting.