

Third and Public Sector Partnership Group

Meeting date 23 July 2015, Northgate House, Warwick

Attendees	
Aidan Knox, Warwick District Citizens Advice	Nick Cadd, Stratford District Council
Paul Tolley, Warwickshire Community & Voluntary Action	Stan Orton, Dordon Patient's Advisory Panel
John Davis, Warwickshire Vision Support	Rachel Jackson, Nuneaton & Bedworth Borough Council
John Hier, Rugby Borough Council	Nicola Wright, Warwickshire County Council
Dan Green, Warwickshire County Council	Phil Evans (Chair), Warwickshire County Council
Helen Kendrick, Orbit Heart of England	Richard Hall, Warwick District Council
Cheryl Bridges, Office of the Police and Crime Commissioner	Becky Evans, North Warwickshire Borough Council
Kate Farmer, Domestic Abuse Counselling Service	Maria Fennell, Springfield Mind
Charles Barlow, Voluntary Action Stratford on Avon	Jane Coates, Warwickshire County Council
Vic Jones, Warwickshire Children and Voluntary Youth Service	Junaid Hussein, Warwickshire Race Equality Partnership
Apologies	
Elizabeth Phillips, Age UK Warwickshire	Adam Farrell, Coleshill Community Partnership
Simon Lieberman, Orbit Heart of England (substitute sent)	John Linnane, Warwickshire County Council (substitute sent)
Chris Lewington, Warwickshire County Council	Jaki Douglas, North Warwickshire Borough Council (substitute sent)
Adrian Canale-Parola, Coventry & Rugby Clinical Commissioning Group	Jenni Northcote, Warwickshire North Clinical Commissioning Group
Sue Phillips, South Warwickshire Clinical Commissioning Group	

1 Welcome

Short introductory presentation by Phil Evans (copy of Powerpoint available).

2 Introductions and key issues attendees wish to raise

This is a list of issues raised

- **Commissioning and procurement**
- The number of very similar services being let by the same commissioning body for short periods. Can frameworks and other approaches be considered instead? Be more creative!
- Third Sector recruitment and retention for short term commissioned work is problematic.
- How can we raise the number of service users who are involved with commissioners in the designing of the services they will use?
- Concern over unrealistic expectations in tenders, especially what can be delivered for the money on offer
- Payment in arrears excludes smaller Third Sector providers from tendering
- Upskilling small Third Sector groups to enable them to consider submitting tenders
- Make 'meet the commissioner' events and advance marketing of opportunities the norm
- Duplication of tender opportunities between commissioning bodies. Not joined up, leading to gaps as well as duplication. Needs to be joined up
- Achieving a workable and efficient way of measuring impact, (social) value, and what makes a successful service
- How to identify needs and demands within the wider population

- Refining the process of commissioning and procurement – preferably to a single model across commissioning bodies
- Maintaining budgets for commissioning services is problematic
- Complex processes take too much time and focus away from core business

Health and social care-specific issues

- Health and adult social care services: Problems with dissemination of non-digitised information to communities of interest (adult services)
- Need to increase the role and voice of the Third Sector in health and wellbeing issues and solutions
- Widen awareness and understanding of health and wellbeing issues
- Apparent lack of continuity in the development and delivery of care pathways, meaning that commissioned services are not integrated into processes
- There is a need to maintain a focus on the delivery of services to disabled young people up to 25
- Health transport services are needed to connect rurally isolated and disabled people with their medical appointments. This is exacerbated by the reduction in service availability, meaning further to travel
- Dementia support and advice for sufferers and carers needs big improvements
- Concerns around the lack of joined up approaches to health services – they need to do much more together
- Communication of health service availability and eligibility needs improvement
- The increasingly complex needs of our ageing population are bringing real financial pressures

Engagement, voice and representation

- The difficulties in getting people to become Trustees and Councillors
- Problems in adequately engaging with isolated communities and communities of interest
- Influencing future land developments, to ensure there are adequate community facilities, affordable housing, and sustainable services built in to meet community needs
- Find ways to improve the gathering and sharing of intelligence from different stakeholder groups
- How can we do more to collect and share information to enhance service responsiveness
- Establishing partnership working across sectors as the norm
- Finding solutions to developing community capacity and resilience to change
- Supporting tenancies and tenants
- How can we get involved in planning for the big changes coming for the public sector, and work together to reduce the impact on service users
- How can we collectively be proactive rather than reactive, to develop funding opportunities?
- We need to make sure we retain a focus on existing as well as emerging communities and their needs

Service delivery pressures/gaps

- Hate crime action plan
- Rural transport
- Service sustainability issues in rural areas and isolated communities
- How to measure success
- There is a tension between preventative and core services
- How can services continue to run in the face of ongoing chipping away at budgets

Economic wellbeing issues

- Fuel poverty
- Financial inclusion support availability (big and growing pressures on limited resources)
- How can we join up to improve employment and skills opportunities?

3 Terms of reference (ToR) and role description

It was agreed that both should be viewed as working documents that can be refined over time. Minor amendments agreed. It was noted that the 'role description' works well for third sector reps but is not as easy to deliver for public sector reps: a statement of principles might work better.

The issue of delegated attendance was discussed. It was agreed to permit this but to keep an eye on regular delegation/non-attendance. Attendance by the named person is desirable where possible. Localities & Partnerships will pursue a dialogue with individuals where issues arise.

ACTION BY ALL: identify more focused wording to replace 'strategic planning' (ToR, bullet 1 under 'Role')

ACTION BY LOCALITIES TEAM: ensure we talk this through with the CCG reps

ACTION BY LOCALITIES TEAM: share contact details across the Partnership Group

4 Work plan

Based on the issues raised by reps and information previously gathered, it was agreed to focus on five broad work themes:

1. Communication and engagement
2. Commissioning and procurement
3. Foresight/strategic direction (where we are heading and why)
4. Systems leadership differences across agencies (how we work better together)
5. Prevention and getting ahead of the curve

ACTION BY VARIOUS: Paul T, Vic J, Aidan K, and Nicola W (plus Jenny Murray) agreed to meet on 5 August to draft some proposals for Partnership Group objectives and work tasks. To be reviewed at the next meeting.

5 Items to confirm

- Warwickshire Association of Local Councils will be invited to join, as neither a third sector nor a public sector representative
- Phil Evans confirmed as Chair until January 2016 (revisit at that point)
- Nick Cadd agreed as stand-in, in case of Phil's absence
- There will be an accelerated number of meetings initially to establish the work plan

ACTION BY LOCALITIES TEAM: schedule a meeting for 4-6 weeks' time