

In Attendance:

Tom Beasley (TB) – Active Gloucestershire
Matt Lennard (ML) – Gloucestershire VCS Alliance
Vicci Livingstone-Thompson (VLT) – Inclusion Gloucestershire
Maggie Grady (MG) - Mindsong
Nicole Hastie (NH) – Active Impact
Lisa Wilson (LW) – GL11
Jason Dunsford (JD) – Gloucestershire Gateway Trust

Apologies:

Chris Brown (CB) – Forest Voluntary Action Forum
Lucy Moriarty (LM) – Gloucestershire Wildlife Trust
Michelle Vaughan (MV) – Caring for Communities and People
Sarah Bourne (SB) – The Churn Project

Guests:

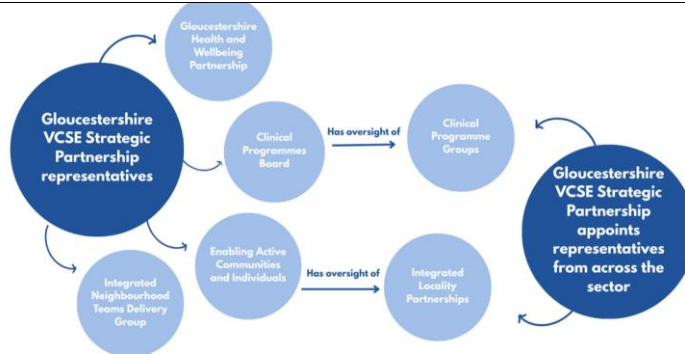
Jill Parker (JP) – Gloucestershire VCS Alliance

Minutes by:

Charlotte Ludbrook (CL) – Gloucestershire VCS Alliance
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The meeting commenced at 14:30

1	Welcome, introductions and apologies	ACTION
	JP welcomed everyone to the meeting and introductions were made. Apologies were received from CB, LM, MV and SB. TB informed the group that he had resigned from his position at Active Gloucestershire. His notice period would come to an end in around two months.	
2	The place of the VCSE Strategic Partnership in the system	
	The meeting was an introductory meeting for the new SP members. Slide 3: Diagram showing the various boards and groups that VCSE Strategic Partnership representatives currently attend and their relationship to those that are attended by SP appointed representatives from across the sector. This is below -	



JP noted that Integrated Neighbourhood Teams (INT) should also feature. ML was currently attending the INT delivery group. The focus was on the primary care networks with GP surgeries at the centre rather than building health around well-used community spaces. It was not yet clear what role the VCSE had in relation to INTs. A shift from a purely medical focus to a more holistic, whole-life approach was likely, in time.

ML noted that The Gateway Trust were already doing the work that INTs were aiming to achieve. It was clear that people wanted preventative services that took place outside of the GP surgery. JP provided the Bromley By Bow Centre as an example of an integrated health and community hub.

JP provided some information about the appointment of VCSE representatives. There were two representatives on each ILP, these were full. Sometimes the Strategic Partnership was asked to field representatives onto clinical programme boards. Gloucestershire ICB was due to be clustered with NHS Bristol, North Somerset and South Gloucestershire (BNSSG) ICB this year. They did not run clinical boards in the same way so there were likely to be some changes to the current arrangements in relation to VCSE representatives.

JP explained that these were the primary areas that the SP connected to. Every so often a request was received for involvement in something else.

NH asked whether the SP was only involved with adult services. ML replied that Children's Mental Health was one of the CPGs.

TB added that the MOU was out of date and needed to be refreshed.

Slide 4: VCSE Strategic Partnership priorities. The slide outlined the five priorities, and long-standing members shared updates on current work within each area.

Commissioning –

Conversations had evolved since the plan was written. In RF's report about commissioning, 'keeping it local' was a primary theme. Particularly in the case of local authority commissioning, there were conversations taking place about how to make this more efficient and equitable.

	There was a round table arranged for the end of October. Members of county council including the new Head of Procurement would be in attendance. The purpose was to present the report and to put forward a proposal advocating for local-first commissioning. The one-hour online meeting on 16th September would be an opportunity to determine the most effective way to position the sector at the round table meeting. Infrastructure - The Strategic Partnership had been in talks with the ICB about VCSE infrastructure for some time. Sam from NAVCA was writing up the initial round of marketplace research to present to the ICB. ML was asked how long the Alliance's contract with Gloucestershire County Council was and replied that it was a year-on-year contract. Future arrangements for contracting and funding infrastructure are dependent on the work being led by the ICB and are likely to be determined by the end of this financial year Representation – JP explained that adjustments had been made to the process of attracting and appointing to the SP as well as the recruitment of ILP Reps. It was important to continue pushing for more diverse representation across the board. Collaborative leadership After the last local elections, members of the SP had met with six local MPs. In most cases this had been useful, and conversations were ongoing. Communications Action this year had focussed on giving our e-newsletter In Partnership a more strategic focus and introducing occasional open meetings. ACTION: Check which MPs the previous SP members had met with.	JP
3	ICB Changes	
	ML explained that Gloucestershire ICB was due to merge with BNSSG ICB. ML had met with Sarah Truelove, the new CEO of Gloucestershire ICB. She was very positive about the VCSE. It had not yet been announced who would be the CEO under the 'cluster' arrangement. The budget for ICB redundancies had to come out of local systems and so reorganisation would be slower than originally anticipated. Sarah Truelove and Will Chapman, Associate Director (Prevention & VCSE Partnership) at NHS Gloucestershire, wished to attend the next SP meeting. A conversation was needed about the shared agenda. TB had met with Sarah earlier in the day and would see her again at Wednesday's Strategic Decision-Making meeting. TB emphasised that Sarah's view of Gloucestershire's VCSE infrastructure was very	

	positive. TB was leaving the SP; it would be necessary to appoint a new representative to Glos Health and Wellbeing Partnership. The VCSE Strategic Partnership needs to start building a relationship with its equivalent in BNSSG ahead of the 'clustering'. Members are invited to a joint workshop led by Debbie Sorkin of The National Leadership Centre in Bristol in December. This would be an opportunity to start building relationships across the wider system and to explore areas for collaboration. ACTIONS: 1. Circulate invitation to joint Gloucestershire/BNSSG event in December to all members. 2. Confirm arrangements for Sarah Truelove (CEO ICB) visiting next time. 3. Decide a discussion topic for Sarah's visit. 4. Appoint a new representative to Glos Health and Wellbeing Partnership.	JP JP ALL ALL
4	Overview of Strategic boards	
	The Health and Wellbeing Partnership – TB had been representing the SP at these meetings. The establishment of this partnership between Gloucestershire ICB and GCC had been a key part of the NHS ten-year plan. There had been a lot of investment in to working collaboratively. Cllr Dr Kate Usmar was the newly elected chair. VCSE involvement in this partnership was positive for Gloucestershire, it cemented the role of the VCSE and put the sector on an equal footing within the System. It was possible to ask difficult questions at the Health and Wellbeing Partnership and to openly challenge points raised; it was a good environment to talk about improvements that need to be made. TB needed to have a conversation with the partnership about stepping down. Clinical Programmes Board – VLT was the SP representative for this board. Meetings were always online. The CPB had oversight of the various CPGs. For the meeting this week the spotlight would be on diabetes and weight management. Project highlights had been a Children and Young people project and an eye health project. VLT asked that if any of the new members were interested in attending, they speak to her. MG was interested but not able to attend the next two meetings, she would speak to VLT. EAC&I ML explained that this board had been standing for the last ten years or so but had now effectively been superseded by the Health and Wellbeing Partnership. TB added that it had been the place to share updates for calls to action. JP was currently the rep but ML, TB and VLT had also been attending the meetings. JD asked what the impact was of these groups. ML replied that without EAC&I the Strategic Partnership would not be where it is now; it was now in the right position for involvement with the more recently established boards.	

	VLT added that discussions at the CPBs were very medical and other input was not always listened to. JP summarised that just by being present at the meetings they were invited to attend, the SP was putting a marker in the sand to show that the VCSE can make impact.	
5	Representation	
	Clare Knapman had been appointed, by the members that were available over the summer, as the new Gloucester ILP Rep. The motion was carried unanimously. The field of candidates had been very good, there had been gaps in representation in Gloucester for some time, Clare was a great choice. JP explained that through the process of this year's election a pool of people who have shown an interest in engaging with the system, had been obtained. JP asked for the group's thoughts on the idea of inducting some of these people so that they could then be available to attend groups when the SP was at capacity. ML asked what level of accountability they would have but suggested it was a good idea in principle and would also like there to be one open meeting per year for the wider VCSE to attend. The group agreed that an annual open meeting would be useful. The group agreed to park the idea of developing a bank of reps and wait to see what emerges, it could be something to pursue if in 3-month time there were too many asks to be served by the existing group. JD asked for clarification re the changes to reps on current groups and boards. TB was leaving so there would be a gap on the Health and Wellbeing Partnership that would ideally be filled by someone from within this group. There was a gap for someone to work alongside VLT on the CPB. It would be necessary to develop a contingency plan as the merger with BNSSG was likely to result in requests for reps in groups that ran across the whole system and so more reps would be needed. The SP's equivalent in Bristol received multiple asks per month.	
6	Strategic Partnership Arrangements	
	SP meetings were held on the first Monday of the month from 2:30pm – 4:30pm but this was not an ideal time for some of the new members. The next meeting would include the reps so it would be best not to make changes, but it would be possible to change the day/time from November onwards. Reps joined every 3rd meeting. The agenda for the next meeting would include a slot for the reps to discuss what was working for them and what wasn't.	

	The group was asked whether they were happy for monthly online meetings to continue between the face-to-face ones. All agreed that they should. These took place on a Tuesday from 9am – 10am. Chair role JP was hoping to stand down as chair and had circulated a draft role description in advance of the meeting. If members had any queries or comments, they were asked to contact JP otherwise it would be assumed that the description was OK. Ideally the role would be filled by someone in this group but it could be advertised externally if necessary. VLT suggested that it was a lot of work and questioned whether anyone from within the group would have capacity. It might be possible for JP to remain an Exec for the SP and for responsibilities to be divided differently between the Exec and the Chair. ACTIONS: Create and share a poll to determine a suitable slot for the monthly meeting. Email members regarding the chair role.	CL JP
7	Notes of the last meeting	
	The notes of the last meeting were unanimously approved.	
8	Any other business	
	Members were asked to let CL or JP know if they had a room available for an upcoming meeting.	
	Time and date of next meetings	
	Monthly Online Catch up: Tuesday 16 September 9am – 10am Microsoft TEAMS Next full meeting with ILP reps: 2.30-4.30pm 6 October 2025, Chair: Vicci; Venue: Inclusion Gloucestershire, Railway House, Bruton Way, Gloucester GL1 1DG	

Acronym Key	
ICB	Integrated Care Board
EAC&I	Enabling Active Communities and Individuals
ICP	Integrated Care Partnership
CQC	Care Quality Commission