Notes of the joint VCSE Strategic Partnership and ILP/CPG reps Meeting

Held on Monday 2 June 2025
at Inclusion Gloucestershire, Gloucester

In Attendance:
Sally Byng (SB) – Barnwood Trust
Matt Lennard (ML) – Gloucestershire VCS Alliance
Tracy Clark (TC) – Young Glos
Vicci Livingstone-Thompson (VLT) – Inclusion Gloucestershire
Chris Brown (CB) – Forest Voluntary Action Forum
Joanna Hammond (JH) – Cotswolds Friends
Pippa Jones (PJ) – Create Gloucestershire
Victoria Robson (VR) – The Door
Julia Glaudot (JG) – Mindsong
Angela Gilbert (AG) - GRCC
Andy Herbert (AH) – Move More CiC
Katie Tucker (KT) – Treasure Seekers
Lucy Moriarty (LM) – Gloucestershire Wildlife Trust

Apologies:
Sue Cunningham (SC) – GL Communities
Tom Beasley (TB) – Active Gloucestershire
Andrew Embling (AE) – Wilde Earth Journeys
Ben Ward (BW) – World Jungle

Guests:
Jill Parker (JP) – Gloucestershire VCS Alliance

Minutes by:
Charlotte Ludbrook (CL) – Gloucestershire VCS Alliance

The meeting commenced at 14:35

1	Welcome, introductions and apologies	ACTION
	JP welcomed everyone to the meeting and intros were made. Apologies were received from SC, TB, AE, BW.	
2	**Election update**	**ALL**
	The SP nomination period had closed on 30 April. JP informed the group that 2 nominations had been received from representatives of organisations within the grassroots category, 3 from organisations with an annual income of £500,000 or less and 5 from organisations with an income in excess of £500,000.	
3	**ICB Changes**	

Gemma Artz (GA), Deputy Director for Strategy andTransformation, ICB joined the meeting via Microsoft Teams and provided the group with an update on how Gloucestershire ICB was responding to the announcement made by NHS England in April in relation to cost reduction.

Every ICB would be required to reduce their costs by approximately 50%. GA explained that the ICBs had received no warning; the announcement had been unexpected and distressing for teams within Gloucestershire ICB. There had been little information available, but things were progressing, the draft Model ICB Blueprint had been released. This stated that ICBs would be expected to spend no more than £18.76 per head of the ICS's population. This would be more than a 50% cost reduction for Gloucestershire. Not all ICBs were on a level playing field; there were differences in the number of statutory functions they performed.

A proposal had been submitted to NHS England which detailed how Gloucestershire ICB aimed to get to the figure stated. The only realistic option would be to cluster with other ICBs. Glos ICB had spoken to other ICBs in the South West about how this could be done together.

The proposal was to cluster with BNSSG ICB. This would meet the requirement to stay within the Southwest footprint that had ruled out Herefordshire and Worcestershire. The upcoming Local Government Reform had also been taken into account but this was moving at a much slower pace.

If this proposal was accepted, there would be a need to recognise the importance of place. Gloucestershire would be a 'place' within this set up and some functions would be maintained at local level. Although NHS England was to be abolished, there would still be some regional offices. A Regional Blueprint was due to be released. The ICB Blueprint showed which current functions they expected to be retained by the ICB, and which would be referred to the wider system.

With the cluster proposal, there would be a formal merger, probably at the end of the next financial year. Separate accounts would be retained until then; this was the preferred way to start a new organisation. The ICBs involved would be considered as a cluster until it was possible to make a legislative change. There would be a lot of work to do before this was possible.

Government had not yet released a redundancy framework. This was needed in order to progress.

To summarise, GA looked to the opportunities that working together with BNSSG might present. BNSSG had a similar value set, it was a much larger area, but community was held very dear. It was, however, a very uncertain time and please be mindful of this when working with ICB staff.

Attendees were invited to ask questions.

	• What was the current spend per head? About double the new expected amount. • Did GA have any thoughts re the future of ILP's? The importance of place was still very much there. The focus around a move to community and prevention was still there. Changes might be made to how it operated but it would still be essential to exist in some form to keep locality focus going. • How would health inequalities be affected by the new merger? Bristol had a higher level of deprivation than Gloucestershire, but Gloucester itself was higher. There would be things to learn from each other. • Was there a risk that resource would drift towards Bristol? No, it would not be set up that way. There would be a wider footprint, it would be thought about as a new organisation. • Would there be an impact on new commissioning? No, it would be business as usual in relation to projects like the partnership piece. • Would there be a Gloucestershire team/base? There was likely to be an office within Glos, once the proposal had been accepted, set up would be considered. JP thanked GA for her time and said that all present were thinking of the team at this uncertain time. GA would be in touch when there was more information to share.	
4	**Joint Know Your Patch/Gloucester ILP meeting**	
	KT shared a presentation about the ILP VCSE Engagement Event that had taken place on 20 May. The purpose of the event had been to enable Gloucester ILP members to have an awareness of the range of VCSE organisations in Gloucester and for the VCSE organisations to learn more about the ILP and feed into it's priorities. The event had included a Know Your Patch marketplace and an ILP Priority Showcase and was followed by a formal ILP meeting. The event was well received, ILP members had requested a repeat event and for further comms and engagement opportunities to be explored. ML suggested that the VCSE Alliance's Charity Dashboard could be a useful resource for ILP's and CPG's, he would be happy to present at further meetings.	
5	**Updates**	
	Clinical Programme Board VLT provided an update. There had been two meetings since the last SP rep meeting, one in March and one in May. The March meeting had focused on neurology. The VCSE sector needed to be in a position where all patients had access to voluntary services, regardless of where geographically, they were accessing care. There was no equity here currently. There had also been a consensus that children and young people needed greater representation in this area of healthcare.	

	The meeting in May had focused on women's health. The Women's Health Clinical Programme Group had ended at the end of March but some areas of their work was continuing within voluntary organisations in the county. **Integrated Neighbourhood Teams Delivery Group** ML had attended the first of these meetings as PJ was unavailable. PJ had attended the second meeting. The group's initial area of focus was to be frailty and its symptoms. It would be important to explore how the VCS could increase its involvement. PJ was stepping down as an SP member so ML would take her place as INT rep.	
6	**Integrated Neighbourhood Teams**	
	Rosanna James, Director of Improvement and Partnerships presented an update. INTs should provide proactive, planned and responsive care based on population needs. Teams would oversee and deliver services, case reviews, care planning and co-ordination of services with a core team managing complex cases and linking to extended specialist resources. The aim was to enable every person to have the best health and wellbeing achievable for them through a variety of lifestyle and social means as well as health and care support. There would be cohort expansion over time but initially the focus would be on moderate and severe frailty, complex/high intensity users. The expected outcomes included the management of demographic growth, the enablement of people to live in their communities for longer and for Neighbourhood MDT's and associated methodology to be embedded across the county. Attendees were invited to ask questions and these focused on the involvement of the VCS in this model. Rosanna explained that the VCS was more likely to be involved at PCN level. Further involvement would come in time. There was an initial commitment from the ICB to focus on frailty, but things would move on and evolve. Rosanna confirmed that there would still be a need for INTs and ILPs to exist separately. As focus became more disease-specific there would be a need for different networks to be in place.	
7	**Close**	
	Time and date of next meetings **Strategic Partnership online catch up:** 9-10am 17 June 2025	

	Strategic Partnership meeting: 2.30-4.30pm 7 July at Barnwood Trust **Next full meeting with ILP reps:** 2.30-4.30pm 6 October 2025,	

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