

In Attendance:
Tom Beasley (TB) – Active Gloucestershire
Matt Lennard (ML) – Gloucestershire VCSE 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
Sarah Bourne (SB) – The Churn Project
Michelle Vaughan (MV) – Caring for Communities and People (CCP)
Lucy Moriarty (LM) – Gloucestershire Wildlife Trust
Elizabeth Hall (EH) – Citizens Advice Stroud & Cotswolds
Julia Glaudot (JG) – Mindsong (via TEAMS)
Katie Tucker (KT) – Kingfisher Treasure Seekers
Angela Gilbert (AG) - GRCC

Apologies:
Chris Brown (CB) – Forest Voluntary Action Forum
Ben Ward (BW) – World Jungle
Joanna Hammond (JH) – Cotswold Friends
Andrew Embling (AE) – Wilde Earth Journeys
Andy Herbert (AH) – Move More
Victoria Robson (VR) – The Door
Tracy Clark (TC) – Young Gloucestershire

Guests:
Sarah Truelove (ST) – NHS Gloucestershire
Hannah Gorf (HG) – NHS Gloucestershire

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

The meeting commenced at 14:35

1	Welcome, introductions and apologies	ACTION
	VLT welcomed everyone to the meeting and introductions were made. Apologies were received from CB, BW, JH, AE, AH and VR.	
2	ICB Strategic Update	

	Sarah Truelove, Chief Executive of NHS Gloucestershire Integrated Care Board and Hannah Gorf, Senior Programme Manager, Healthy Communities and Individuals Team, provided the group with an update on progress regarding the clustering with BNSSG. A discussion with the group, followed. Following the announcement in March that NHS England and the Department of Health and Social Care would be coming together and the instruction for ICBs to reduce their costs by 50%, many conversations had been taking place around the arrangements for clustering with BNSSG. Jeff Farrar had been appointed as the NHS Integrated Care Board Cluster Chair for BNSSG. Documents had been published outlining the blueprint for the cluster model, in which the ICB would take on a Strategic Commissioner role. There was plenty more to do, progress had been slower than anticipated. A Joint Transition Committee had been established to ensure good representation of both ICBs and to support the transition. The role of 'place' was being given consideration in terms of the functional design of the future operating model. A medium-term, 5-year plan was being developed. There was a lot of detail in place for the first year but less as the plan progressed. It was hoped that allocations for the next three years would be announced in November. Changes to services would be significant but would not happen overnight. There would be a focus on frailty. The over-65 age group in Gloucestershire was projected to increase by 38% over the next 20 years. The VCSE sector played a crucial role in support and prevention in this area. There was a need to accelerate the offer, but resources would not increase at the same rate. ML reminded the group that there was a need to be supportive to colleagues in the NHS. It was disconcerting to have well established relationships now in jeopardy. ML suggested that the plan and actions did not quite meet. Prevention was precisely the area that the VCSE should position itself within, but the complexity of the cluster footprint seemed to work against the objectives of the 10-year plan. Although the clustering did present some great opportunities, it did feel as though some aspects of the merge needed work. The decision to hold meetings in Bristol only, for example. Shane Devlin, the new Chief Executive Officer of the ICB cluster, would be based at Shire Hall on two days of the week. This was a welcome decision. HG suggested that it could be helpful to reframe the cluster and think of it as a new organisation, rather than a merger of BNSSG and Gloucestershire.	
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	An aspect of the 10-year plan was the idea of neighbourhoods. Strategic decisions would be made at 'cluster level' but the power would then shift to communities. MV raised that communities within Bristol and within Gloucestershire, were very different. There was a need to also think of communities of identity. It would be a challenge to support communities in understanding the changes. The sector would need to understand first. ST reminded the group that there was already lots of different places within BNSSG, it was possible that there would be similarities with places within Gloucestershire. It would be beneficial to focus on how to get the benefits that might result from the clustering. The VCSE sector would need to be useful across the whole journey and across all levels of prevention. TB asked what was meant by the term 'Strategic Commissioning'. ST proposed that Strategic Commissioning was actually very similar to what Gloucestershire ICB and BNSSG ICB had been doing already. It was about using all the available data to understand the needs and to then move a project forward and plan further ahead. It would be the providers responsibility to think about the interventions that would make a difference over time rather than just thinking about the right now. HG summarised that it was about really understanding how people are going to be living their lives rather than just how they are now.	
3	'From sickness to prevention' VCSE sector actions	
	VLT highlighted the NHS 10-year plan's shift from treating sickness to prioritising prevention, and the emphasis on the importance of community support to avoid hospital admissions and treatment in clinical settings. VLT suggested that it sometimes felt that commissioning could be improved so that it fostered equal partnerships and co-production. ST was keen to make sure that VCSE organisations were properly involved. With the focus on neighbourhoods, there would be more opportunity for that. It would also be important to think about the impact of local government reform. ST noted that Jeff Farrar and Shane Devlin were also keen to have the VCSE on board and were committed to that. Longer term planning should make a difference to commissioning. There would be a phasing down of the current model and a transition to the new.	

	AG highlighted a lack of capacity for some organisations in the sector. Many did not have the capacity to engage with this work. There was a lot of work involved in becoming an equal partner, there was a cost to organisations if they were to be involved. ML pointed out that in Bristol's Strategic Partnership Board, VCSE organisations were not paid for their time (unlike in Gloucestershire). Payment was crucial. There was a piece of work going on which asked charities what would enable them to engage. Local Government were also looking to work with VCSE organisations, this could result in a duplication of work. Organisations were having to give the same message each time they were approached. VLT suggested that there would need to be some brave decisions re shifting the commissioning focus. If funding was involved, the VCSE was in a great position to support the shift to prevention, but this could mean taking money away from clinical services. ST recognised that an increase in risk appetite was needed. Consideration would be given to measuring impact, some work that was already happening could be having a huge impact. The public would be asked about what services and interventions they thought were working. The sector needed to improve how it communicates the impact and successes of prevention services. KT provided some examples of the success Treasure Seekers was having around prevention. SL was thanked for her time and left the meeting at 15:15. VLT observed that some of the sector's initiatives would benefit from being reframed with a focus on prevention. HG suggested that the NHS needed to do some of the work to support this. A conversation about data collection and sharing followed a short discussion about the purpose of the Integrated Neighbourhood team Strategic Board. It was suggested that AI should be utilised more by the sector to aid data collection. Some organisations did not have people on board who had these skills, there was a need to leverage resources. AI was going to have a huge impact on the way people accessed healthcare and VCSE services. Society was changing and the ICB 5-year plan needed to be adaptable.	
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	HG agreed with this point but also argued that it would be important for the NHS to work with the VCSE to make sure that human connections remained. VLT drew attention to health inequalities and barriers to engagement with traditional services. The VCSE was well placed to support people to overcome these challenges and access the support they needed. The VCSE was good at flexible working and could respond quickly, the reaction to covid had been an example of this. There was a need to think about the workforce of the future. UoG's new Arts, Health and Wellbeing Centre was engaging with students <i>now</i>. It was important to make sure the voluntary sector were properly paid for taking students on placements. This was mutually beneficial. The use of community spaces, such as family hubs, rather than GP surgeries as places to access support was an important way for the sector to be involved in the move from treatment to prevention. Village halls must be included in commissioning decisions. Their availability should be promoted to the ICB. NH suggested that it would be important to get a commissioning principle in place now which states that buildings will be looked at as a resource first, it was important that buildings were involved. HG advised the group to look at the key relationships that existed now and consider what impact a change to their remit would have. It would be advisable to get principles in place now. As well as the joint workshop with 'ambassadors' in BNSSG, Shane had asked to meet with system partners on 21st November and wanted the VCSE to be represented. This would, again, be in Bristol. There would be more information to follow.	
4	Building Equality, Diversity and Inclusion into our work	
	ML asked the group for their thoughts on whether the EDI network that Cate Hemingway from Gloucestershire VCSE Alliance was developing could be utilised by or supported by the Strategic Partnership. Would it be helpful for there to be a link? It was not currently a representative group, rather it was a case of organisations identifying that they needed some help with aspects of EDI and so, joining the group. It could have wider membership and representative group. It would be a learning space and a specialist network. The group agreed that the membership and remit of the network could be expanded. This could build confidence in EDI within the sector. It was important to share learning.	

	A discussion followed regarding representation within the SP. Co-opting and conducting a skills audit were identified as potential options for replacing TB.	
5	Glos Health and Wellbeing Partnership	
	A replacement was needed for TB on the board. There had been a suggestion that the replacement could also become the vice chair. TB was available for another 3 weeks to train and support anyone interested in this opportunity. The partnership was a strength in Gloucestershire, those attending were asked their opinion and fully involved. Attendance at the bi-monthly meetings was funded by Gloucestershire VCSE Alliance. Anyone interested was asked to contact TB for more information.	
6	Notes of the last meeting	
	The notes of the last meeting were unanimously approved.	
7	AOB	
	Volunteers were needed to design the joint workshop with BNSSG in December. MV and VLT volunteered. Any ideas from people who can't be involved to be shared by email. It was agreed that the commissioning principles idea would be taken to this meeting, it would be beneficial to state Gloucestershire's position from the start. VLT explained the changes that had been made to the SP Chair role and in the absence of other volunteers, she would hold it for 6 months. She asked anyone who was interested in putting themselves forward for this, to contact JP.	
8	Time and date of next meetings	
	Next VCSE Strategic Partnership meeting: 6 November 2025 1-3pm at GL11 Community Hub, Cam Joint workshop with VCSE 'ambassadors' in Bristol, North Somerset & S Glos (BNSSG): 10 December 10am-1pm in Bristol – all Reps and Strategic Partnership members welcome; please sign up here - https://www.eventbrite.co.uk/e/leadership-without-borders-autumn-session-3-tickets-1580437654569?aff=oddtcreator Next full meeting with ILP reps: TBC January 2026	

Acronym Key	
ICB	Integrated Care Board
EAC&I	Enabling Active Communities and Individuals

ICP	Integrated Care Partnership
CQC	Care Quality Commission