

Minutes of VCSE Strategic Partnership Meeting

Held on Monday 3rd October 2022

at The Music Works, Gloucester

In Attendance:
Tom Beasley (TB) – Active Gloucestershire
Chris Brown (CB) – Forest Voluntary Action Forum
Sally Byng (SB) – Barnwood Trust
Kobe Francis (KF) – The Music Works
Pippa Jones (PJ) – Create Gloucestershire
Matt Lennard (ML) – Gloucestershire VCS Alliance
Vicci Livingstone-Thompson (VL-T) – Inclusion Gloucestershire
Ami Mortimer (AM) - Artlift & Gloucestershire Art Consortium
William North (WN) – The Long Table

Apologies:
Indigo Redfern (IR) – GL11

Guests:
Zoe Clifford (ZC) – Consultant in Public Health
Mary Hutton (MH) – Chief Executive, NHS Gloucestershire
Jill Parker (Chair) – Gloucestershire VCS Alliance
Becky Willmoth – NHS Gloucestershire

Minutes by:
Karen Matthews – Gloucestershire VCS Alliance

The meeting commenced at 1:32PM.

9.	Welcome, introductions and apologies	ACTION
	<p>The Chair welcomed guests ZC and MH to the group.</p> <p>Apologies were accepted from IR who was on leave.</p> <p>1:36PM SB & PJ joined the meeting.</p>	
10.	Glos Health and Wellbeing Partnership strategy development	
	<p>MH & ZC shared a PowerPoint presentation</p> <ul style="list-style-type: none"> - The ICS was made up of the ICB (which held the funding and was made up of all the Gloucestershire main partners), and the ICP (known as the One Gloucestershire Health & Wellbeing Partnership) which had the responsibility for writing the ICS strategy. - The first draft of the One Gloucestershire Health & Wellbeing Partnership Strategy needed to be delivered by December 2022 and had to be simple and meaningful. - The ICB looked at longer-term outcomes, whereas the ICP was concerned with the medium-term. - The ICB was required by legislation to sign-off the ICP strategy, - It was noted that there was no VCSE representation on the Health & Wellbeing Partnership Board, and the culture was quite different to that of the VCSE Strategic Partnership. - Consultation on the strategy with the public had delivered some main themes, including “developing stronger partnerships with the VCSE”. - The strategy would need to be evidence-based. 	

	<ul style="list-style-type: none"> - The process was now to review existing strategies written by existing boards to tackle these aims. The One Gloucestershire Health & Wellbeing Partnership Strategy would then link to them, creating a rapid piece of work. - ILP plans would be useful for hyper-local strategies. - The group felt that this was a good approach, but made the following suggestions: <ul style="list-style-type: none"> a) It would be preferable to describe needs in a strength-based way b) How was the strategy looking at “whole people” c) How was the strategy going to address equality vs. equity? d) Commissioning communities rather than services could give ILPs strength and empower their whole community. e) Mapping was required to be able to signpost people effectively, and also to map pathways to enable collaborative working. f) Some organisations avoided mapping due to a mistrust of the system, and ILPs were a good way to get those organisations on board. g) There was not a great deal of crossover in staffing between the VCSE and Health sectors due to substantial differences in pay and conditions between the two sectors. This meant that many staff in the VCS didn't fully understand the workings of the health system. h) Evidencing took time and stole capacity from VCSE organisations. It was felt that time was wasted evidencing outcomes that were already known and had been a solid evidence base. i) Enabling cross-sector collaboration and leadership was not one of the pillars for the strategy, but this was the “glue” that stopped people from falling through the gaps in the system. j) Many organisations gave a unique contribution, and that uniqueness made the system vulnerable. In these difficult times, organisations were fragile, and the “glue” between them important. k) How would the strategy ensure that all those needing support were able to access it? l) The values and behaviours required for collaborative working between Health and the VCSE needed to be formalised to ensure an “adult to adult” rather than “adult to child” relationship. <p>MH responded that it was important that all parties worked together to achieve the shared objectives of the strategy. Whilst case studies and qualitative data were incredibly important, providing an evidence base that services were working was equally important.</p> <p>ACTION: ML to discuss the issue of engaging with the Health & Wellbeing Partnership Strategy at the VCSE Strategic Day on the 7th October and to provide the resulting report to the Health & Wellbeing Partnership.</p> <p>2:33PM ZC and MH left the meeting.</p>	<p>ML</p>
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11.	Minutes of the last meeting	
	<p>The minutes of the 5th September 2022 were agreed to be a true account of the meeting.</p> <p>Matters arising:</p> <p><u>2-05/09 – JP to act as Chair and AM to act as Vice Chair for an initial four-month period</u> This had been actioned, and it was noted that AM would be Chairing the November meeting.</p> <p><u>3-05/09/22 – TB to check the availability of colleagues to support “actor mapping” activity at the November meeting & JP to arrand an extended meeting to accommodate this</u> This had been actioned, and the activity was on the agenda for the 7th November meeting.</p> <p><u>4A-05/09/22 – TB to be nominated for the Integrated Care Partnership by JP and to attend the first meeting on the 20th September 2022</u> This had been actioned.</p> <p><u>4A-05/09/22 - ML to investigate how inclusion generally and the voice of disabled people were represented on the ICP</u> This had been completed, and ML informed V L-T that inclusion was represented via Healthwatch and the Digital Partnership.</p> <p><u>4B-05/09/22 - AM would be the EAC-I representative for the VCSE Strategic Partnership. JP to nominate,</u> This had been actioned and AM would report back under agenda item 7.</p> <p><u>4C-05/09/22 - ML to join the Virtual Ward Programme as a VCSE representative.</u> This had been actioned.</p> <p><u>4C-05/09/22 – ML & VL-T to have a conversation about the views she would like to feed into the Virtual Ward Programme</u> This was to carry forward. ML noted that the programme was in the early stages of conception.</p> <p><u>5-05/09/22 – JP to ask Ruth Ward from Priors Park if she would be willing to be a representative on the Tewkesbury ILP</u> This had been actioned, and Ruth Ward had confirmed that she was willing to act as a representative.</p> <p><u>5-05/09/22 – Tracy Clark to be appointed as a representative for the Tewkesbury ILP.</u> This had been actioned.</p> <p><u>6-05/09/22 – Learning & Development to be deferred to the October meeting</u> This had been deferred until after the “actor mapping” activity had taken place in November.</p> <p><u>7-05/09/22 – ML & JP to rework the programme for the VCSE Strategic Day on the 7th October to reflect comments</u> This had been actioned.</p>	

12	Representative Roles	
	a) Consider nomination for Cotswold Integrated Locality Partnership and decide appointment	
	<p>A nomination had been received from Joanna Hammond from Cotswold Friends. Her supporting statement had been circulated with the board papers in advance of the meeting.</p> <p>It was unanimously agreed that Joanna Hammond be appointed.</p> <p>The Chair noted that this left one representative post vacant on the Cotswold ILP.</p> <p>ACTION: All VCSE Strategic Partnership members to let the Chair know if they knew of somebody appropriate for the post.</p>	ALL
	b) Proposed terms for reps for Enabling Active Communities and Individuals board (3 years) and Integrated Locality Partnership (2 years)	
	The terms were unanimously agreed.	
	c) Process for identifying representatives for Clinical Programme Groups and Partnership Boards	
	This item had been deferred to the November meeting.	
13.	Managing transparency and confidentiality	
	<p>The confidentiality of discussions at the VCSE Strategic Partnership meetings had been raised at the previous meeting.</p> <p>It was agreed that the VCSE Strategic Partnership had been assembled to act as elected representatives of the sector, and as such had to be transparent and accountable.</p> <p>In some specific circumstances, discussions would need to be treated confidentially, but it should be built into the terms of reference for the VCSE strategic partnership that members should generally expect the discussions within meetings to be shared.</p> <p>ACTION: Chair to update Terms of Reference to state that members should expect the discussions within meetings to be shared.</p> <p>There was a discussion around the best way to deliver information about the VCSE Strategic Partnership and the ICS with the sector.</p> <p>After some discussion, it was agreed that the e-bulletin should exist as an item within the Gloucestershire VCS Alliance newsletter and should be fact-driven.</p> <p>ACTION: Chair to create the e-bulletin on a six-month trial basis (as described above) to gauge its effectiveness.</p>	Chair Chair
14.	State of the Sector	
	<p>ML informed the meeting that the highlights from the State of the Sector report had been shared with them in advance of sharing the full report at the VCSE Strategic Day on the 7th October.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> - It was felt that the growth in the sector between 2019 and 2022 had been largely driven by demand for services due to the pandemic. 	

	<ul style="list-style-type: none"> - Engagement from voluntary groups had been low, with the exception of those from the Forest of Dean. - The districts with the greatest income growth did not mirror those with the highest deprivation. <p>It was felt that the statistics taken independently of qualifying narrative could be misleading.</p>	
15.	Updates	
	a) Gloucestershire Health & Wellbeing Partnership	
	<p>TB agreed to circulate the meeting minutes to the VCSE Strategic Partnership.</p> <p>ACTION: TB to circulate ICP minutes to The VCSE Strategic Partnership.</p>	TB
	b) Enabling Active Communities and Individuals (EACI)	
	<p>AM had prepare notes for the meeting.</p> <p>It was felt that “Warm Spaces” provided scope for other activities and that Know Your Patch and the ILPs were key to getting information out to communities about the facilities available.</p> <p>ACTION: Chair to contact district councils to find out how “Warm Spaces” were being co-ordinated</p>	Chair
16.	Any other business	
	a) Future meetings	
	It was agreed that all future meetings would be face-to-face, but with a Teams link provided for those who were unable to attend in-person.	
	<p>The meeting concluded at 3:39PM</p> <p>The date and venue of the next meeting is:</p> <p>11:30 – 16:00 7th November 2022 at Barnwood Trust, Overton House, Cheltenham</p>	

Acronym Key	
ICB	Integrated Care Board
ICP	Integrated Care Partnership (also known as the “One Glos Health and Wellbeing Partnership”)
ICS	Integrated Care System
ILP	Integrated Locality Partnerships
VCSE	Voluntary, Community & Social Enterprise sector