**Nottingham & Nottinghamshire ICS**

**Voluntary, Community and Social Enterprise (VCSE) Alliance**

**Tuesday 3 September 14:00 – 16:00**

**Via MS Teams**

**Minutes of the meeting**

**Attendees:**

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| Name | Organisation | Role |
| Daniel King (Chair) | Nottingham Trent University  | Professor of Organisation Studies at Nottingham Trent University |
| Isaac Till (Minutes) | NHS Nottingham and Nottinghamshire ICB | Communications and Engagement Assistant  |
| Amanda Chambers  | Nottingham CVS | Green Space Programme Manager  |
| Alex Ball | NHS Nottingham and Nottinghamshire ICB | Director of Communications and Engagement |
| Carol Burrell | Canal & River Trust | Community Wellbeing Coordinator |
| Carolyn Perry  | Rushcliffe CVS | CEO |
| Catriona Sibert  | NSPCC | Regional Relationship Manager - Midlands |
| Celina Adams | The Toy Library | Service Director |
| Dale Griffin | Nottingham City Council  | Project Manger for Nottingham Health and Wellbeing Community Champions Programme |
| David Clasby  | Sustrans (sustainable transport) | Partnership Manager |
| Donna Cumberlidge | Citizens Advice Nottingham and District  | Chief Officer  |
| Emma Cross | CityCare | Apprenticeships and Career Engagement Manger |
| Hazel Buchanan | NHS Nottingham and Nottinghamshire ICB | Director of Health Inequalities and Clinical Strategic Programmes |
| Ian Boyd | Self Help UK | Managing Director |
| Jack Rodber | NHS Nottingham and Nottinghamshire ICB | Chief Analyst |
| Joanna Cooper | ICS | Assistant Director of Strategy |
| Jonathan Sansom | NHS Nottingham and Nottinghamshire ICB | LeDeR Programme Manager |
| Jules Sebelin | Nottingham CVS | CEO |
| Karen Whitlam | Bassetlaw Citizens Advice | Chief Executive |
| Kate Baxter | Children’s Bereavement Centre | Chief Executive |
| Robbie Naylor | NHS Nottingham and Nottinghamshire ICB | Head of Equality Diversity and Inclusion |
| Kerry Devine  | Improving Lives  | CEO |
| Neil Clurow | Impact & Evaluation Manager | Sherwood and Newark Citizen Advice Bureau |
| Naomi Robinson  | NHS Nottingham and Nottinghamshire ICB | Deputy Head of Joint Commissioning |
| Olatomide Fadipe  | Alzheimer's Society | Local Systems Influencing Officer (Nottingham/Nottinghamshire) |
| Paula Graham | Bassetlaw Action Centre | Health and Wellbeing Manager |
| Prema Nirgude | NHS Nottingham and Nottinghamshire ICB | Head of Insights and Engagement |
| Robbie Naylor | NHS Nottingham and Nottinghamshire ICB | EDI lead  |
| Sabrina Taylor | Healthwatch Nottingham and Nottinghamshire | CEO |
| Sarah Edwards | NHS Nottingham and Nottinghamshire ICB | LeDeR reviewer |
| Simon Cartwright | Transforming Notts Together |  |
| Steve Morris  | Bassetlaw CVS | Head of Bolsover CVS Development  |
| Teresa Allan  | Alzheimer's Society | Local Services Manager  |
| Una Key | Ashfield Voluntary Action | CEO |

**Apologies:**

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| Alice Blount | NHS Nottingham and Nottinghamshire ICB | Senior Insights and Engagement Officer |
| Bev Weston  | Partnership Manager | Disability Nottinghamshire |
| Jackie Insley  | Sherwood and Newark Citizen Advice Bureau | Chief Officer |
| Andria Birch | Bassetlaw CVS | CEO |

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| 1. | Welcome and Introductions - Chair  |
|  | Daniel King welcomed everyone to the VCSE Alliance Meeting and encouraged members to introduce themselves within the chat function of the meeting and introduced the topics for the day as on the agenda. |
| 2. | Notes and actions from the 4 June 2024 meeting  |
|  | All actions are ongoing, please check the log for process.Minutes from previous meeting agreed as accurate.  |
| 3.  | Embedding Prevention, Integration and Equity into everything we do (introduction and context) |
|  | Alex Ball, Director of Communications and Engagement for the ICB, introduced the session and fellow presenters: Hazel Buchanan, Director of Health Inequalities and Clinical Strategic Programmes, at the ICB, Joanna Cooper, and Naomi Robinson, Deputy Head of Joint Commissioning, at Nottingham & Nottinghamshire ICB .Alex began the presentation by showing a slide demonstrating the Integrated Care System (ICS) structure and shared some links to introductory session videos on the ICS. (see slide 2 in enclosure “Strategy principles workshop - VCSE Alliance 3 Sept 2024“)[Click here to watch the introductory session on the ICS structure](https://www.youtube.com/watch?v=Zv-ubkaFjdQ)[Click here to watch the introductory session on ICS Commissioning](https://www.youtube.com/watch?v=V5Nf1GYAcQo)The ICS is a partnership between the city and the county's NHS, health and care, and VCSE organisations across all of the health and care sector; its job is to join up high quality care for the population of Nottingham and Nottinghamshire. There has been a big emphasis in previous years to plug the VCSE sector into how the ICS listens to the people of Nottingham and Nottinghamshire and gathers insights. The first version of the ICS strategic framework was published in March 2023, and this was refreshed and reconfirmed in March 2024. It is made up of four aims: 1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experiences, and access
3. Enhance productivity and value for money
4. Support broader social and economic development

The aims will be achieved using three locally designed guiding principles: 1. Prevention is better than cure
2. Equity in everything
3. Integration by default.

Although the N&N strategy has been nationally recognised as strong, there is still a lot of adversity facing much of the population across N&N and there is still a lot of health inequality. Even over very short geographical distances the differences in health outcomes can be stark.Alex explained the current wider environmental factors which are impacting the way that the ICS is working, including public sector pressure and local financial challenges within our local population. But, he added, there are also exciting new opportunities including the creation of the combined county authority, which will increase budgets and allow for more devolved powers in decision making locally. He also explained how the new central government is putting a focus on economic growth, with an emphasis on NHS and wider ICS’ impact and importance in this effort.He finished by sharing a case study on the Family Mentor Service from SSBC and mentioned a podcast describing the work being done. [Click here to listen to the podcast on the Family Mentor Service](https://healthandcarenotts.co.uk/family-mentor-service-podcast/). Hazel Buchanan, shared some slides on the first two guiding principles of the Integrated Care Strategy. Starting with prevention, and the three tiers of prevention. Ranging from primary prevention, controlling exposure to risk factors, through to tertiary, control & prevention of long term conditions (see slide 7 of enclosure Strategy principles workshop - VCSE Alliance 3 Sept 2024).She said that the aim is for prevention to be embedded in every piece of work done and resource allocation to effectively integrate this right from the start.Hazel explained that prevention must be done collectively with all ICS assets for it to work well and as intended. A large part of this will be integrating wider determinants of health and prevention into everyday thinking about health and care. A slide on the Building Blocks of Health was shared (see slide 7 of enclosure Strategy principles workshop - VCSE Alliance 3 Sept 2024).Moving on to the equity principle, Hazel highlighted the difference between equity and equality, as both are needed to achieve equitable health outcomes. Equality means everyone gets the same service, regardless of any other characteristic or need, while equity recognises that sometimes we have do something more or different to give everyone the same chance. Access to and experience of services are key areas for health equity, to understand this the system must understand barriers and enablers to healthcare. Hazel highlighted the commissioning cycle and the questions that must be understood to do this effectively understand the need and supply of services. (see slide 11 of enclosure Strategy principles workshop - VCSE Alliance 3 Sept 2024). She said the first and last question must be “What factors are creating disparities in outcomes?”. Naomi Robinson then shared some slides on how to embed integration as default principles. She explained that the drive for integration comes from wanting to support the workforce and services to deliver care that's joined up around the whole person, taking into account the wider determinants of health they face and the building blocks of health already present.Naomi explained the need for intentionality when thinking about integration as, similar to prevention, it must be considered from the beginning to take into account pathways and expertise when designing services.She explained that integration can happen on different levels, from informal coordination between services, to a fully formal sharing of data and structure where the boundaries between organisations under one service are very thin, with no need for extra referrals or handover of care. Each level has its own use depending on the desired outcomes.Naomi highlighted a slide on how to create the conditions for integration (see slide 12 of enclosure Strategy principles workshop - VCSE Alliance 3 Sept 2024). It focuses on how the correct innovation, leadership, and collaboration leads to an environment which welcomes integration.Joanna Cooper began to introduce the workshopping section of the session and highlighted three key themes from a recent workshop on the principles.1. A shared understanding of the three principles needs to be developed so that we can bring them to life.
2. Holistic journeys through health and care services need to be promoted e.g. embedding Making Every Contact Count.
3. The infrastructure and culture to support the three principles need to be embedded e.g. principles in student / new starter training to reach all staff.

She shared an example about hospital discharge as it is a process that brings together many aspects of the ICS. After someone is well enough to be discharged from a hospital due to the work of hospital staff, they may need some extra support to remain well in the community, which is where different VCSE organisations can come in to play a role, as well as social care provisions, and reablement services. Each group plays a different role but working together they are all required to make the process work well.Joanna shared three key considerations for reflections ahead of the workshop section of the meeting. 1. How can we collectively embed the principles across the ICS for the benefit of local people and communities?
2. What conditions do we need in place to successfully embed the principles within the current financial envelope, and how can we put these in place?
3. How will local people, communities and staff know that we’ve been successful and delivering the outcomes that we set out to achieve?

The workshop operated on an appreciative enquiry model. This means looking at and building on aspects of the system that are working and using positive language and intention. There is a cycle through which appreciative enquiry works in more detail, which can be found on slide 15 of enclosure “Strategy principles workshop - VCSE Alliance 3 Sept 2024” with these papers. There are four stages, Discover, Dream, Design, and Destiny, which build a positive way of tackling issues through methods proven to work already.[To watch the presentation on the context to the workshop, please click here.](https://youtu.be/aR25GyrGvZo) |
|  | Workshop |
|  | The contents of the workshop were agreed to be kept confidential as part of the ground rules, so people would feel free to share their thoughts honestly. For the sake of the minutes, we have removed any identifiable information, including case studies and will only be providing some of the key themes that came up during the discussions.Some of the topics touched on when the group was asked “What can we appreciate?” include:* Prioritising and spending on most complex service users to save financially in the long run.
* Increasing the focus on alcohol related services as a form of prevention.
* Creating the opportunity for people to create their own bespoke groups for support and providing spaces for these to occur.
* Taking more advantage of the specialisms within each VCSE organisation, especially as the number of people who are SMD specialists grows.
* The system needs to take more life events into account, including bereavement.
* Taking brave choices in decision making.

The group was then asked to focus on the question “What could the future look like?”, the following points were raised:* Self-starting groups for people who are experiencing similar issues – such as bereavement – in an environment that suits them.
* More spaces for these groups in communities.
* Provide more time or prioritise notification of funding opportunities to VCSE organisations.
* The opportunity for local communities to create spaces for themselves to connect.
* As some services will likely have to reduce their offerings or even stop functioning, local areas must work on risk management to make up for lost services.
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|  | AOB |
|  | Jules said they will be announcing some events around market development, details will be released shortly. For more information, please contact Daniel King or Jules Sebelin. **ACTION:** Those wishing to hear about the NCVS ran market development session, reach out to juless@nottinghamcvs.co.uk or daniel.king@ntu.ac.uk  |

Date of next meeting: **To be confirmed in November 2024, via MS Teams**