**Nottingham & Nottinghamshire ICS**

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

**Tuesday 5 November 10:00 – 12:00**

**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 |
| Alice Blount | NHS Nottingham and Nottinghamshire ICB | Senior Insights and Engagement Officer |
| Amanda Chambers | Nottingham CVS | Green Space Programme Manager |
| Andria Birch | Bassetlaw CVS | CEO |
| Caroline Gill (in place of Lesley Watkins) | Operations Manager | Mansfield CVS |
| Christopher Pienaar (in place of Jane Howson) | Autism East Midlands | Chief executive of Derbyshire Autism Services |
| Dale Griffin | Nottingham City Council | Project Manger for Nottingham Health and Wellbeing Community Champions Programme |
| Ian Boyd | Self Help UK | Managing Director |
| Jackie Insley | Sherwood and Newark Citizen Advice Bureau | Chief Officer |
| Jess Ball | The Place (Change Grow Live) | Outreach Worker |
| Jessica Barnes | British Liver Trust | Outreach Development Officer |
| Jordanne Wright | Nottingham Recovery Network | Health Promotion Worker |
| Kerry Devine | Improving Lives | CEO |
| Lynn Tupling | Bassetlaw Action Centre | Chief Executive |
| Naomi Robinson | NHS Nottingham and Nottinghamshire ICB | Senior Joint Commissioning Manager |
| Nick Cutts | Opus music | Chief Executive |
| Paul Wood | CityCare | CEO |
| Prema Nirgude | NHS Nottingham and Nottinghamshire ICB | Head of Insights and Engagement |
| Simon Cartwright | Transforming Notts Together | Chief Officer |
| Susan Maxwell | Nottingham City Council (Public Health) | Support Assistant |
| Tarah Perkins | Newark and Sherwood CVS | Development Worker |
| Una Key | Ashfield Voluntary Action | CEO |

**Apologies:**

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| Beverley Frost | Rainbow Parents Carer Forum | Chief Executive Officer |
| Carolyn Perry | Rushcliffe CVS | CEO |
| Claire Hannah | Double Impact Services and Cafe Sobar | Volunteering Coordinator |
| Donna Cumberlidge | Citizens Advice Nottingham and District | Chief Officer |
| Emma Cross | CityCare | Apprenticeships and Career Engagement Manger |
| Jane Howson | Autism East Midlands | CEO |
| Joanna Cooper | NHS Nottingham and Nottinghamshire ICB | Assistant Director of Strategy |
| Jules Seblin | Nottingham CVS | CEO |
| Juliet Whiteside | POhWER | Head of Service |
| Karen Whitlam | Bassetlaw Citizens Advice | Chief Executive |
| Kate Baxter | Children’s Bereavement Centre | Chief Executive |
| Katie Swinburn | NHS Nottingham and Nottinghamshire ICB | Engagement Manager |
| Lesley Watkins | Mansfield CVS | Project Lead |
| Lisa Lenton | SHE UK | Chief Executive |
| Louise Casey Simpson | Newark and Sherwood CVS | Volunteer Co-ordinator |
| Richard Vakis-Lowe | Dementia UK and Admiral Nursing | Regional Account Manager |
| Sabrina Taylor | Healthwatch Nottingham and Nottinghamshire | CEO |
| Sharon Reynolds | Ladybrook Enterprise | Chief Executive Officer |

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| 1. | | Welcome and Introductions - Chair |
|  | | Daniel King, Professor of Organisation Studies at Nottingham Trent University, 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 3 September 2024 meeting | |
|  | All actions are ongoing, please check the log for progress.  Minutes from previous meeting agreed as accurate. | |
| 3. | Knowledge and insights from members | |
|  | Daniel King, introduced this section as an opportunity to share insights, knowledge, positive results, or funding opportunities through the chat or by speaking through the call. This will be an ongoing agenda item to kick off each meeting.  In the chat, Simon Cartwright, shared that they have been exploring posting chaplaincy in GP surgeries and this is being piloted in Sneinton.  Nick Cutts, shared that they are working in partnership with Sherwood Forest Hospitals Trust, developing a Musical Hospital - including training for healthcare professionals on the use of music within their care practice. [Celebrating our partnership with SFHT - OPUS Music CIC](https://opusmusic.org/celebrating-our-partnership-with-sfht/) | |
| 4. | Agenda setting for future meetings | |
|  | Daniel King introduced this section as a chance for alliance members to shape future agendas, so the meetings can become more co-designed.  Prema Nirgude, explained that some members have reached out with an interest to shape future agendas. She proposed that short 30 minute meetings on agenda setting could be established, and held in the month between the formal meetings. This would be an optional meeting to discuss potential topics, where anyone would be welcome.  For this to work, the ICB would need to share minutes in a shorter timeframe – within five working days. This would be accompanied with the date for the agenda setting meeting.  Daniel King added that this should provide a good balance between providing time for agendas to be designed while still staying timely and responsive to current events and emerging trends.  This will help to shift to the next stage of the alliance to be able to establish itself as a platform that works more effectively for the members.  There was positive feedback in the chat, and a point was raised about potential challenges around timings of the new meetings which will be considered. | |
| 5. | Integrated Care Partnership October meeting feedback | |
|  | Prema Nirgude explained that the letter sent with the meeting papers was a comprehensive cover of the meeting and should contain all the information to explain its outcomes. To receive a new copy of this, please contact the Engagement Team.  There was an Integrated Care Partnership (ICP) meeting in October, with three key agenda items:   1. Progress on delivering the strategies strategy priorities. 2. Progress towards achieving health and well-being outcomes for citizens. 3. Report on citizen insights.   The third point on citizen insights was covered by an insights paper. This is a report which the ICP requires to be submitted once a year. Included with the report was national data on what was important to citizens, a deep dive on cancer, and some of the work done at place level, among other topics. [A copy of the 2024 ICP Citizen Insight Report paper is available here](https://healthandcarenotts.co.uk/integrated-care-strategy/integrated-care-partnership-insight-report/).  The conversation stemming from the report was focused on what would be done as a result of its insights, and how in turn it can feed into the refresh of the Integrated Care Strategy in early 2025 – this is something the board asked to be fed back on in their next meeting in March 2025.  Another focal point of the conversations was that there are 14 priorities tied into the Integrated Care Strategy, with this wide number are there some key priorities which could become a focus? This conversation led to the question, what does the Nottingham ICS want to be known for? Some of the early suggestions were frailty, and also early years and school readiness. There was also some discussion on unpaid carers possibly becoming a focal point. For these top priorities to be actioned, a metric of success would have to be agreed. It was suggested that it could be helpful for the VCSE Alliance to keep these points in mind as it could lead to future opportunities if they are relevant.  At the meeting there was also a discussion around taking usage of language for granted, specifically the meaning of words such as “prevention” or “equity”. There may be issues arising due to the same words being used from different points of view, preventing an alignment of work when focusing on those areas.  As the ICP board meetings are public, there is an opportunity for Alliance members to not only attend but also to put questions to the Partnership board. Daniel offered members to submit questions related to the next agenda item in March if they would like to share or raise any points. [For more information on the ICP board click here.](https://healthandcarenotts.co.uk/about-us/our-integrated-care-partnership/) | |
| 6. | VCSE Alliance representation on ICS Boards | |
|  | Daniel King said that across the ICS there are many boards where Alliance members could be represented. After previous meetings there has been an interest in raising the voice and prominence of the VCSE sector in different places, both statutory and otherwise.  He suggested whether the Alliance could create a process to not only share or alert the wider group to these opportunities, but to ensure that the best people are sent to represent the Alliance.  Prema Nirgude added that the Alliance is receiving requests for representatives from across the ICS. In particular from the ICS Mental Health Partnership Board and the Nottinghamshire County Council safeguarding board. She wanted to introduce a discussion around if there would be interest in doing this, and if so, in developing a process on how to deal with requests to join.  Prema then shared some discussion points to start the conversation on how this could be approached. (See Slide 2 of enclosure VCSE Representation on ICS Boards).  A comment in the chat suggested that it would be useful to carry out a mapping of which organisations or individuals represent an area of the sector, and where in the system they could use their knowledge. Accompanied by a map of local meetings and groups in a central place with a lead name against each could quickly highlight opportunities for members to attend.  It was acknowledged that time can often pose a problem with attendance at boards and feeding back to the Alliance, taking into account different sized organisations, so it would have to be a shared responsibility from across the whole Alliance to attend and not fall to a small group of members.  It was also noted that it is crucial for VCSE organisations to have a voice, but there is a concern that a single organisation would not be representative of the diversity of the whole sector.  A question was raised if there was already any knowledge and if so whether there was a way to share information on existing partnership meetings and groups. It was added that these groups will often be unknown unless people take steps to introduce them to others.  A point was raised that if the chairs of committees can work with the Alliance, a specific process can be created to allow the VCSE sector to have direct input in the creation of new boards and groups. This could be a direct Co-production approach, which is a process that has been carried out in Derbyshire, to get the right mix of people on boards to input into different subject areas. This avoids the need to join a large number of statutory meetings and requires the chairs to buy in to the Alliance and share opportunities to get involved at the start of the process.  It was added that the scale of future available budgets will be a factor, impacting not only the viability of organising people to attend boards but the overall ability of the VCSE sector to influence the Integrated Care Strategy priorities.  Another comment raised was that it is hard to find ways into statutory organisations, and when in meetings it can be quite opaque and hard to understand. Co-production is the way forward as it will make it clearer what the VCSE sector needs and will get from meetings.  There was a suggestion that there could be a rolling agenda item at each meeting where a board or group is invited so that the sector stays on their radar.  The CVS’, as infrastructure organisations, are seen as links to the sector and sit on many executive boards already. If more Alliance members sat on these boards, there is a concern that there may be some confusion as to where executives should make links into the community.  Another concern about generating more work for the sector was raised. Although it was felt by some members the conversation suggested that there is no representation on these boards, this is not accurate, as there are representatives at executive and Place Based Partnership levels.  Those who are sent to represent at boards have an important role in feeding into the meetings they attend, rather than just feeding back to the Alliance, and therefore there must be a clear remit set for those who go.  It was added that there needs to be a conversation about changes in the October government budget and how it will impact the system.  There was further discussion around the reciprocal offer, there needs to be support given back to the sector for any time spent.  A point was then raised that it should not always be the role of the VCSE sector to communicate with health, but it should be reciprocal, with health reaching out more to the VCSE sector. Most of what the ICB does is not widely known or understood at a grass-roots level. With a more representative voice of VCSE organisations at meetings, this could be improved.  Due to understanding of the complex ICS/ICB processes, there is often only a narrow pool of those who are able to engage and take an active role on statutory meetings and boards. It was suggested there could be some training to increase the capacity of this pool in the future.  It was echoed that the importance of comprehensive mapping cannot be understated. For those who work over a larger patch it is important for these lists to be simplified and easy to access in order to have the right voice in the right place. Doing so will also demonstrate that more sector voices are needed, as it will highlight the breadth of VCSE groups who could pitch in. There are already many community voices available - but only if the right people are aware of meetings for input.  There was a point added that there could be a case for the NHS Futures platform in supporting this work. However, there was a request made that there needs to be clear communications and training for this to be implemented effectively. This led to a point for basic communications to be improved, especially around keeping the ICB and ICS VCSE webpages up to date.  Daniel King explained the workshop taking place on 13 November at NTU will use a Co-Navigator approach. Its purpose is to help the Alliance define a collective strategy on how it can better work together as a unit. There is still some space to sign up, but this will be closing very shortly due to the facilitator needing to design the session around the number of attendees. | |
| 7. | 3rd Sector Commissioning update | |
|  | Naomi Robinson, Senior Joint Commissioning Manager at NHS Nottingham and Nottinghamshire ICB, shared a presentation on an Memorandum of Understanding (MoU) which was recently established on effective commissioning with the VCSE sector. The vision was developed with involvement of organisations within the VCSE sector alongside commissioners. It sets out what a good relationship would look like.  A slide highlighting the timeline of the project was shared (see slide 2 of enclosure NHT VCSE Commissioning Working Group Presentation). Development began over a year ago with different broad input from VCSE organisations. There was a long period at the start to ensure proper conversations had been able to develop to get an understanding of the pressures being faced by all parties involved and to ensure all aims from the work would be tackled. It was accepted that the process would be a maturity journey, rather than a finite process.  From these conversations, a vision was developed (see slide 3 of enclosure NHT VCSE Commissioning Working Group Presentation). This highlighted what work will be done, the principles for those involved in the memorandum to follow, and values of the relationship between commissioning and the VCSE sector. It would rely on the VCSE sector and commissioning as strategic partners.  Naomi highlighted how the next three slides (see slides 4-6 of enclosure NHT VCSE Commissioning Working Group Presentation) break down each of the three principles in more detail. The values are:   1. Relationships: a strategic partnership – Placing importance on a long term, strategic relationship between the VCSE sector and commissioning. 2. Outcomes, value, and impact – How to plan and resource the role of the VCSE in co-production with communities. 3. Procurement and contracting – Ensuring the scale and requirements of procurement and contracting which is proportionate to the service and considering whether the VCSE sector is unfairly disadvantaged.   Naomi invited members to feedback on the principles, including their wording, how effective the MoU could be, or any other thoughts.  She shared a final slide on a timeline for a “test and learn” process of the work that has been done (see slides 7 of enclosure NHT VCSE Commissioning Working Group Presentation).  [To watch Naomi’s presentation on effective commissioning with the VCSE sector, click here.](https://youtu.be/W4rNHrLCA68)  Daniel King added that it is important for the wider feedback on the suggestions to ensure a suitable framework across a broad spectrum of organisations.  The conversation was then opened up to discussion.  A comment was made that creating the vision was a great example of co-production at a wide scale, and the process was carried out well by the organisers.  Another comment was made by one of the organisations doing the “stress testing” of the work. When it comes to procurement the bureaucracy can be problematic, so making timely decisions is vital for VCSE sector, as well as prompt payments for procured work. However, there has been a shift in attitude thanks to this piece of work which seems promising.  A further comment was made that this is a very positive move, and it will help to improve what the VCSE sector gets in terms of feasible opportunities. This led to a question about procurement and if there is an opportunity to get ready-made groups of people with similar interests together to do advance work on opportunities, to allow for an appropriate amount of time to complete work and not miss out on future opportunities.  It was added how it is important for the opportunities to be shared fairly and widely, and not just go to the usual people who already have awareness of them.  It was noted that at an upcoming workshop with North Nottinghamshire Community Garden Network one of the topics will be working collaboratively. If this MoU work can help groups like this to be ready to work in partnerships with commissioners, the impact on the wider VCSE sector could be significant, including optimising shared funding pots and working collaboratively rather than competing and bidding against each other.  A comment was added in the chat that a change in behaviours is crucial for coproduction within the system and this design/MoU for joint working as a foundation and guideline is excellent. There is a similar MoU in Derbyshire, and it has made a significant positive difference to how the work is done.  **ACTION – Members to feedback on the presentation, suggestions, and the specific wording/language included in the PowerPoint on effective commissioning with the VCSE sector. To contact Naomi, email her at,** [**naomi.robinson2@nhs.net**](mailto:naomi.robinson2@nhs.net) | |
| 8. | AOB | |
|  | Andria Birch, CEO of Bassetlaw CVS, flagged a refresh of Nottinghamshire County Council's VCSE contract. She expects that they will be reaching out to key contacts as it will shape the principles of working together. Andria has been approached from the East Midlands Cancer Alliance which will also help to join dots across the system. Andria also attended the Health and Wellbeing Board, which is open to working more broadly with the VCSE sector.  Additionally, Andria flagged the risk to the sector due to the end of contracts in 2025. It has been logged on the ICB risk register. The outcomes have not been reached or shared yet, since the October budget announcement. There is an open letter on the NCVO website that organisations can sign. [Click here to read the open letter on the NCVO website.](https://www.ncvo.org.uk/news-and-insights/news-index/open-letter-chancellor-national-insurance/)  Jess Ball, Outreach Worker at Change Grow Live, The Place, introduced The Place and the work they do. They are a part of Change Grow Live that addresses the needs of 8 to 20 year olds and also 20 to 25 year olds in regards to drug and alcohol support. They have made good links in the VCSE sector but have struggled to break into the healthcare sector. She asked members if they are aware of any further groups, outside of the VCSE Alliance that could help her to link in or events that could be beneficial for their organisation to attend.  **ACTION – Members to contact Jess if they have any information that may be of help to her at** [**jess.ball@cgl.org.uk**](mailto:jess.ball@cgl.org.uk) | |

Date of next meeting: **2-4pm Tuesday 7th January 2025**