

**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:**

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
Asia Asghar	Nottingham Muslim Women's Network	Active Wellbeing Outreach Worker & Community Campaign Officer
Bev Weston	Disability Nottinghamshire	Partnerships and Community Development
Carolyn Perry	Rushcliffe CVS	CEO
Celina Adams	The Toy Library	Service Director
Dale Griffin	Nottingham City Council	Project Manager for Nottingham Health and Wellbeing Community Champions Programme
Emma Cross	CityCare	Apprenticeships and Career Engagement Manger
Ian Boyd	Self Help UK	Managing Director
Joanna Cooper	NHS Nottingham and Nottinghamshire ICB	Assistant Director of Strategy
Jane Howson	Autism East Midlands	Chief Executive
James Cook	Active Partners Trust	Strategic Lead
Jules Seblin	Nottingham CVS	CEO
Karen Whitlam	Bassetlaw Citizens Advice	Chief Executive
Kate Baxter	Children's Bereavement Centre	Chief Executive
Louise Casey-Simpson	Newark and Sherwood CVS	Chief Officer
Lynn Tupling	Bassetlaw Action Centre	Chief Executive
Naomi Robinson	NHS Nottingham and Nottinghamshire ICB	Senior Joint Commissioning Manager
Nick Cutts	Opus music	Chief Executive

Prema Nirgude	NHS Nottingham and Nottinghamshire ICB	Head of Insights and Engagement
Sharron Reynolds	Ladybrook Enterprise	Chief Executive Officer
Shoana Qureshi-Khan	Nottingham Counselling Service	CEO
Simon Cartwright	Transforming Notts Together	Chief Officer
Steph Hubble	Autistic Nottingham	Director of operations
Una Key	Ashfield Voluntary Action	CEO
Sandra Mirrado	Angolan Women Voice Association UK	General Secretary

### Apologies:

Jordanne Wright	Nottingham Recovery Network	Health Promotion Worker
Donna Cumberlidge	Citizens Advice Nottingham and District	Chief Officer
Kerry Devine	Improving Lives	CEO

1.	Welcome and Introductions - Chair
	Daniel King, Professor of Organisation Studies at Nottingham Trent University, welcomed everyone to the VCSE Alliance Meeting, 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 5 November 2024 meeting
	<p>It was agreed that the agenda setting meeting was helpful, and so more of these meetings will be scheduled for the rest of the year. Those who can't attend the next agenda setting meeting on 4 February (2-2:30pm) are welcome to send Daniel an email to include future agenda items.</p> <p>The current risk to voluntary sector was acknowledged and will be covered later in the meeting.</p> <p>There was a reminder about the ongoing action log item regarding the opportunity for Kathy Mclean attending an organisation or member group meeting. Members to contact Prema.</p> <p>All other actions are ongoing, please check the log for progress.</p> <p>Minutes from previous meeting agreed as accurate.</p>
3.	Knowledge and insights from members

	<p>The ICS Partners Assembly is on 3 February, which will be hosted at the Indian Community Centre on Hucknall Road. As part of the session, the 10 Year Plan will be discussed, as well as the Integrated Care Strategy refresh which Joanna Cooper, Assistant Director of Strategy at the ICB, will touch on later in this meeting. All VCSE members are welcome to attend, to register follow this link: <a href="#">Nottingham and Nottinghamshire ICS Partners' Assembly 3 February 2025 (10am – 1pm)</a></p> <p>Jules Sebelin, CEO at Nottingham CVS, brought news about the Health Inequalities and Innovation Fund. When launched it was short notice and short lived, but the fund has been successful within the city through the Changing Futures plan. NCVS has been successful in gaining some of the funding through a tender partnership with Framework.</p> <p>Andria Birch, CEO of Bassetlaw CVS, raised their developing connection with EMCCA (East Midlands Combined County Authority). There has been positive movement towards a meeting occurring. Andria also sits in on frailty board and will continue to feed back to Alliance on any updates. There is some frailty mapping occurring where the board wants to be in touch with any relevant organisations. Paperwork on this will be shared via Daniel.</p> <p>Simon Cartwright, Chief Officer at Transforming Notts Together, spoke at the ICS leadership summit on the issue of faith and health. He reported that it was a positive gathering, and he made good connections with Place Based Partnership and Integrated Neighbourhood Working teams. He hopes this will lead to more faith groups being involved in integrated neighbourhood working, which is an area of work with upcoming rollouts in the North West of Nottingham City.</p> <p>Daniel King added that the yearly VCSE Barometer, created by Nottingham Trent University, which assesses the state of the voluntary sector is soon to be published. If members would like to help in promoting the paper, which touches on current issues in the landscape, they should contact Daniel. Similarly, if members want to be a part of the project, NTU are hoping to create individualised reports to see where each specific organisation sits alongside the rest of the sector.</p>
4.	Integrated Care Strategy - Update on the 2025/26 refresh
	<p>Joanna Cooper, Assistant Director of Strategy at NHS Nottingham and Nottinghamshire ICB, gave an update on the Integrated Care Strategy refresh. Creation of the Strategy began in 2022, it was agreed in 2023, it is a strategy which the Integrated Care Partnership (ICP) review on a yearly basis to ensure that it stays relevant to the challenges of the wider system.</p>

Within the papers there is a note from the ICP. (See enclosure, *ICP briefing - Integrated Care Strategy Refresh 2024.25*). Which comes from the ICP's most recent meeting in October 2024. It covers how the Integrated Care System is delivering against the strategy, what outcomes are being achieved for local people, with a focus on healthy life expectancy, life expectancy, and reducing health inequalities.

A dashboard is also being developed where population statistics can be tracked. Some development areas are being created using the findings from the Insights Report, created by the ICB engagement team and the VCSE Alliance.

Joanna extended an invitation to the group to share feedback via a form (See enclosure, *Integrated Care Strategy Refresh 2024.25 Template*). There are four questions, which can be found on the second page of the letter from the ICP board, or below:

1. Does our current vision, principles and priorities for the system remain the most appropriate to meet the needs of our population?
2. How do we better align our individual organisational priorities to create added value at a system level?
3. Examples of successes and best practice from across the system that have greatest impact on delivering our ambitions.
4. What else needs to happen to maintain our sustainability as an integrated health and care system?

She acknowledged that since the plan was created in 2022 a lot has changed in the voluntary landscape, so sector involvement in the refreshes remains important.

Feedback should be shared by 19 February, ready for the ICP meeting in March.

The strategy refresh will also be discussed alongside the 10 Year Plan at the Partners Assembly.

Joanna will return to a future meeting to feedback on the Joint Forward and 10 Year plans.

Conversation was then opened up to discussion.

Celina Adams, Service Director at The Toy Library, asked whether school readiness would be a focus in the future of the Strategy, as this was mentioned previously. Joanna confirmed there is a focus on children and young people, and school readiness is within that and may become a particular area in this strategy refresh.

	<p>Celina also asked if, due to the fact the Strategy is broad, how the refresh is going to ensure that finding specific information is still accessible. Joanna said that the document has been designed to be as simple as possible. At the Partner's Assembly the day will be split with multiple activities where there should be time for each aspect to be discussed.</p> <p>Sharron Reynolds, CEO at Ladybrook Enterprise, brought up her experience of being at a previous community event with workshop round tables. She explained that people did not feel prepared for the topics, as they were not informed of them before the event. She suggested that it may be a good idea to send out the topics prior to the event when they have been designed, to allow people to digest and attend the event ready to partake in conversations.</p> <p>Celina asked how long the strategy will be implemented over. The strategy was agreed in 2023, then it is reviewed on a yearly basis for the next five years, ending in 2028. The strategy sits alongside the Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.</p> <p>Andria commented that it may be good for members of the VCSE sector to play a part in shaping the agenda of the Partners Assembly.</p>
5.	VCSE Alliance development session
	<p>The workshop was held in November 2024. Daniel introduced the workshop as being an opportunity to talk through and discuss what the Alliance is, the direction members want it to go in, and an opportunity for setting goals for the years ahead. A short writeup of the event can be found in enclosure <i>VCSE Alliance Workshop_paper</i> with these papers.</p> <p>Beyond the papers, Daniel flagged that the last ICB Board meeting agreed that there will be a session, in June, to do a deep dive into the VCSE sector. This will be during a Board Development Session. These sessions are often closed, with board members and invited people only.</p> <p>There is an opportunity for members to shape the agenda for that meeting. The portion of the meeting allocated to the VCSE sector will be around an hour and a quarter.</p> <p>Another action that was spoken about was mapping the areas of interest of member organisations.</p> <p>From the workshop development sessions came three key themes:</p> <ol style="list-style-type: none"> <li>1. Lack of Collaboration Between VCSE Sector and NHS/Statutory Bodies</li> <li>2. Barriers for Smaller Charities</li> <li>3. Re-thinking Commissioning and KPIs</li> </ol>

#### 4. Strength and Potential of the VCSE Alliance

Details on these can be found within the enclosure. As well as 12 discussion points which could inspire some of the conversation to bring to the ICB board meeting.

The conversation was opened up to talk about the discussion points within the document and the key themes raised within the workshop.

Andria Birch said that a lack of understanding, and awareness of the voluntary sector has come up a number of times from statutory organisations. Due to this it may be a good idea to create a set of resources to send ahead of the meeting to make best use of the time that will be allocated to the Alliance. Daniel said that there are preparatory papers which are already sent, so this could be easily included in that bundle. It was also acknowledged that there are varying levels of knowledge about the sector within healthcare at different organisational levels. In the ICB there are monthly staff briefings, it was asked if members of the Alliance wanted to share case studies to be presented in these to increase the general understanding of the work done by the sector.

Simon Cartwright, Chief Officer at Transforming Notts Together, said a potential option for this would be to create a short set of YouTube clips (some may already be available from previous presentations) to have a pre-prepared set of information for easy sharing.

Una Key, CEO at Ashfield Voluntary Action, raised that across the board, many people don't understand charity law. Charities can only work within their Governing Documents, including according to their geography. She raised concerns about the sector, especially smaller organisations or those not as familiar with delivering contracts, as they could be drawn into legal issues when working with statutory organisations. She also added that there are a lot of resources on what the voluntary sector does already, so there is no need to reproduce these.

Sharron Reynolds mirrored this last point. She also noted that due to limited funding regimes and commissioning, people make bids outside of their governing documents in order to have a chance to get funding. This can lead to organisations failing as the funding would be rejected or they may be penalised for working outside their allocated area.

Sharron added that the work done with the 3<sup>rd</sup> Sector Commissioning Working Group has been good and comes into play with this agenda. Also, the voluntary sector infrastructure organisations that work as the conduit between the legislation, voluntary organisations, and commissioning need to be properly funded in order to do their vital role. There is currently a large amount of work that needs to be done, but the sector still has some hope and optimism.

Celina said that the VCSE Alliance has been asked which meetings they would like to attend repeatedly. She pointed out the difference between how employees' time is rationalised between public and private sector organisations. For voluntary sector organisations, time in meetings means that staff may not be directly helping service users. This means that meetings must be time effective to justify attendance. She raised the point that it may be more effective for board members to attend voluntary sector meetings, instead of the other way around.

A post in the chat reminded members that Kathy, Chair of the ICS/ICB is very willing to come out and visit services. To organise this, please email the Engagement Inbox ([nnicb-nn.engagement@nhs.net](mailto:nnicb-nn.engagement@nhs.net)) or Prema.

Jules Sebelin said that it is important to make the most of the opportunity available with the ICB board meeting session. Therefore, it should be demonstrated where the sector has made a real impact on the healthcare sector, and the role that the sector has in citizens achieving the best outcomes.

She also reiterated Celina's point that there is always a budget set at the start of the year in statutory organisations, even if it is a deficit one, the voluntary sector does not benefit from this, leading to a lot of fragility in the sector as they rely on external funding. There should be a place for ensuring those organisations which do important work do not have that fragility. There should also be a focus in the meeting on integration and on the voluntary sector touchpoints as a crux to the healthcare system as a patient moves through the system.

Andria highlighted how there is a lot of resources available on what is done by the voluntary sector, but not how the work is done. There has been good work done by the Commissioning Workgroup. But she asks how the voluntary sector can demonstrate their value in a way that is understood by the healthcare organisations.

Andria also added that Bassetlaw CVS have their local leaders meeting just before VCSE Alliance meeting so they can feed into each as appropriate. Every organisation she works with have deficit budgets projected for the next year. She explained how this will lead to serious negative impacts for the sector as the voluntary sector is being turned to in order to fill gaps that healthcare cannot.

Simon raised that charity law states that charities cannot trade when in a deficit. This means that if the board wants to co-produce with the voluntary sector, it must be done on equal terms. The board needs to understand how to harness the entrepreneur nature that the sector is currently showing through its flexibility and adapting even as times are tough. He also added that as an infrastructure organisation it is getting harder to get funding, due to all money being funnelled to the front lines where services are struggling to cope.

Jules added that the sector knows what it can do to help and knows where it can help but is unable to get on and do it due to bureaucracy and cost. This causes a lot of frustration for those within the sector.

Asia Asghar, Active Wellbeing Outreach Worker & Community Campaign Officer at Nottingham Muslim Women's Network, mirrored the above point. She also pointed out that there is no easy single solution to take down barriers. However, working partnerships can help significantly with increasing the impact of work done. When lots of small projects are happening across the patch, they do not achieve the same as coordinating efforts. Working in this way also helps with sharing information and understanding.

Una pointed out how a repository of case studies would be helpful for highlighting to the ICB board the value of the sector. She referenced the case studies that are sent quarterly as being the evidence that the voluntary sector is the key to local health success.

Andria raised some sources of case study examples on discharge from hospital. She said that communications between statutory organisations and the voluntary sector need to be simplified, not added to, so if case studies are created they need to be used.

It was suggested that there should be a clear theme to the contribution to the ICB Board meeting, with an example that is directly understood by healthcare, such as delayed discharge. It was suggested that this could also be prevention.

Andria repeated the difference between many commissioned services and the wrap-around, preventative voluntary sector. Clarity on what the board would be looking for in this regard would be helpful, for example how to value keeping people from being admitted into hospital.

Amanda Chambers asked if there was a VCSE champion sitting on the ICB Board. It would ensure that change can occur if there is still a presence and representation ongoing after the slot at the development session. This will not only ensure real action comes out of the meeting but will also make it easier for any work to be fed back on.

Karen Whitlam, Chief Executive at Bassetlaw Citizens Advice, mirrored Andria's point and also highlighted that the work on advocacy, which helps many people when policies are changed. Similarly, the work that is done across a whole range of services with a single service user, providing a holistic wrap-around care for the individual further makes it hard to put a cost value or saving on any service delivered by the sector.

Celina suggested asking the board for specific priorities and indicators that the Board is looking for from the sector.



	<p><b>ACTION: Any further thoughts on the discussion points can be shared with Daniel at <a href="mailto:daniel.king@ntu.ac.uk">daniel.king@ntu.ac.uk</a></b></p>
6.	Risks to the VCSE sector
	<p>Prema Nirgude introduced this section. In response to conversations that have been raised, the ICB recognises there is a risk to the sector which has been officially added to the risk register. These risks are checked monthly. Given that it is a topic that comes up at each meeting, it would be good to have a bespoke item on the agenda to focus on any developments. This will act as a more accurate conveyance of the topics being raised between the Alliance and governance teams at the ICB.</p> <p>Open dialogue on the risk register should be encouraged, particularly feedback regarding the actions on the register and whether there should be any further actions.</p> <p>Conversation was then opened up if members wanted to raise any additional points about the risk register.</p> <p>Una Key highlighted how the sector is worried by the recent increase in minimum wage. This raise has put charities in a position where they can no longer afford to give more senior staff a differential. Meaning they may either lose staff from lack of available progression or be unable to afford to run. She believes this is a critical risk, similar to the experience of Andria, most organisations she works with are very concerned that they will not be able to run in the new financial year. Many charitable reserves have run too low to cover the crossover of time it takes for funding to be received by charities once it has been promised.</p> <p>Andria Birch said that it is positive that the risk has been detailed onto the register. She reiterated Una's points about loss of workforce and the exhaustion of reserves. She shared concerns about the influx of failing charitable organisations at the end of the financial year and what this could mean for primary and secondary care services.</p>
7.	Work Programme
	<p>Prema Nirgude introduced the work programme. This would be an ongoing item to capture what is discussed in agenda setting meetings. To highlight the "items to be scheduled", which are driven by the agenda setting meetings.</p> <p>Amanda Chambers suggested inviting Ruthe Sawyer to attend and talk about her upcoming mental health work as she is focusing on the links into voluntary sector for the pathway so it would be beneficial for her to hear people's thoughts.</p>

	The next agenda setting meeting is to be on 2-2:30pm on 4 February.
8.	AOB
	<p>EMCCA is recruiting a voluntary, Community and Social Enterprise Representative to be an associate board member. The deadline is the 31<sup>st</sup> January more details can be found here: <a href="https://www.eastmidlands-cca.gov.uk/content/uploads/2024/12/VCSE-Associate-Board-Member-Application-v4.pdf">https://www.eastmidlands-cca.gov.uk/content/uploads/2024/12/VCSE-Associate-Board-Member-Application-v4.pdf</a></p> <p>It was suggested that when they are recruited they should be invited to join the Alliance meeting.</p>

Date of next meeting: **2-4pm Tuesday 4<sup>th</sup> March 2025**