

DISCUSSION NOTES

How can the VCSE sector support York's health priorities?	<ul style="list-style-type: none">• By creating a strong connection and collaborations between the York VCSE Assembly and the York Health and Care Collaborative.• VCSE representation is really important and is an essential part of how we move forward. For example, the VCSE's involvement in delivery boards. An opportunity to contribute and to advocate for our approaches.• The sector can highlight the 'upstream work' and what should be included in the portfolio of preventative work.• The priorities of the organisation / clients comes first – we need more steer on what you want from us?
How can we 'get ready' for opportunities that might arise to design and deliver these health and care priorities?	<ul style="list-style-type: none">• What are the opportunities? When might they arise? Need more guidance around this.• Opportunities need to be communicated as early as possible to the VCSE – allowing for charities do joint bids.• Be clear and realistic on the opportunities that come up – don't ask for unrealistic and unachievable targets/scope.• Identify areas of work that are critical and must not be lost. How are these currently funded, for how long and what resources need to be allocated?• We have to be honest about the difficulty of evidencing impact regarding preventative work. We need both qualitative and quantitative data to show impact.

	<ul style="list-style-type: none"> • Big challenges – public lack of knowledge regarding changes in health. Does any organisation have the capacity to have programmes that are ready to roll quickly (with match fundraising in place)? • We need communications support so that we can get information out wider to groups.
General feedback / points raised	<ul style="list-style-type: none"> • Funding for the sector - the VCSE is really struggling – grants are massively over-subscribed, funders are seeing a huge increase in applications. • We need longer contracts and earlier confirmation of contracts to improve staff retention and enable better planning. Charities take on risk and are also vulnerable. • We need to ensure we are inclusive of non-geographic ‘communities’ e.g. LGBTQ+ • Smaller VCSE organisations struggling to survive so integration with a wider integrated partnership becomes secondary – how do we address this? How can they engage? • General feeling that the public are not engaged and don’t see ongoing work. • Mental health must be integral throughout the priorities – not just clinical.