York VCSE Assembly – Health and Care

29 January 2024, 10am – 12pm





Meeting overview:

Agenda Item	Overview of update/discussions	Actions
York CVS update: Quick feedback - Grant Funding	We are aware that raising funds by applying to grant making trusts both locally and nationally is becoming increasingly tougher for the sector. We're also aware that there is sometimes a lack of understanding from those not within the sector regarding the number of funding opportunities open to VCSE sector organisations. To gain a better understanding of the challenges faced by York's VCSE sector, we're asking about your experiences of applying for grant funding - Please complete the survey here (7 questions).	All: Please complete the survey here
	If you have any questions or you require this survey in an alternative format, please email comms@yorkcvs.org.uk	
VCSE Representation - York Health and Care Collaborative	November 2024 Meeting York Health and Care Collaborative (YHCC) in 2025 has been tasked with acting as the 'engine room' supporting integrated working in York and is responsible for reporting to the Place Board. It has been agreed that a number of VCSE representatives will attend the YHCC and will feedback to the Assembly on key discussions. 1. Integrated Neighbourhood Teams • Limited direct discussion of Integrated Neighbourhood Teams in November meeting however it was mentioned that a request is being made to York Place Board and the Combined Local Authority for a dedicated resource to help develop Integrated Neighbourhood Teams	York CVS: Share names and contact details of Reps in the slides/meeting notes and will look into adding those names to a section on the York CVS website.

2. Governance

 The governance structure of the York Health and Care Collaborative has been updated to include representatives from York CVS, York Healthwatch and people with lived experience.

3. Funding

• The ICB and Public Health shared information with the members of YHCC about upcoming funding. There are three pillars to the funding with 1&2 focusing on health inequalities and pillar 3 focusing on prevention.

3.1 Pillars 1 and 2: Health inequalities funding

- In-terms of Pillars 1&2, the ICB are developing plans for their Health Inequalities budget starting in 2025/26.
- The ICB are proposing a more coordinated / focused approach based around a
 defined priority area within the CORE20PLUS5 framework (as opposed to a variety
 of smaller grants focusing on different issues).
- There will be two pillars to this funding:

Pillar 1

- Pillar 1 Funding for a community based intervention delivered by a VCSE sector partner (or partners), to address the wider determinants of health.
- This will be around £125k a year for three years.
- Following the meeting we understand that a decision has been made that Pillar 1 funding will likely be for work that focuses on children and young people.
- It was noted that these proposals would come through the VCSE Assembly.
- Rough timelines suggest that they intend delivery of this work to start in Q3 2025/26

Pillar 2

 Pillar 2 – Will be more clinical in focus and would aim to help improve diagnosis, outcomes, and secondary prevention through a QOF+ approach in General Practice which will encourage GPs to focus on priority groups, reducing health inequalities.

Pillar 3: Prevention

- CYC Public Health team are looking to make the case for funding to strengthen the prevention offer in York.
- PH have identified areas of action that they believe would help to strengthen prevention work in York.
- These funding proposals were due to go to the York Health and Care Partnership Board in January 2025

4. General points to note

Statistics were shared regarding health inequalities in the city but it was noted that
the statistics seemed to under-represent particular groups based on the knowledge
we have as a sector. It high-lighted the important role the VCSE sector plays in
strengthening our understanding of our communities and need in York

York VCSE Representation -Principles of Working

View document here

Round table discussions took place to finalise and sign-off the York VCSE Representation - Principles of Working. The following feedback was provided.

1. Are there any elements specific to our current or desired culture of working in York that are missing, or that we would like to tailor or add?

Feedback:

- Practicalities is a consideration requires generosity, taking everyone with you into spaces and speaking for everybody.
- How do we carry everybody's expert knowledge and share this whilst representing?
- How do we rep for each other in a fair way? How do we balance what the 'right good thing is' and agree what the focus is for the moment and how it links to what the sector's priorities are?
- How do we collectively share info and insights from our work with one another

York CVS provided reassurance that funding, regardless of procurement route, still has to go through a process and that the collaborative does not have power to influence this.

*Rachel Parker: Amend the document to reflect this

York CVS: To look at meeting dates to ensure feedback is timely. To request papers are sent two weeks in advance to enable sector feedback to be collated ahead of meetings.

	 *Would tweak aims to reflect not just how operate but who operate for i.e. Not just services or service users but the wider community who may not meet health thresholds Can still be useful to get raw information, get info through quickly so those with access to it not getting that advantage. Can we get the assembly and York Health and Care Collaborative to be more live, especially if long gaps between updates from meetings? Link into other existing co-production groups / experts. Have better visability of who the reps are and which organisations they are from. 2. Processes and Responsibilities: Is there any aspect of the selection/responsibility/feedback processes that need to be clarified or evolved? 	York CVS: Consider how they can build in opportunities to report back - keep feedback open and it will evolve as we go forward.
	 Feedback: Pretty comprehensive How can they be actioned and where we go from here? How do we reach the smaller organisations not in the room? In terms of selecting representatives – how can we make that practical and inclusive for smaller charities e.g. A blended approach to meetings Suggestion for smaller orgs to engage may need to demonstrate and show benefit to get their buy in Next step would be to know the logistics of who the reps are, where they sit, for how long for 	All Members: Encourage other organisations to get involved in the assembly. The May VCSE Assembly meeting will be online to pilot this approach.
Dragon's Den Pitch	York Carers Centre and York Mind Please view presentation here Feedback: • More on outcome measurements and how this links back to local health priorities. • More local data needed rather than national • Partnership needs to be wider and the outcomes need to be wider • Map out data and identify where the biggest needs are in York	York CVS: Link to data hub Population Health Hub York

	 Opportunity to connect in with other charities and VCSE organisations e.g. those working with adults with early onset dementia Could the training package be shared more widely? Connect with community transport providers to address the additional expense of private travel Use case studies to demonstrate impact How do people know they are young carers? Proactive outreach to reaching spaces where parent/carers are e.g. The Land, York Disability Rights Forum. Embed knowledge into SENCO/ELSA 	
Update from previous Dragon's Den Pitch - Survive and York in Recovery	 Survive and York In Recovery have been able to progress a few ideas since their pitch at the November 2024 meeting. Survive is providing trauma informed training for everyone within the York In Recovery community, and for the Coffee Shop Counselling team. Work is currently taking place on a trauma-informed survey to send to the York In Recovery community. Survive is making sure there is support in place for the delivery of this work. York CVS connected Mags (Survive) with a commissioner from the Probation Service so they are exploring how they work together to prevent reoffending. Mags highlighted a finding from the Independent Inquiry Child Sexual Abuse which found that of the 7,300 victims and survivors who engaged with the work of the Inquiry, the average length of abuse was 4 years and the average time to tell someone about the abuse was 26 years. View the report here. 	No actions