

Notes of VCS Assembly Executive Committee

Wednesday 23rd November 2016 12.00 noon – 2.00 pm

Northumberland CVA

Present: Joe Jackson, Lewis Atkinson, Avril Gibson, Sue Ashmore, , Ralph Firth, Anne Lyall, Martin Conway (in place of Julie Dodson) Ann Atkinson

Apologies Sharon Spurling, Cath George, Julie Dodson, George Scott, Andy Haddon,

1. Notes of last meeting and matter arising

Notes of last meeting agreed.

AA stated she had informed Chair of Health and Well-Being Communications Group that the Assembly would not have a representative present at meetings but would like to receive notes of meetings.

AL reported that KPI's were minuted from meeting with the commissioners.

SA reported that she had received no contact from HG re role as Equality representative.

Action: To raise at VCS Cabinet Advisory Meeting report by NCC on Brexit and implications for the county and lack of contact by NCC in relation to VCS Assembly Equality representative.

2. Progress report including KPI's

AA reported on KPI's and indicated that a survey would go out in the new year to capture members views on networks and events and other support services. In response to a query about the general poor response to surveys AA indicated that the questionnaires would be taken along to network meetings and other events to get organisations to complete them and that she was raising awareness about the survey at meetings currently. In relation to the value of unique hits to the website it was stated by LA that monitoring trends over time was more useful. AA reported on activities over the last three months including network meetings, significant time involved with the Asylum Seeker and Refugee Operational Group and meeting with G4S in relation to activities for asylum seekers in Blyth.

AG suggested that in terms of impact it would be helpful to get feedback from NCC to evidence the value the Assembly has been on the Operational Group. AL raised the considerable disappointment that no one had responded to the secondment opportunity to work as an Engagement Officer with the Syrian Refugee Support Team. There was felt a need to explore why no one had considered applying e.g. was it a lack of understanding of a secondment, lack of experience with ethnic minorities?. It was felt to be an opportunity that was missed.

Action: AA to contact JW at NCC to get feedback on the value of the Assembly's role in the Syrian Vulnerable Persons Resettlement Scheme.

AA/AL to try and get a better understanding of why no one from the sector applied for the secondment opportunity.

3. Partnership working and feedback from members

RF had circulated a note of the Health and Well-Being Board Meeting which included the NECA report on Closing the Gap and STP Plan. RF stated that the Health and Well-Being Board expressed concern that the collective proposals and development of health and social care partners in Northumberland (Vanguard) that were viewed positively would be negatively affected by the association with the STP brand which was described as 'toxic' because of its supposed concentration on reduced spending. In relation to assets based approach there was a need for culture change amongst GP's, communities need to say what is best for them and the professionals should not necessarily provide the answer, which requires an attitude change from them.

AG referred to the new DWP Dynamic Purchasing system (DPS) for Flexible Support Fund funding to help people into work. The DPS is a new electronic system for setting up and maintaining a list of suppliers and offerings from which provision can be procured.

AG also mentioned a new funding opportunity for organisations to deliver peer-support job clubs. Disabled People's User-Led Organisations and Voluntary Organisations in England, Scotland and Wales now have the opportunity to apply for funding to design and deliver a peer led job club, providing a holistic package of employment support tailored to meet the needs of individual participants. This will include building confidence as well as condition management in readiness for participants' journey back to employment.

LA referred to a middle stage in relation to procurement between the Pre-Qualification Questionnaire(PQQ) and Invitation to Tender(ITT) and changes to Data Protection.

MC raised on behalf of JD the Early Help Strategy, a systematic, multi-agency, consistent approach to early intervention. It sets out what will be done to make sure that children and young people get the early help they need requiring families, communities, staff and volunteers all working together to make the difference. It was felt that clarification was needed on what was wanted from the sector in terms of delivering interventions or dealing with cases.

AL stated that Healthwatch's three year contract was coming to an end and they are not sure if it will be rolled over for a year. The Board has to step down after three years and a discussion will be taking place around roles.

AL stated that because we do not have our own network for our areas of work it is important that we share what partnership work or information we gather so that we can cascade this information to members. It's therefore important to bring to the meeting and share information in relation to areas represented.

4. Asset Based Approach to improving health and well-being

RF stated that the Asset Based Approach provided an opportunity to have work valued and important to know about it. They say they are doing this in the STP but evident they are not. Need to be aware of the principles of engaging local people. AA stated that Public Health were undertaking an Asset mapping exercise across Northumberland to find out what VCS organisations do and what works well, looking at individual and community strengths and partnerships and how we can work together better to improve health and well being of the population.

Discussion took place about the need for a regional voice in relation to the STP and ensuring that groups were linked into the pyramid of engagement.

Action: AL to talk to SY regarding representation of the VCS at a regional level in relation to STP and Health and Social Care Commission recommendations to ensure the sector can have an impact.

5. NCC/VCS Cabinet Advisory Group feedback and next meeting

JJ indicated that the agenda had just been sent out. Issues mentioned above to be raised at meeting and in addition progress of review of Community Chest. AA suggested that at the next Advisory Group in March, the Assembly provide a report on the year's activities focusing on impact. Members agreed.

Action: To raise issues identified above at Advisory Group and suggest that the Assembly produce a report on impact of activities over the last year.

6. Work Priorities including Evidencing the Value of the Sector

AL indicated that Employer Supported Volunteering, health and social care and membership were areas that should be prioritised. She explained the Sector Connector project run by VODA in North Tyneside which linked small to medium sized business with voluntary organisations produced mutual benefits. This was a good model and the Lottery would consider a partnership approach if a pilot showed evidence of working well. NCVA have expressed an interest in piloting this and AA and AL would be progressing this with VODA. Members were in agreement of priorities.

AA had produced a note on evidencing the value of the sector and potential different approaches. Subsequently she had met with Karen McCabe from Public Health who is undertaking an asset mapping exercise across Northumberland which relates to the first two bullet points in the note in terms of the role of the VCS in relation to health priorities. It is hoped to help localities to take activities forward, provide support to access funding and supporting volunteering. AA indicated the potential for an event in March around health and social care which could include the asset mapping exercise showing its application and benefits to VCS. Also inviting HWB along and public health in terms of their work and including expert speaker on asset based approach.

Discussion took place about further content of an event to include 'what is an asset based approach, a guest speaker on asset based approach e.g. Cormac Russell/ Mark

Stephenson, case study e.g. Bell View and workshops including examples of individuals with co-morbidities and applying an asset based approach. RF stated that there was a lack of understanding amongst the sector of what an asset based approach was so needed to be presented in a way that VCS understood since all activities relate to health and well-being even if not seen directly so.

7. Topic for Assembly Event

See above discussion. It was decided that an event showing the application of an asset based approach and benefits to the VCS would be a good topic for an event.

Action: AA to develop a plan for an event in March in discussion with RF and SS

8. Assembly Executive Membership

AA indicated that there continued to be no member representing the West and suggested that the most appropriate approach might be to contact individuals who may be willing to take on the role. Member agreed to this.

Action: AA to contact individuals in the West who might be interested in representing the West on the Executive Committee

9. Developing a regional VCS Assembly

JJ indicated that this related to the discussion previously about STP's and having representation at a regional level and that there was a need to ensure that the voice of the sector was present at NECA level where appropriate.

10. AOB

AL stated in relation to an issue raised at the last meeting, (that she was unable to attend), that VONNE invited national funders up to the NE regularly and that a document was being produced about what CVS's are doing in the region which would be going out to funders soon and to parish and town councils too. AG stressed that if funders are coming together it is very important to let them know about the issues in the north east and that the Institute of Fundraising is included too.

Date of next meeting Wednesday 15th February at 12.00 noon at NCVA