State of the Sector 2022
Matt Lennard

Charitable income

Comparison of charity income between **2019** and **2022**
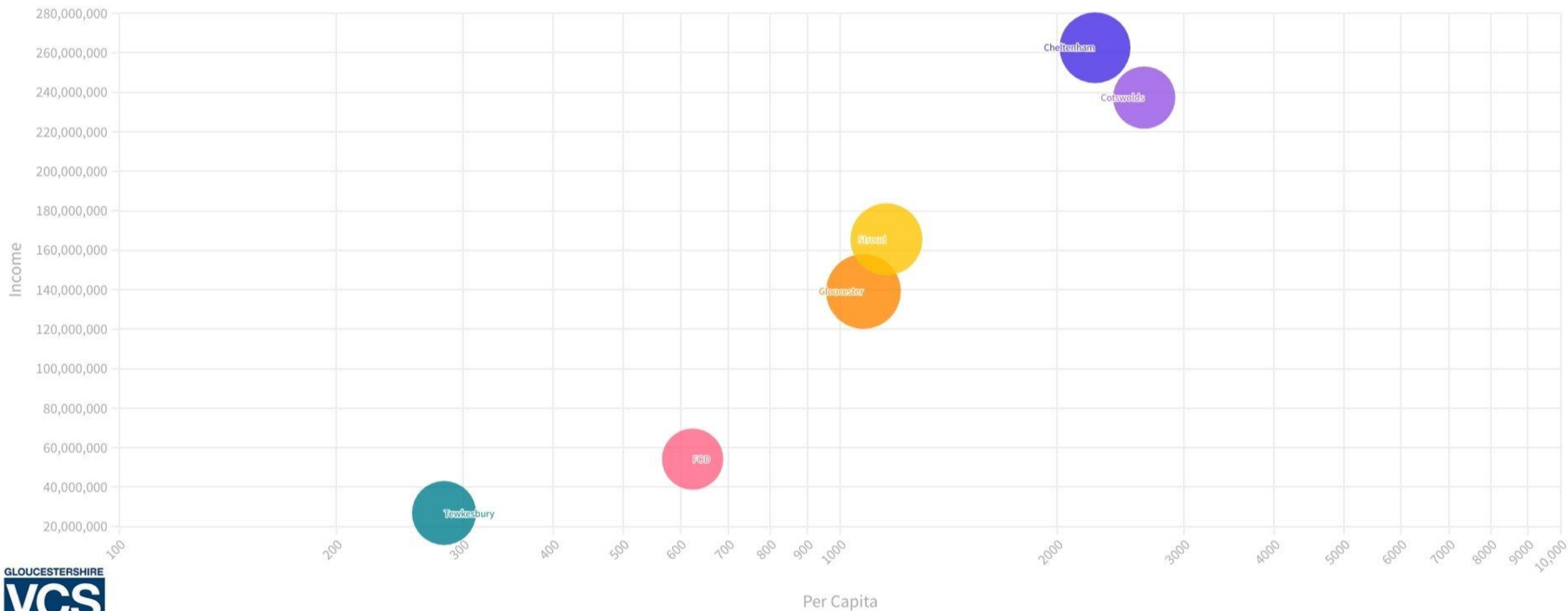
	2019	%	2022
Cheltenham	£65,462,654	56%	£99,742,553
Cotswolds	£137,765,855	45%	£200,906,693
Forest of Dean	£52,300,423	5%	£54,940,048
Gloucester	£110,075,075	8%	£119,944,183
Stroud	£81,942,042	69%	£138,300,946
Tewkesbury	£17,116,726	55%	£26,554,304

£640,388,727
total charitable income

38%
growth in the income generated by charities since 2019

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Income by district and population size

Sector Growth

2512 charities operating within Gloucestershire

229 new charities since 2019

10% increase

Cheltenham **+ 23**

Cotswold **+71**

Forest of Dean **+9**

Gloucester **+ 25**

Stroud **+ 84**

Tewksbury **+17**

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Why

Failing State - certainly a smaller state with more needed to be done in a community setting

More demand

Non - Charity VCSE becoming charities

Implications

Potential for bloat

Potential for further competition

Potential for further repetition

Potential for confusion about the sector

Potential for falling standards and failing governance
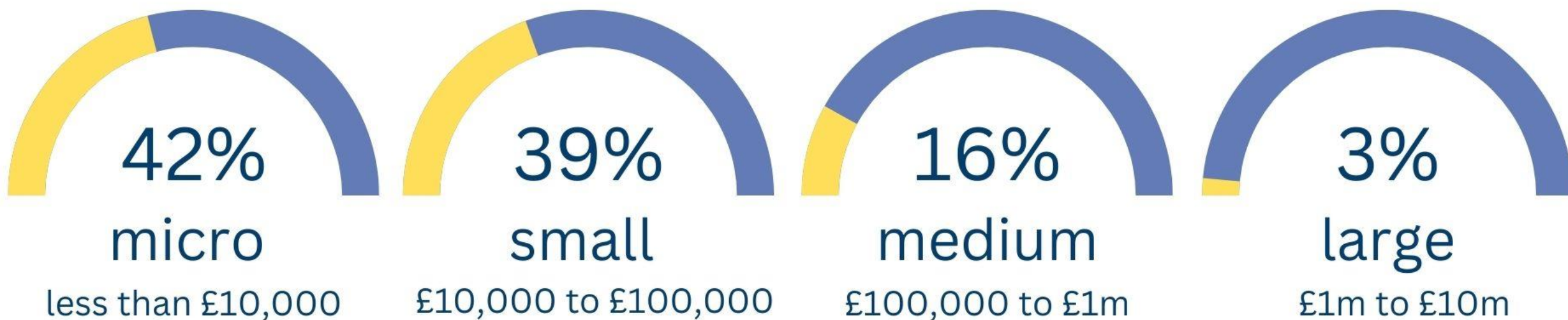
Median Income and Expenditure by Size

Income

Expenditure

	Income		Expenditure
Major	£26,335,00	87%	£23,095,000
Large	£2,471,000	92%	£2,289,000
Medium	£224,000	93%	£210,000
Small	£25,000	92%	£23,000
Micro	£3,000	66%	£2,000

£612,362,808 total expenditure

96% of income

Reserves

£596,777,971 reserves in 2021/22

20% decrease in Cheltenham

34% decrease in Gloucester

11% increase in Cotswolds

9% increase in Forest of Dean

5% increase in Stroud

127% increase in Tewkesbury
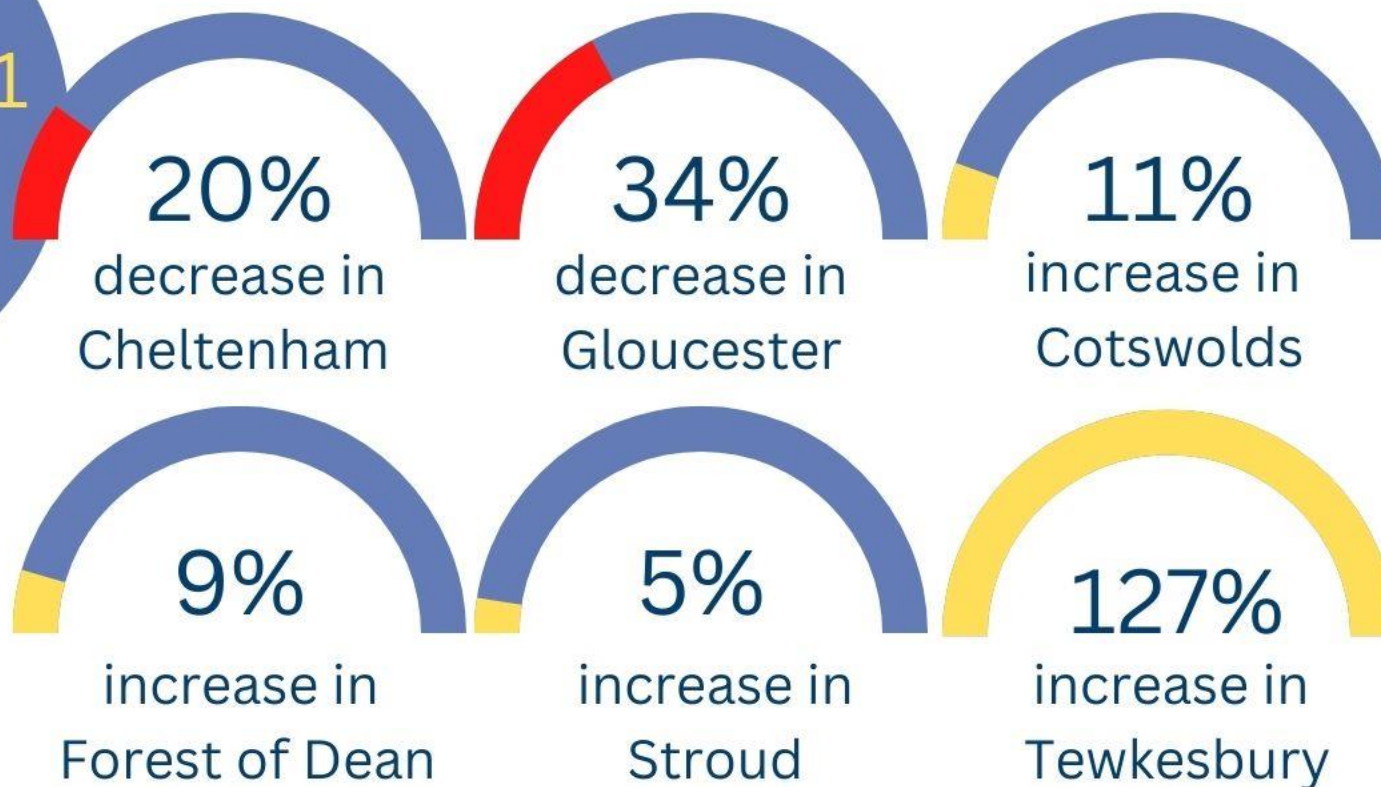
Conclusions

- Growth is impressive but artificial
- Growth isn't in line with demand
- Growth isn't where we'd expect it to be
- The sector might be too big
- Growth doesn't make the issues go away and may make them worse

The strategic context of health and wellbeing in Gloucestershire

Jill Parker

One Integrated Care System

Six Integrated Locality Partnerships

Opportunities

Commitments

Review of commissioning

Better use of data

Social value policy

Funded engagement

Leadership and representation

- VCSE Strategic Partnership
- Integrated Locality Partnership representatives
- What next…..?

Draft Structure: Three Overarching Pillars

1 — Making Gloucestershire a better place for the future
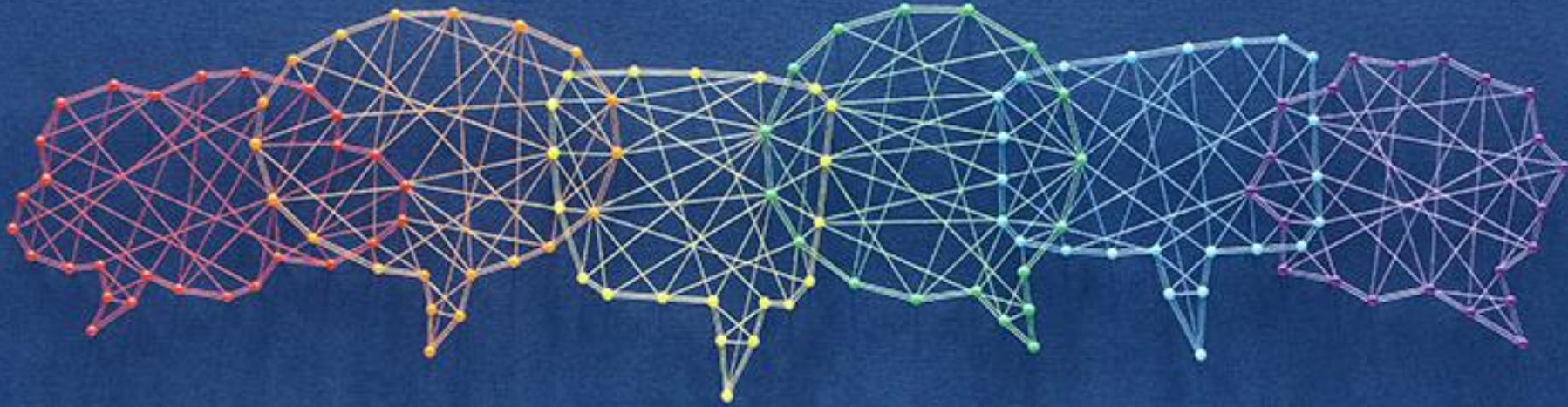
Focus on the wider determinants of health/ population wellbeing

Signpost to the existing Health and Wellbeing Strategy (HWBS) and priorities:

1. Physical activity
2. Adverse childhood experiences (ACEs)
3. Mental Wellbeing
4. Social isolation and loneliness
5. Healthy lifestyles
6. Early years and best start in life
7. Housing

2 — Transforming what we do

Locality focussed approach

Delivery of place based integrated working that supports the needs of the local population

Decisions taken as close to communities as possible except where there are clear benefits to working at scale

Support prevention and address health inequalities at a local level

Tackle inequalities

Reduce differences in experience, access & outcomes with a focus on the most deprived 20% and inclusion groups

Focussed improvement for the core20plus5 clinical priority areas.

Act as anchor institutions to benefit communities and enhance socio-economic conditions

Create One Workforce for One Gloucestershire

Make best use of the workforce we have, and bring new people and skills into our system

Ensure a collaborative approach to our workforce supporting our health and care services to access the skills and people they need

Pathway focussed change

Bring services together across partners to deliver our care programme approach

Strengthen integration across the life course, increasing our focus on the needs of children and families and supporting people to age well

3 — Improving health and care services today

Outlines the challenges we're facing with a particular emphasis on :

1. Improve access to care, reducing backlogs for those people waiting for care
2. Support improvements in the delivery of urgent and emergency care
3. Improve mental health support across health and care services.

Cross Cutting Enablers

Strengthened communities and personalisation
Empower people to lead the lives they want, building resilient communities around what individuals can do, with a focus on prevention, enabling independence, choice and control.
Foster a culture of co-creation, working in partnership with people and communities.

Evidence led practice, research and innovation
Build an evidence led population health approach with planning and delivery of services driven by data and intelligence
Create an environment that attracts leading edge research and innovation

Digitally enabled services
Maximise digital opportunities to transform our delivery models
Enable patient information to be shared and accessed seamlessly across the health and care system

POPULATION → INDIVIDUALS