GLOUCESTERSHIRE STATUTORY SECTOR INTEGRATED CARE PARTNERS: INSIGHT REPORT

To support and inform the development of Gloucestershire Race Collective

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INTRODUCTION

This insights report was produced for the Gloucestershire Race Collective. It is written on the basis that the wants and needs of *communities* will shape the early priorities for the Collective. It was not conceived as an exercise that would directly shape the first steps of GRC – a 'you said, we did' exercise resulting in an organisation created to meet the needs of state health and care organisations.

However, communities exist and thrive – or otherwise – within a context of state provision which can have a profound impact on the course of their lives including systems that deliver education, housing, health and justice. It matters, therefore, that GRC understands the landscape and the interplay between people, policy and the priorities which shape where statutory attention is paid.

This report focuses specifically on the statutory health and care organisational partners which make up Gloucestershire's Integrated Care Board (ICB). GRC may choose to commission similar insights into education, housing and criminal justice and other sectors if it serves the goals of communities to do so.

The ICB is a statutory body responsible for arranging the provision of health services in England. The membership Partners of the Board include:

- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire Health & Care NHS Foundation Trust
- NHS Gloucestershire
- Gloucestershire County Council (which includes Population Health and Prevention, Children's Services and Adult Social Care)

The Board also has other individual members and one sector member – primary medical care, or general practice – which are not represented specifically in this report.

RACIAL JUSTICE: WHOSE JOB IS IT?

Fifteen interviews were carried out with managers and senior leaders from the organisations listed above. I would like to acknowledge participants' generosity in giving their time to share their thoughts and experiences, as well as their warm enthusiasm for the drive to create a Race Collective for the county. We have their attention and, most importantly, their support.

People interviewed fit into two very broad categories: those whose function is specifically to work in the field of equality, diversity and inclusion, and those who leverage that through their broader roles in human resources, service delivery, policy development or organisational strategy and leadership. Due to the 'system' focus of the work as well as constraints on time, front-line health and social care practitioners were not included in the interviews.

The diagram below maps roles and functions where you will find racial justice advocates in the statutory health and care sector according to the extent to which the role is internally (organisation) or externally (community) focussed, and how specific their role is to equity or racial justice:

Engagement Map – Scope of Roles in statutory public sector organisations (functions)
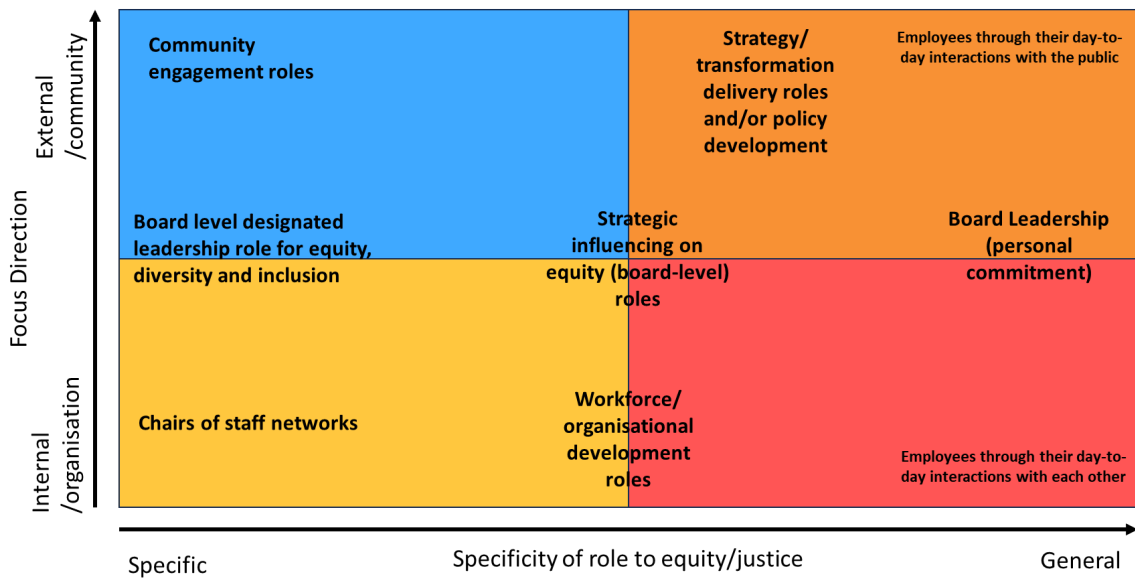
There are many individuals in all dimensions with whom I could not talk but who are there in our statutory health and care system striving for equity and justice and believing we can do better. A directory of contacts is supplied to GRC as part of this work, spanning not just those who directly contributed but also those highlighted as being engaged and proactive in this field.

WHAT I ASKED

Our conversations aimed to find out more about **who works in racial justice, what the racial justice priorities are**, and **how people envisage working with a racial justice organisation**. I asked:

- Who has organisational responsibility for race relations/racial justice/equality, diversity and inclusion? Who has a passion for racial justice and inclusion?
- What's important to your organisation? What national policies, guidelines, guidance and laws are relevant and what drives your local focus?
- Which VCS organisations do you tend to work most closely with? Are there areas or communities you struggle to reach or engage with?
- (How) do you think a race-relations organisation could support your priorities? How would you like to work with them? Overall, how do you think having a racial justice VCS infrastructure organisation would support the aim of racial justice in the county?

WHAT ARE STATUTORY HEALTH & CARE ORGANISATIONS RESPONSIBLE FOR AND TO WHOM?

NHS organisations are accountable to Parliament via the Department of Health and Social Care. Their legal duties are set out in the Health and Social Care Act 2022 and their approach outlined in the NHS Constitution[1]. NHS England holds statutory NHS organisations to account and the Integrated Care Board works at a local level (Gloucestershire in this instance) to broker integrated partnerships between all statutory and non-statutory health and care providers.

However, within this system there is also a different accountability framework via directly elected representatives in Local Government. Gloucestershire has a two-tier local government system with representatives elected to both County (tier 1) and District/Borough Councils (tier 2). At tier 1, as well as Adult Social Care, Children's Services and Public Health, the county council is responsible for other services such as education, highways, employment, transport and planning. At tier 2, as well as being responsible for housing and recreation services the district/borough councils oversee other services such as waste and recycling, and environmental health.

Thus, NHS providers in the Integrated Care System have a unique focus on health and care provision and a line of accountability via NHS England to national government in the form of the Department for Health and Social Care. Meanwhile local government tiers are responsible for health and care elements of the 2022 Act via the Integrated Care Board but are directly accountable to the electorate for a much wider range of services.

It is a complex picture, and this report only takes account of those organisations with **public sector statutory duty for health and social care**. There are many other partners in the system who have statutory duties (e.g. around policing and crime, or education), and very many others who provide services and support in both statutory (commissioned) and non-statutory capacities.

The diagram overleaf is a simplified summary of the statutory health and care partners and their accountability.

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[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england accessed 16/12/23

Statutory* responsibility for health and social care in Gloucestershire

*does not include other non-health statutory, commissioned statutory provision or non-statutory health and care provision including voluntary, community & social enterprise sector although these are key elements of the integrated care system as a whole.
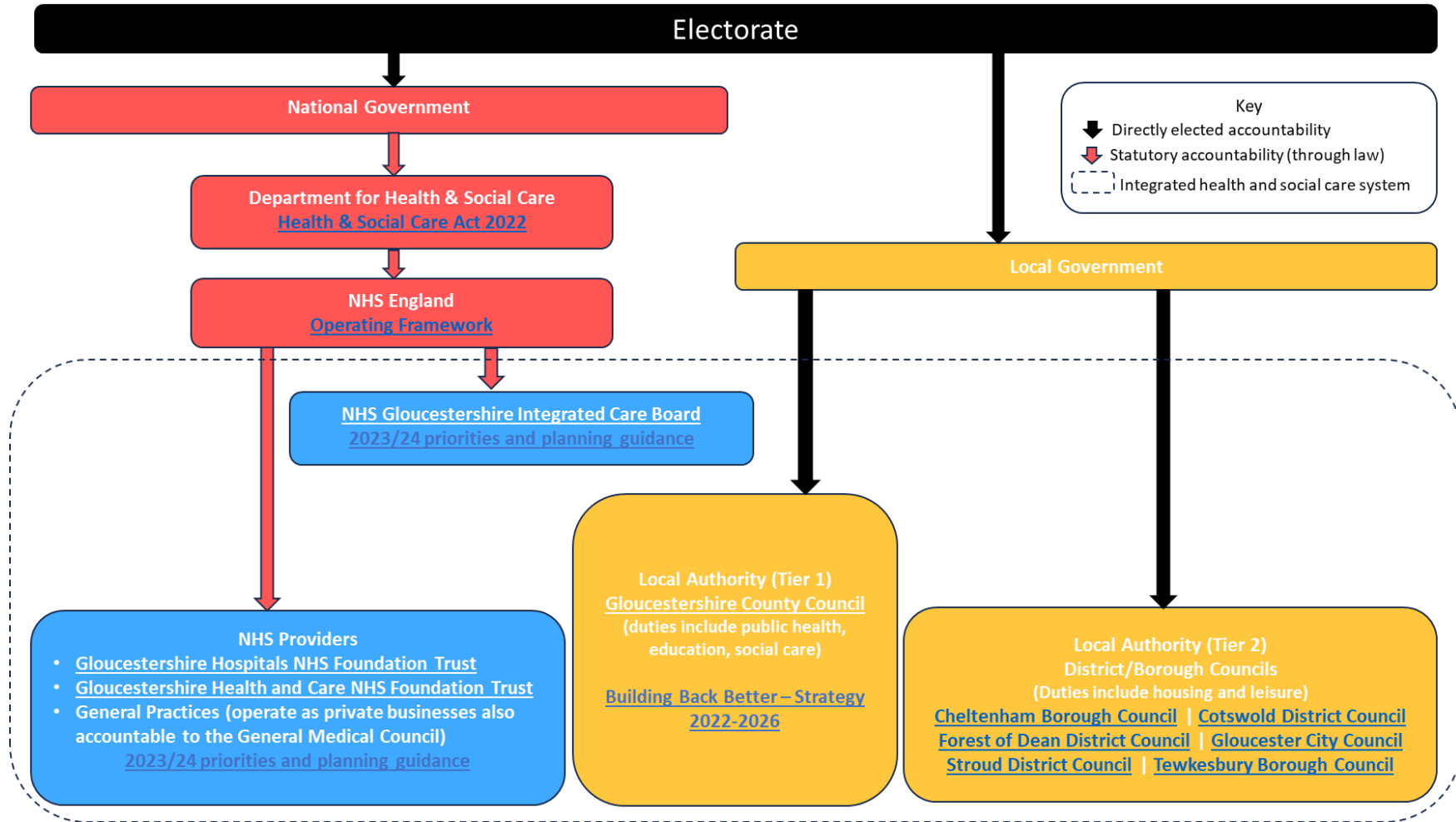
WHAT ARE THE PUBLIC SECTOR DUTIES REGARDING EQUALITY, INCLUSION AND RACIAL JUSTICE?

Due to their accountability to public locally elected representatives, the County and District/Borough Councils' priorities are set out in locally-agreed strategies, for example the county council representatives all referred to the **Building Back Better – Strategy 2022-2026** as their guiding document. As public bodies they are also governed by multiple provisions of the Local Government Act.

NHS organisations on the other hand have an indirect relationship with the electorate and their responsibilities in terms of national law – including the Health and Care Act 2022 but also the Equality Act and other legislation – are interpreted through a series of policies, guidance, frameworks, initiatives and the NHS national Standard Contract which is issued to any commissioned service provider.

Each year NHS England issues Operational Planning Guidance[2] which draws collective attention to high-priority areas. There is no shortage of law, policy and guidance on how the NHS is expected to act with regards to equality and racial justice. For example, the diagram overleaf illustrates the requirements on NHS staff when considering the Equality Act 2010:
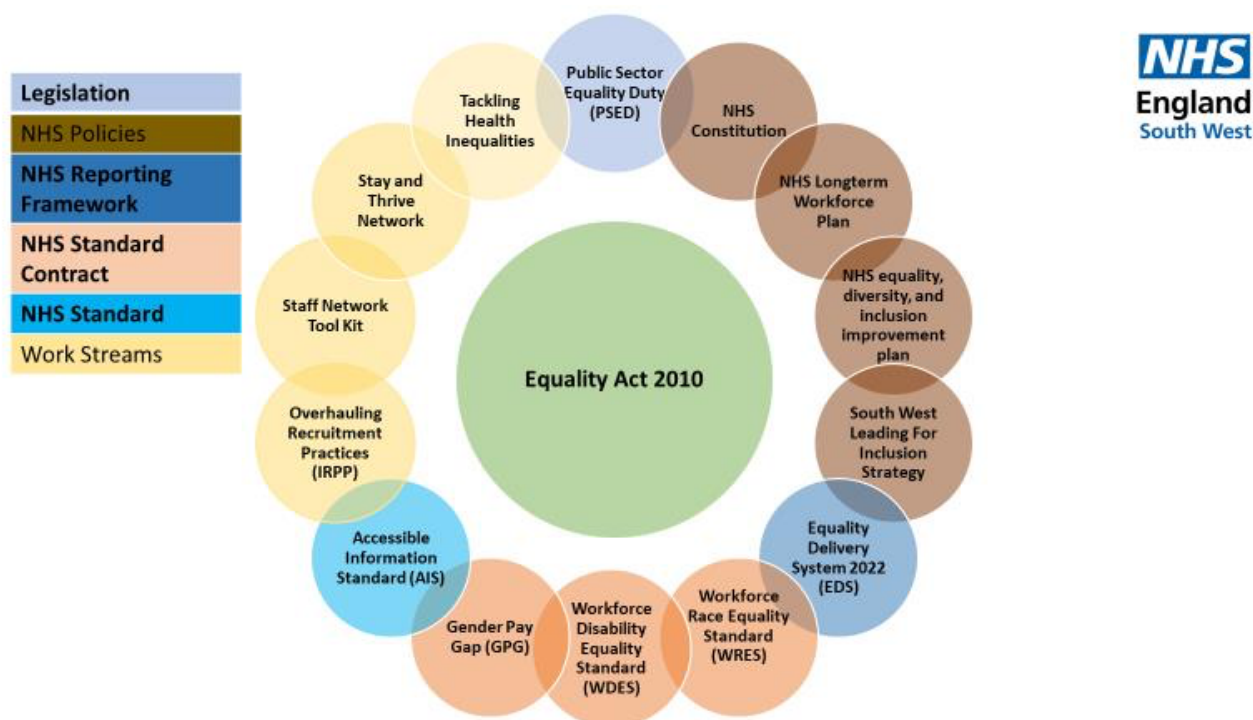
The Equality Act 2010 shapes many aspects of NHS organisational life – this diagram was provided by people who had a focus on workforce and organisational development.

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[2] https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf accessed 18/12/23

The Planning Guidance 2023/24 mentions a 'Core20Plus'[3] framework. This is an approach to tackling healthcare inequalities promoted by NHS England. 'Core 20' refers to people who live in areas of the country categorised as being the most deprived by the Index of Multiple Deprivation[4]. Although being black or brown does not equate to being more deprived, people of black, black British, Asian and Asian British origin are over-represented in the most deprived areas of the county in Gloucestershire. Another area where the Core20Plus approach is relevant is in the 'plus'. This can refer to any minoritized or protected characteristic group, and in the past Gloucestershire Integrated Care Board has specifically identified racially minoritized communities as a 'Plus' focus.

I produced the diagram overleaf for the ICB in 2022. It centres around Health Equality policy and requirements, to show how they mapped across the Planning Guidance, Core20Plus framework and specific Healthy Inequalities priorities set in the wake of the pandemic.

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[3] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/ accessed 18/12/23

[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf accessed 18/12/23

This just serves as an indicator of the complex accountability picture public servants work within – and an explanation but not an excuse for some of the 'tickboxyness' experienced by groups in relation to statutory sector organisations.

Much of what is being delivered is a matter of public record – with sections of annual reports and targeted reports dedicated to demonstrating work to improve equity, diversity and inclusion and reduce health inequalities.

If you want to know how NHS organisations are performing on their equality, including race equality, standards, you can search for "EDS2" (Equality Delivery System) compliance reports. The latest versions published online are here:

NHS Gloucestershire Integrated Care Board (2022/23)

Gloucestershire Hospitals NHS Foundation Trust (2019)

Gloucestershire Health and Care NHS Foundation Trust (2023)

Since 2015 all NHS delivery organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES). The two Gloucestershire providers' reports can be accessed on the links below:

Gloucestershire Hospitals NHS Foundation Trust WRES report 2022/23

Gloucestershire Health and Care NHS Foundation Trust WRES 2022/23

Finally, NHS provider organisations publish an annual Equality Report. The latest versions uploaded to provider organisations are linked below:

Gloucestershire Hospitals NHS Foundation Trust Equality Report 2021/22

Gloucestershire Health and Care (2022/23)

WHICH VCS ORGANISATIONS DO YOU WORK WITH AND ARE THERE COMMUNITIES YOU STRUGGLE TO REACH?

This was a small sample of interviews conducted in conversation, therefore the list of organisations worked with does not in any way represent a comprehensive list of organisations that have a relationship with statutory sector organisations or staff who work for them.

Those in more general roles tended to be more generalised in their answers to this question. They mentioned the Friendship Café, GARAS and All Nations specifically. On the question of communities that they struggle to engage they knew, of course, that they had a long way to go to be inclusive let alone comprehensive and spoke of the need to better understand who/what was there so they know what they don't know.

The most comprehensive answers came from the group of people specifically employed in community engagement/outreach roles, who were thoughtful and specific about communities they struggle to engage with.

Which VCSE organisations do you work with?

- All Nations
- Friendship café
- GARAS
- Sahara Saheli
- Ebony carers and black elders' group
- MusicWorks
- South Asian community
- GARAS
- Cheltenham Welcomes Refugees
- The Cavern, Glos Feed the Hungry, GL11, Redwell Centre
- Traveller community
- Synagogue, Jewish community
- Non-constituted organisations, just community groups that have gathered together

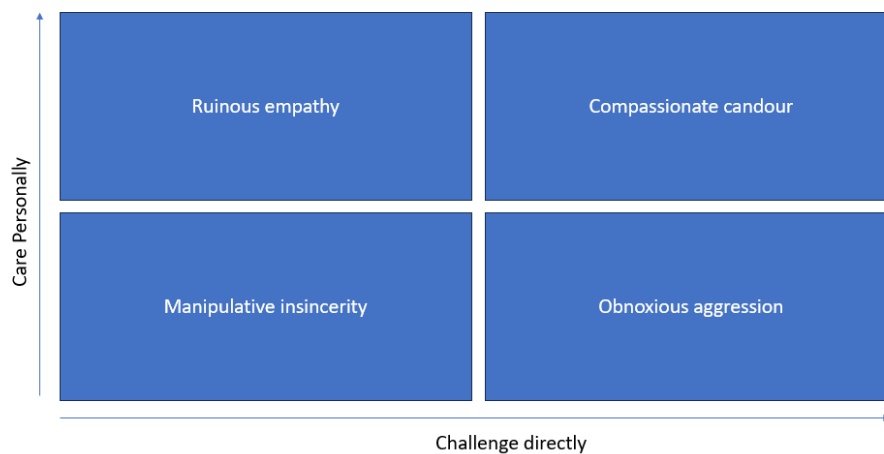**Are there communities you struggle to reach?**

- Arabic community
- Afghani community
- Chinese community
- Polish community
- Racially minoritized groups in rural communities, e.g. Romanian in Cinderford
- Not much around Cotswolds and Cheltenham

People I spoke to were enthusiastic about the role for a Race Collective, albeit they recognised the huge current and historic challenges with setting this up. A common plea was for genuine, legitimate, compassionate, competent advocacy for racial justice, a counter to the "tickyboxyness" that characterises this arena in public service when done insufficiently.

One interviewee referred to Kim Scott's book *Radical Candour*[5] to illustrate the need for nuanced but proactive collaboration for racial justice, which both addresses poor practice and discomfort as well as elevating well-informed, appropriate practice:

Radical Candour (Kim Scott)

Ruinous empathy	Compassionate candour
Manipulative insincerity	Obnoxious aggression

Care Personally (vertical axis) · *Challenge directly* (horizontal axis)

The goal for the Collective would be to inhabit – *and act in a way so as to encourage and enable others to inhabit* – the upper right-hand quadrant of 'compassionate candour'. We wondered if the public sector can often stagnate in 'ruinous empathy', or worse.
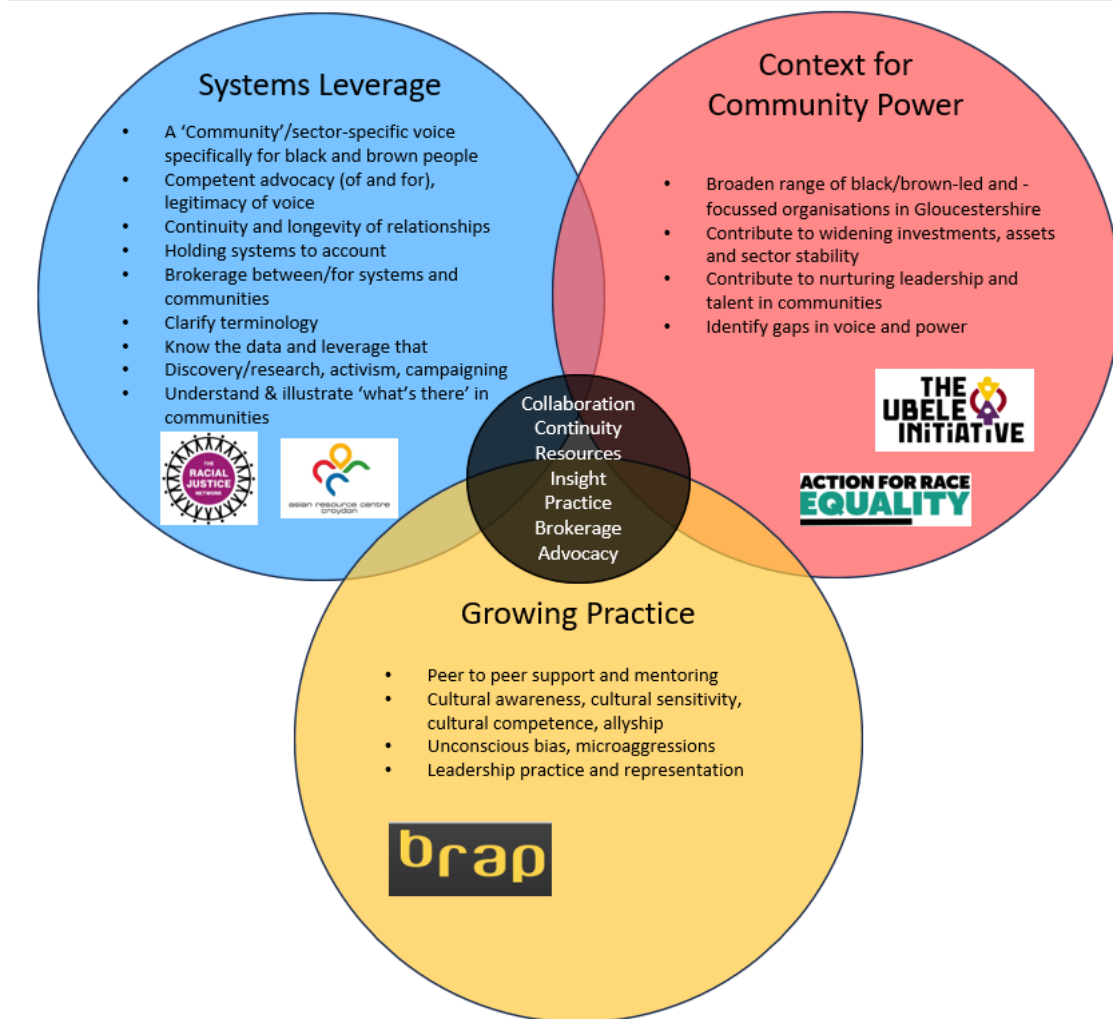
People's vision for an organisation focussed on racial justice in the county fell into three main categories:

- Systems leverage.
- Community power and capacity.
- Personal, peer to peer and organisational practice.

The diagram overleaf summarises these themes, with some examples (not exhaustive) of black and/or brown led organisations outside of Gloucestershire whose purpose and values align in this arena. As well as showing the scope of work to be done, this also shows that there is existing capacity and expertise in certain areas and a need for GRC to reflect on where the strengths are as well as the gaps.

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[5] Scott, Kim *Radical Candour: how to get what you want by saying what you mean* 2019.

Themes for a Gloucestershire Race Collective:

Systems Leverage
- A 'Community'/sector-specific voice specifically for black and brown people
- Competent advocacy (of and for), legitimacy of voice
- Continuity and longevity of relationships
- Holding systems to account
- Brokerage between/for systems and communities
- Clarify terminology
- Know the data and leverage that
- Discovery/research, activism, campaigning
- Understand & illustrate 'what's there' in communities

Context for Community Power
- Broaden range of black/brown-led and -focussed organisations in Gloucestershire
- Contribute to widening investments, assets and sector stability
- Contribute to nurturing leadership and talent in communities
- Identify gaps in voice and power

Collaboration
Continuity
Resources
Insight
Practice
Brokerage
Advocacy

Growing Practice
- Peer to peer support and mentoring
- Cultural awareness, cultural sensitivity, cultural competence, allyship
- Unconscious bias, microaggressions
- Leadership practice and representation

SYSTEMS LEVERAGE

As might be expected from this group of stakeholders, there was a strong appetite for representation of racial justice at a systems level. Interviewees generally felt we were poorer as a county for not (or no longer) having this agenda and voice at a county level, noting the need was "*first and foremost… elevation of a voice that knows what the issue is and holds to account in the system. There needs to be a louder voice, if it isn't heard, it isn't served*".

Some people were specific that this was about racial justice for black and brown individuals. Others included the wider realm of racial/cultural equity including migrant populations and gypsy/Roma/traveller communities. Some mentioned that geographical focus ("place-based") tends to override communities of interest/identity at a county level where race and faith is concerned, meaning that "*holistic insight doesn't sit anywhere*". As well as clarity of core focus, there was a desire to clarify language: "*What are we? Racially minoritized? Global majority? BAME? Black/brown? Let's own the language*".

Statutory sector partners pointed to the need for consistent, long-term development of a racial justice partner with equal status. They felt it was important that those in the organisation build legitimacy and credibility both into the statutory sector as well as with communities. Part of their role would be in "competent

advocacy" – reading and working at a systems level whilst skilfully representing the interests of communities in that arena without speaking for them.

As a consistent voice for racial justice the Collective would have the ability to take a long-term view: both looking back on promises made and holding to account, but also on looking forward to shared challenges and commitments. This would be an organisation that "*can hold the thread on good ideas, spaces already trodden and commitments made, and remind us of that*".

One mechanism for holding to account which doesn't have consistent and sustained focus is data: its collection, the gaps in it, the stories it tells, the stories it hides, the parallels and divergence from national trends within Gloucestershire. Interviewees were interested in the Collective being or working with organisations who can role model good practice in the use of data.

Here are some of the areas where data leadership could support racial justice:

- We know already from Gloucester City Race Commission's[6] work that there is a **need to improve data collection and quality**. The Collective could work (directly or indirectly) at Board level to ensure there is clear focus on collecting data by ethnicity, understanding barriers to giving and collecting this information, and working together to learn and improve.
- Offer support on *who to expect in the data*. Assuming organisations have reasonable or good ethnicity data gathering, they can only identify unwarranted variation for minority populations if they know who they are expecting to find. The Collective can play a part by ensuring there is an up to date understanding of who lives in the county who would identify as a racial minority. For example, the Adult Social Care Team in Gloucestershire County Council are currently looking at their social care contacts in this way: comparing registered service users with population demographics to understand who is missing.
- There is scope for **leadership in data leverage** – understanding what questions to ask of the data based on national trends/findings and local research and experience.
- **Aggregate data/trends insights** – sometimes individual stories get treated as just that within organisational data. It is only by stepping back and looking at the combined experience (and outcomes) of multiple individuals, over time, that disparities and injustices become apparent. One person gave an example of organisational risk reporting mechanisms which look first and foremost at the harm of an event *to the individual*. However, a poor experience or outcome for an individual can ripple into the community to reinforce concern, distrust or even fear which over time which in turn could cause harm (disparity) at a group level. Interrogating existing data in an aggregate way and/or over time can help to reveal issues that are otherwise considered anecdote.

Health and care statutory sector colleagues recognised and valued the role of an infrastructure organisation in ensuring the diversity of voice and power in communities. Creating this context is dealt with in the next section, but there is an interplay between diverse, strong and vibrant community voices and the 'system' architecture. For example, when discussing applications made for state sector grant programmes, some interviewees noted the relative lack of bids from black-led organisations. One person noted that there were "*some voices in the community but I sense that we all hear the same voices all the time*". Whilst there was

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[6] https://www.gloucester.gov.uk/about-the-council/equality-and-cohesion/gloucester-city-commission-to-review-race-relations/ accessed 18/12/23

huge respect and value for the existing voices, interviewees recognised the limits to this in terms of representation.

Similarly, there was a view – mostly from those in policy/transformation roles – that the state sector can behave in an extractive or agenda-led way with communities. The patterns of behaviour can frequently be about serving a pre-identified 'need' (e.g. cancer screening in *x* community or feedback on a certain service or proposed change) rather than listening and responding to needs as articulated by communities into the sector.

Many people talked about the Collaborative playing a brokerage or moderating role in this dynamic, whereby the Collaborative may facilitate introductions if statutory sector colleagues want to broaden their reach of understanding and engagement (NB. There are existing mechanisms in the county for finding out about the landscape, e.g. Your Circle and Know Your Patch). Equally, it may be asked to mediate where an organisation or community becomes overwhelmed by demand or agendas or finds they are getting little feedback or closure after offering their insights.

One very important aspect of views from statutory colleagues was that the Collaborative should not 'reinvent the wheel'. **Faced with a choice whether to create or collaborate/facilitate, the choice should always be the latter** unless nothing viable was in place: "*avoid creating another group. What's needed [is] a forum to bring the existing groups together" …. "Changing "Group" to "Collective" is astute and reassuring. [It is] not aiming to be a whole new creation, but a forum for collective voice and action"*. This is particularly important when considering the core functions of the Collective. The advice from statutory sector partners was, basically, don't get in the way: "*don't be a shorthand for engagement, but a conduit where it is needed."*

Finally, and in the context of not reinventing any wheels, there was an appetite for an easy-to-access, interactive, 'live' database of knowledge and insights – somewhere people could go to become (more) informed about the different races, cultures, religions, languages, traditions and generational variations of black and brown communities in Gloucestershire. There was a concern that this could be extractive or tokenistic, but a good example of recent cultural insights work is the *Unreflected Reflections* project. This tells the story of the Muslim community in Gloucester, but by them, in their words and ways, and owned and re-told through the community.

Thus, one way to invest in community insights may be to back similar arts-led projects alongside a creative infrastructure organisation, so that the legacy is the community's own story belonging to them, rather than a database of information belonging to GRC.

Partners in the statutory health and care system were aware – either directly or experientially or both – of the findings in the report by the Black South West Network[7] that there is a need to build capacity (meaning an ecosystem of organisations, assets, capability, skills and leadership) in the black and brown led Voluntary Community and Social Enterprise Sector (VCSE). This was understood to be a primary function of the Race Collective.

As part of this research respondents to a survey were asked what support was needed to grow capacity in communities:

"…*the request was for a central hub-type organisation that has specialised expertise in racial systemic inequality and connects different racially minoritised communities in need. However, at the same time, it supports the setting up of new single community-focused organisations, because it understands the value in diversified and culturally appropriate provision*" (p.42).

The BSWN report included the following diagram:

p.43

The key to the establishment of GRC will be to work with the ecosystems at all three levels – the grassroots, infrastructure working 'in the seams'/in between, and the statutory authorities.

This speaks to the plea to 'not get in the way': to facilitate rather than create, and for the Collective to look for ways to leverage infrastructure support into communities that need and want it. Again, this could be directly but there are plenty of infrastructure support organisations already operating in various capacities in Gloucestershire and so collaboration with them would be key. See Appendix 2: VCSE infrastructure organisations in Gloucestershire and what they do.

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[7]
https://static1.squarespace.com/static/594948a7414fb5804d2b4395/t/64462b669c367a7d190372c4/1682320254775/GREAG+Report+2023.pdf accessed 18/12/23

As noted above, the people interviewed for this report would not describe themselves as working in 'service delivery' roles – they are not frontline health and social care practitioners, and this influences what came up for them in terms of racial justice practice.

The need to grow practice, awareness, competence and support was mentioned across all interviews and at several different levels:

- Personal/individual including person to person interactions.
- Organisational – how should organisations equip their workforce?
- System – what transcends organisation and supports racially competent practice?

INDIVIDUAL

Some discussions raised the need for **peer support and mentoring** for black or brown people working in the public sector, whether in inclusion roles or not. Due to their visible diversity in a white majority county, black or brown staff are often seen to represent their cultural heritage in ways that their white (or non-visibly diverse) colleagues are not. People can be sensitively supported by their own organisations, but there were certain to be issues for the individual in terms of expectations, demands and burden above and beyond those placed on their peers which may benefit from a wider supportive network.

Moving on to individuals more generally there was a recurrent need for improved **cultural awareness and sensitivity, and cultural competence**. This individual need recurs at organisational and system level because it is essentially comfort to talk about race, ability to sit with the discomfort of what has gone before and what we may each embody, and competence to act in a racially aware manner.

People I spoke to felt it was important to be able to relate, to graciously get it wrong and be corrected and that this was not a neutral playing field when considering a power differential between statutory employees and communities; "*Conversations are still historical and angry in some ways, so we need to find a way to honour that and move forwards together*".

People talked about "*dealing with the nervousness about mis-stepping. It's very charged. [I'm] really reticent to cause harm/offence as [I'm] just not culturally competent*".   For most there was an understanding of privilege but that came with feelings of "*jeopardy – wanting to learn and understand but without othering and making people feel uncomfortable". This is heightened on both sides. "You're white – you're either oblivious, or you're too scared. [You can become] paranoid and careful to ask something that might make a difference. And* because *of that history there's a higher likelihood of being offensive or offended*".

ORGANISATIONAL

Most representatives interviewed talked about the need for representation and racial diversity across the workforce, with notable visible gaps in senior positions. Within the NHS sector the published Workforce Race Equality standard data allows scrutiny and accountability of organisational progress. Provider organisations also publish several reports outlining their actions against public sector equality duties.

The need for improved **cultural awareness and sensitivity, and cultural competence** was raised at an organisational level, with senior staff also calling for greater focus on **microaggressions**: definition, information, training, and support for intervention.

SYSTEM

All elements raised at the individual and organisational level are supportive of a greater systemic consciousness and collective action for racial justice. In addition, there were several areas mentioned where system-wide focus including a Race Collective could support improved relations between citizens and state health and care delivery.

One concern raised was the short-term nature of posts and initiatives aimed at equality or racial justice. The relative lack of **longevity of posts** in some areas erodes community trust and fractures fragile relationships and trust.

There is a function for a system-wide view beyond that of an organisational focus where pushback or accountability is required, particularly for racially minoritized staff where the 'compassionate candour' intent may not be the experienced reality. In systems that have a long way to go towards racial justice, a Race Collective could **support with mediation** between communities, workforce and organisations in the system.

Similarly, there was interest in the Collective adopting the role of **critical friend** or advisor more generally. For example, they may be a conduit to potential partners, quality-approved training providers, and so on.

A perspective that stood out amongst those interviewed about the Collective was that, **faced with a choice whether to create or collaborate/facilitate, the choice should always be the latter.** Collaboration is therefore suggested as a central theme for the way the Collective could move forward strategically alongside communities and the statutory health and care system.

The keywords that came up which are relevant for the development of a strategy for GRC were:

- Collaboration
- Continuity
- Resources
- Insights/awareness

- Practice/understanding
- Brokerage
- Advocacy

Overall, there were six main requests from the statutory health and care sector partners for a Race Collective for Gloucestershire, and these were:

- Competent advocacy
- Data leadership
- Representation/brokerage

- Information and insights
- VCSE infrastructure development
- Knowledge, skills and competency development

The table below which is split into two sections: firstly, the areas where the Collective may need to **create** capacity themselves, and secondly those areas for **collaboration:**

Core requirements for Gloucestershire Race Collective (Create)		
Requirement	**Skills required**	**How will we know?**
Competent advocacy: a well-informed, respected racial justice partner operating at county level with a long-term view.	This is a nuanced role for (an) influential individual(s) who would be experienced systems operator(s) – with credibility and ability to operate at Board level to foster partnerships.	Required presence for racial justice organisations/ affiliates in cross-systems partnerships. Dialogue is common and discomfort is tolerated and recognised for its capacity to build understanding and partnership.
Data leadership: demonstrate good use of data and advocate for high quality data practices for racial justice specifically	Sound numeracy and statistical skills, able to interrogate datasets at a national and local level, produce bespoke reports, review and understand data reports and generally use data in an influential way.	Longitudinal insight on the impact and change trajectories around racial justice and racial disparity in public services.
Representation/brokerage: to represent but not speak for or over the voices of black and brown communities themselves.	This is a subtle systems leadership art, hard to get right all of the time. It is easy in a social change role to step into 'do' mode, in so doing perpetuating a 'do to/for' culture. The skills required here are coaching,	The watchword here is contribution not attribution. The systems and stakeholder map for GRC should be broad, deep and constantly evolving. A success here systemically is visibility and

Core requirements for Gloucestershire Race Collective (Create)

	facilitative, strengths-based/asset-based working where the richness and diversity of communities are in the foreground.	voice for a large range of minoritized communities directly, rather than via GRC – if voice and visibility is what they need and want to achieve their collective goals.

Partnership requirements for Gloucestershire Race Collective (Collaborate/Facilitate)

Requirement	Skills required	How will we know?
Information and insights: ability to convey the nuances of cultures and cultural narratives in a non-colonial, non-extractive, positive, enriching way so as to improve inter-cultural awareness and competence.	Skilled and culturally sensitive communication. Flexibility and creativity to support narrative development and storytelling in a way that his enriching for both the teller and recipient. There are existing creative infrastructure bodies and agencies in the county and further afield who already have expertise in this area.	Statutory sector staff engage with cultural difference with curiosity and confidence. Dialogue is common and discomfort is tolerated and recognised for its capacity to build understanding.
VCSE infrastructure development: where there are gaps in community voice, organisation, assets or power; building the capacities and capabilities to fill those gaps.	The types of services typically offered in infrastructure support include: convening, bid writing, fundraising, strategy development, partnerships support, training, back-office function support (HR, legal, finance). There are existing VCSE infrastructure support organisations in the county and further afield and it is worth understanding the needs of the sector and any gaps before developing in-house offers.	Baseline progress against Black South West Network research conducted during 2022 and published in 2023/state of the sector reporting for Black and Brown led VCSE organisations in the county.
Knowledge, skills and competence: meeting individual, organisational or systemic training needs with good quality, culturally appropriate and impactful provision.	As above, the market for racial justice skills provision is wide and varied. The skill for the Collective will be in understanding what the demands/gaps are in the county and whether these are sufficiently met by existing provision.	Microaggressions are not perpetrated, black and brown service users report feeling safe in and supported by statutory services.

SUMMARY

There are many people across statutory health and care organisations in the county who are committed to racial justice, curious about how to have the most positive individual and collective impact, and supportive of the initiative to develop a Race Collective.

This report offers an insight into their perspective and is written to support understanding and connection between communities, the Collective and the sector. It is not a manual of requirements and there is no expectation that the Collective will be a certain way because of this insights report.

However, it hopefully serves as a basis on which to build a Collective that works productively with and within the Integrated Care partners to further the cause of Racial Justice in Gloucestershire.

Jo Underwood

Jo worked as a senior leader and manager in the National Health Service for twenty years and now offers freelance support for small social change organisations (charities and businesses) as well as running her own sustainable retail business. Prior to leaving the NHS in 2023 she worked in NHS Gloucestershire as Transformation Programme Director for Healthy Individuals and Communities, a brief that included transformation for health equality and partnership with the VCSE sector. Jo is passionate about relational, grounded and human approaches to managing the complex issues in our society, and realistic about how hard that is when the barriers to access, comfort and truth are so high.

APPENDIX 1: ABBREVIATIONS

GRC	Gloucestershire Race Collective
ICB	Integrated Care Board
NHS	National Health Service
VCSE	Voluntary, Community and Social Enterprise (sector)

In some areas of the country there are single organisations recognised as 'the' VCSE Infrastructure organisation which was the case in Gloucestershire until a few years ago. We now have a tapestry of infrastructure support organisations operating at county and more local levels – eight main organisations are identified as 'infrastructure' by the Gloucestershire VCS Alliance.

This may influence how people in the statutory health and care (and other statutory) sector services think about Gloucestershire Race Collective: a nuanced mental model of infrastructure support in our county, which shapes what people think and say about the potential of a Collective. Here are some of the county's existing infrastructure organisations, and what they do in their own words:

Gloucestershire VCS Alliance

The VCSE sector in Gloucestershire is made up of over 1,800 charities, around 300 community interest companies and thousands more constituted community groups, that may be tiny in terms of turnover but are often huge in terms of impact.

These organisations and groups are served by VCSE infrastructure which fosters innovation, informs, strengthens and develops the sector and enables it to thrive by:

- Assisting organisations to secure funding
- Fostering partnerships between VCSE organisations
- Facilitating collaboration with the public sector
- Growing the next generation of VCSE leaders
- Developing skills and knowledge through events and training courses
- Providing data and insights on the sector and the communities it serves
- Publishing bulletins and resources to keep organisations updated
- Helping organisations find trustees and volunteers

Research by 360 Giving (2023) found that infrastructure bodies face a number of funding challenges. Nationally, the sector infrastructure has not grown in real terms in the last decade, following large falls in its size before that. This is despite growth in the size of the VCSE sector as a whole over the same period. This means that a much-reduced infrastructure is supporting a larger voluntary sector. This is compounded by the very limited pool of trusts and foundations that fund infrastructure organisations which results in a 'very fragile ecosystem', where a change in one funder's strategy can cause ripples throughout the infrastructure sub-sector.

There are 8 main infrastructure organisations in Gloucestershire and each has their own niche within an overall eco-system. For instance, Forest Voluntary Action Forum serves a wide range of small and micro-organisations based in the Forest of Dean. Active Glos is particularly focussed on physical activity. Gloucestershire Race Collective focuses on racially minoritized VCSE organisations.

Active Glos

As a trusted organisation, Active Gloucestershire coordinates *we can move*. Inspiring people to unite behind a common vision to increase physical activity. Connecting individuals and organisations to build strong collaborative partnerships. Enabling the growth and impact of we can move, through providing a range of resources, training and support.

Create Glos

Create Gloucestershire (CG) is made up of a network of over 2000 people from across the arts and cultural sector; together with a range of strategic partners from across different sectors. We think, research, test and share ideas to encourage arts to become "everyday" in Gloucestershire.

CG connects artists, organisations, funders and audiences/participants together in new ways. We encourage dialogue and incubate the ideas that emerge. We then look to share learning and maximise return on investment to drive a new cycle of innovation.

Forest Voluntary Action Forum (FVAF)

We are the Voluntary Service Council and Volunteer Centre for the Forest of Dean. We provide assistance to many of the hundreds of voluntary and community organisations in the District who are in turn better able to deliver their work in and for the local community.

GRCC

GRCC is an independent charity that works within Gloucestershire's communities to inspire, enable, and deliver community action. We work countywide to strengthen and develop communities to create thriving, sustainable places for local people to live and work in.