

GMCVO and GMHSCP

Evaluation of the GM VCSE Health and Social Care Engagement Project

March 2021

Table of contents

Acknowledgements	4
1 Executive summary.....	5
1.1 Introduction.....	5
1.2 Programme achievements and impact	7
1.3 Case studies.....	11
1.4 Network analysis	11
1.5 Next steps.....	12
2 Introduction.....	15
2.1 Background	15
2.2 Evaluation methodology.....	15
2.3 The case study projects	16
2.4 Structure of this report.....	17
3 Overview of the VCSE Health and Social Care Engagement Programme	18
3.1 Rationale for and aims of the programme	18
3.2 Progress made under the GM Memorandum of Understanding.....	19
3.3 Factors enabling progress	21
3.4 Challenges and barriers	22
4 Programme achievements and impact	25
4.1 Introduction.....	25
4.2 A step change in the understanding and involvement of people and communities	25
4.3 Better services and greater support for the public.....	27
4.4 Increased mutual learning and continuous professional development..	30
4.5 The role of the programme in the response to COVID-19	32
5 Case studies	34
5.1 Introduction.....	34
5.2 The Mental Health Leaders Group	34
5.3 The Homelessness Action Network.....	34
5.4 The Commissioning Framework	35
5.5 The Big Alcohol Conversation.....	35
5.6 Summary of impact and lessons learned	35

6	Network analysis	47
6.1	Introduction.....	47
6.2	Survey respondents' views on the VCSE Engagement project	47
6.3	Network analysis	48
7	Next steps.....	53
7.1	Introduction.....	53
7.2	Next steps for VCSE engagement.....	53
	Appendix A: interviewees	58

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1 Executive summary

1.1 Introduction

Greater Manchester Health and Social Care Partnership (GMHSCP) and Greater Manchester Centre for Voluntary Organisation (GMCVO) commissioned Cordis Bright to undertake an evaluation of the Greater Manchester Health and Social Care Engagement Programme. The purpose of the evaluation was to assess the impact and value of the work carried out by GMCVO and the voluntary community and social enterprise (VCSE) sector under the Memorandum of Understanding (MoU) between the VCSE and GMHSCP, a framework to support engagement across Greater Manchester's devolution agenda in relation to health, social care and wellbeing.

Evaluation methods included semi-structured interviews with senior stakeholders across Greater Manchester; case studies focusing on four projects supported and enabled by the VCSE Engagement programme and social network analysis to explore the extent to which the programme has contributed to better working relationships and connections. Section 2.2 contains a more detailed description of the evaluation methods.

Progress made under the Memorandum of Understanding between the Greater Manchester Health and Social Care Partnership and the VCSE

There was unanimous agreement amongst all those interviewed that, **as a result of the MoU and the work of the VCSE Engagement Programme, the VCSE sector is “at the table” in the places where important decisions are made.** It was agreed that increased VCSE involvement means that people and communities are more likely to be discussed and prevention and community engagement more likely to be considered. Most stakeholders also recognise that, firstly, whilst the presence of VCSE organisations on decision making bodies represents progress, **there is some way to go yet before the level of collaboration and co-production envisaged by the MoU is achieved** and, secondly, **VCSE engagement differs between localities.**

Factors enabling progress

- The funding that has come into the VCSE sector through the **Engagement Programme has been a key factor in enabling the sector to make progress** against the aspirations set out in the MoU. There are some concerns about how progress will be maintained in the future when current funding agreements come to an end.
- The focus in *Taking Charge* and the MoU on the social, economic and environmental determinants of health has brought opportunities for the VCSE to show how its work can make an impact. **Understanding the distinctive contribution the VCSE sector can make to a shared aim to address inequality and improve the health and wellbeing of the population** has

helped to unlock some opportunities for the sector to be involved in conversations about how to bring about the desired change.

- However, the focus on the wider determinants of health has also been a challenge: VCSE organisations are well placed to work on tackling the wider determinants but are constrained from doing so by the fact that **funding and policy attention tends to be focused on healthcare**.
- With the increased recognition of the role of the VCSE sector has come a strengthening of individual relationships. Both statutory and VCSE stakeholders report that people from VCSE sector are seen as valued and trusted colleagues and treated as equals in the formal and informal conversations.

Challenges and barriers

- A minority of stakeholders highlighted that the MoU was **not aligned with any strategy developed by the VCSE sector itself** and therefore the projects funded under the MoU had come about as a consequence of that rather than as a result of a VCSE strategy. This issue has since been addressed by the development of a VCSE Policy Position Paper (January 2020)¹, which sets out a **vision and clear priorities for the sector for the next ten years**.
- There was, however, a view amongst some stakeholders that what was needed was *“better strategic alignment”* in the form of a single agreement with GMCA and GMHSCP, aligned to a strategy for the VCSE sector.
- The VCSE Commissioning Framework, while an important step in addressing some of the problems with VCSE funding arrangements, is not yet fully embedded into all local and GM-wide commissioning processes, acting as a barrier to progress against the MoU.
- **Funding tends to be short-term**, which means that planning is difficult.
- Several people noted that, while the NHS has large budgets, its priorities are NHS services and in particular those aspects of NHS activity which are subject to the closest performance oversight. This means that **preventative work of the kind delivered by VCSE organisations is not prioritised** to the extent that stakeholders would like.
- There is **too little money in the system overall**. Successive cuts in councils’ external funding and budgets have meant that, as one stakeholder put it, *“there is starting to be too little money to solve the social issues we have in the North West. Lack of funding means we have to make tough decisions”*.

¹ Available at: [Our Work – VSCE Leadership Greater Manchester \(vcseleadershipgm.org.uk\)](https://vcseleadershipgm.org.uk) [last accessed 23 February 2021]

- **Historic patterns of funding for VCSE infrastructure** in Greater Manchester mean that it is difficult to change course to better fulfil the objectives of the MoU without jeopardising the survival of valued organisations. There is a particular challenge around funding regional priorities when, firstly, funding has historically come from boroughs and, secondly, infrastructure arrangements in place now and linked to devolution were not in place when regional funding arrangements were originally made.
- The VCSE Leadership Group was described by several people as “coalition of the willing”, a self-selected group of people who had the time and inclination to put themselves forward. This has prompted some thinking about **the extent to which the wider VCSE sector is effectively represented in structures and projects supported by the Engagement Programme**.

1.2 Programme achievements and impact

Of the six outcomes outlined in the MoU, three are within the scope of this evaluation:

- Outcome 1: A step change in the understanding and involvement of people and communities.
- Outcome 2: Better services and greater support for the public.
- Outcome 4: Increased mutual learning and continuous professional development.

Outcome 1: A step change in the understanding and involvement of people and communities.

- GM stakeholders were clear that the Engagement Programme had facilitated **increased information sharing and dialogue between the statutory and VCSE sectors**, through the creation of formal communication and engagement channels which had not previously existed. As a result, stakeholders reported that there had been an **increase in the understanding of the VCSE sector and the communities it represents amongst statutory partners**, that processes had become more inclusive and that more “community voice” is evident in the thinking of statutory organisations.
- Progress was reported to have varied by agenda and locality, however, and to rely largely on the commitment of individuals. Because of this, the continuing lack of capacity amongst VCSE representatives expected to work beyond their remit was cited as limiting factor to progress for the VCSE Engagement Programme.
- The cases of both the HAN and the Mental Health Leaders provide examples of how communication and engagement can be made more inclusive. Both have an explicit aim of disseminating information to and engaging with as wider group as possible, of VCSE sector providers across all localities and

communities of interest in GM in the case of the Leaders, and providers, frontline workers and people with lived experience in the case of the HAN. In this way, both groups aim to open up commissioning and policy making processes in GM.

- Genuinely inclusive engagement was also evident in the Big Alcohol Conversation, which provided grant funding to small voluntary sector and community groups to conduct consultations with the communities they represent and which would not have been reached by a mass media campaign.
- All four of the case study projects show a commitment to **encouraging the statutory sector to work in a more asset-based way**, recognising and utilising the strengths of the VCSE sector and the communities that they represent. GM stakeholders agreed that progress is being made towards asset-based working in the statutory sector, suggesting that this is a journey they have been on for some time.
- Pockets of good practice were reported to be emerging in the localities, for example in the engagement between primary care and VCSE sector partners in Wigan, Bolton and Tameside which was seen to be driven by a person-centred approach.
- Overall, it is clear that dialogue and information sharing between the VCSE and statutory sectors has begun to improve as a result of the Engagement Programme in some sectors and areas, and that this has led to an improved understanding of the communities the VCSE sector represents amongst its statutory partners.
- The impact of this increased engagement and communication on the practices of statutory sector partners at a GM and locality level is harder to gauge, and it will take some time before improved understanding translates fully into working in a different way.

Outcome 2: Better services and greater support for the public

- While clear that engagement had improved, GM stakeholders were less clear whether this had led to tangible improvements to public services, citing a lack of evidence.
- Despite these challenges, GM stakeholders were able to cite a range of examples of changes to service delivery which they saw as attributable to the MoU and VCSE Engagement Programme. These included the following:
 - **Response to COVID-19.** The close involvement of the VCSE sector in the response to COVID-19 in GM, particularly in the homelessness and mental health sectors, was seen to have been successful in identifying and meeting need.

- **GM smoking campaign.** The VCSE sector led on the campaign and its evaluation highlighted evidence of clear impact.
- **Homelessness provision.** The homelessness sector in GM was cited by a number of stakeholders as an example where clear progress had been seen, for example in the offer to street homeless through the A Bed Every Night programme. The HAN was closely involvement of the development of this and other programmes.
- **GM Ambition for Ageing and employment programmes.** These GM initiatives were reported to have brought increased funding for the VCSE sector and achieved a return on investment. The role of infrastructure organisations was highlighted here, in securing commissions and channelling funding to smaller organisations which can deliver that work directly within their communities of interest or geography.
- **Social prescribing.** The involvement of the Engagement Programme in the social prescribing work in GM *“helped to make things happen”*. In addition, Salford CVS was reported to have conducted a mapping exercise and developed guidelines on how to improve social prescribing services.
- Despite these positive examples of progress, stakeholders again stressed that the impact of the programme on service delivery varied by geographic area and individual commissioner, suggesting that they are still a long way from system-wide change.

Outcome 4: Increased mutual learning and continuous professional development

- One of main outcomes highlighted by the case study projects was an **increased awareness amongst the statutory sector partners involved of the value of their VCSE sector colleagues** as equal partners and the need to fund the sector sustainably.
- Similarly, VCSE representatives from the case study projects, particularly the designers of the commissioning framework, reported an improved understanding of the statutory sector and the challenges that it faces.
- Stakeholders were also able to cite a range of positive examples of **sharing of best practice and learning between the VCSE and statutory sectors**.
- The **VCSE Leadership Group** was highlighted as an important forum for the sharing of learning and professional development within the VCSE sector. Members reported that the group has helped them to learn about and better engage with policy, improving their skills and knowledge and so facilitating their closer working the statutory sector. Members also reported the importance of the support they receive from the network in what can be a *“lonely job”*.

- Members of the **Mental Health Leaders Group** reported a similar impact and examples were given of best practice being shared and replicated between member organisations.
- The **Homelessness Action Network** stands out as an example of best practice in this regard, however, in bringing together the full range of statutory and VCSE sector partners, frontline workers and people with lived experience in an open and flexible digital forum which allows for collaborative problem solving.
- Overall, there are pockets of good practice in which mutual learning and professional development between the VCSE and statutory sectors is apparent, but stakeholders suggested that these are not yet being replicated across the system. For example, BAME groups were reported not to have the same infrastructure as the mental health, homelessness and LGBT VCSE sectors. The next steps for the programme will be to ensure that positive changes are **embedded and sustained, and that the learning that is already emerging is promoted and shared across the system.**

The role of the programme in the response to COVID-19

- Whilst the majority of those consulted believed that the Engagement Programme had played an important role in enabling the VCSE to respond quickly and effectively to COVID-19, some people noted that the pandemic had also exposed entrenched attitudes and behaviours on the part of statutory sector partners.
- On the other hand, examples were given of effective cross-sector working and recognition on the part of the statutory sector of the contribution the VCSE can make, enabled by the structures supported by the Engagement Programme. For example in some areas the community hubs set up in response to COVID-19 continue to be led by the VCSE rather than the statutory sector.
- Building on the recognition that the VCSE sector has been in a position to provide vital support to communities during the pandemic, there is now a shared view that, as one statutory sector stakeholder said, ***“there's a need for us to sit down and consider the relationship between the public sector and the third sector in its entirety”.***
- There are indications that the VCSE sector will be well placed to help relieve pressure in the health and social care systems from health-related mental health challenges, an increase in domestic violence and specific challenges arising from poverty and social isolation. **In terms of the VCSE role in addressing these issues, there are opportunities for the statutory sector to invest in more preventative approaches.** The VCSE Engagement Programme offers a mechanism to do this in a strategic way.

1.3 Case studies

In this section we summarise key achievements, impacts and lessons learned from the implementation of four projects supported by the VCSE Engagement Programme. A separate stand-alone report includes detailed findings about the process of setting up and running these projects and the reasons for successes and challenges. A full summary of findings from the four case studies is included in Figure 2: Key achievements, impact and learning from the case study projects.

Key themes emerging from the case studies

- These projects have played a role in **strengthening cross-sector relationships** and fostering mutual understanding and trust.
- There has been an **increase in collaborative working** to solve problems, with the VCSE and statutory sectors bringing different strengths to the table and recognising the contributions each can make.
- As a result of this work, there has been greater **integration of the VCSE sector into strategic decision-making structures**.
- The projects have enabled the **voices of seldom heard groups to be listened to** and people with lived experience to be involved in policy making.
- There has been better **co-ordination of work across VCSE sector**.
- The projects have helped to **identify gaps in provision**.
- VCSE organisations themselves have recognised the **power of VCSE organisations coming together** rather than trying to do things alone.
- The projects have **created supportive environments** for people working in the VCSE, who may feel that they are working in isolation and have few opportunities to get support.
- The impacts arising from these projects so far have highlighted the need for **sustainable funding for the contribution the VCSE can make to addressing health inequalities**, working in partnership with the statutory sector and communities.

1.4 Network analysis

Key findings from the network survey and analysis are:

- A large majority of respondents believe the VCSE engagement programme has helped them to create stronger working relationships, meet new people and learn and develop.

- The VCSE network appears quite disconnected, which is to be expected as the VCSE is not a homogenous entity.
- There are many small groups of people with their own mini-networks; again, the work of the VCSE Engagement project has focused on supporting organisations and people in different parts of the VCSE sector to work together more closely.
- The formal groups are clearly important especially the Mental Health Leaders group. There appears to be a core of well-connected people who are involved in more than one sub-network.

1.5 Next steps

- This evaluation has found that **the VCSE Engagement programme has been successful** not only in making demonstrable progress towards achieving the longer-term outcomes set out in the MoU, but also in delivering intermediate outcomes such as stronger relationships, mutual understanding, the capacity and skills to engage in strategic conversations, and a wider recognition of the contribution the VCSE sector can make.
- The VCSE Leadership Group and the Engagement programme should **review the aspects of the programme that have worked well**, including learning from the process of implementation and how any obstacles that arose were overcome. The sector should then re-state its commitment to work collaboratively with the statutory sector and **campaign for wider adoption of those processes**.
- As Greater Manchester begins the process of recovery from the past twelve months of reacting at speed to the unfolding COVID-19, it will be more important than ever to **focus on tackling inequality and working not only to provide healthcare but to affect the determinants of health**. There is also general agreement that the VCSE sector has an important role to play in doing this.
- The challenge for the VCSE sector is the same challenge that the wider GM system has to resolve: **how to shift the policy focus and the funding from providing medical or social care interventions to doing things that improve people's lives, health and wellbeing** before they need support from health and care services? Suggestions for taking this forward include:
 - Making sure that the VCSE is engaged with and contributes to the work of the recently established GM Independent Inequalities Commission.
 - Being prepared to respond to the future direction of GMHSCP as an Integrated Care System (ICS) operating under the new legislative arrangements proposed in the recent White Paper 'Working together to improve health and social care for all', particularly in the light of proposals to merge CCGs into ICS footprints.

- Continuing to advocate for funding agreements based on trusting VCSE organisations to deliver a broad set of benefits for the communities they work with, rather than prescribing detailed processes and outcomes that are short-term and heavily monitored.
- Doing more work to position the VCSE sector in the sphere of inclusive economics.
- Evaluation participants recognised that the agenda for VCSE engagement in health and social care is broad and that there are many issues to address. There was also a view that the sector should **focus collectively on where it can make the most difference and on where it is most important to have strong VCSE representation, for example mental health, homelessness and, more widely, work and skills.**
- There was a general desire for co-production and more involvement of people working on the front-line in the future, with less hierarchical decision making and a more nuanced collaborative approach.
- While the Engagement programme has enabled some progress in the involvement of residents and communities, many stakeholders felt that **more needed to be done to bring local people into conversations with policy makers, using the VCSE sector as a “connector”**. For some, the channels for doing this need to be made more explicit and more efforts need to be made to involve people in some geographical areas, described as a *“local, place based approach”*.
- As the Engagement programme enters its next phase there is a need for **honest and open conversations about the contribution different partners can and should make to the project**, with the aim of ensuring that the preferred arrangements deliver the most value for the VCSE sector as a whole.
- **Aligning the MoU and the Accord.** Linked to this, there is a need to consider jointly with GMHSCP and GMCA the desirability of combining the MoU and the Accord into one agreement between the VCSE sector and statutory sector at GM level, as some stakeholders have suggested. Doing so may encourage a focus on the wider determinants of health and wellbeing rather than health and social care services. However, a single agreement would need to be supported by adequate funding for VCSE infrastructure to enable the agreed programme of work to be delivered.
- **Developing the relationship between GM and locality VCSE infrastructure.** The relationship between Greater Manchester and the ten localities was also mentioned as an area where further work might be needed. As a consequence of the strength of local infrastructure in some areas, some interviewees said that representation at a GM-level could sometimes be less effective. There are similar issues around thematic, local and GM-wide representation, where thematic representation, for example for LGBTQ

communities and homelessness, has been effective and that success needs to be translated into better collaboration between locality and thematic representation.

- **Reviewing membership of VCSE engagement groups.** Some stakeholders suggested that considering succession planning, rotation of membership and how to bring new people into the VCSE Leadership Group might help address some of the issues around the relationship between GM-wide and locality representation, as well as providing opportunities for others with different perspectives to be involved.

Finally, there was a general acknowledgement that the VCSE sector, in common with others, has been working in unprecedented and difficult circumstances for the last twelve months. This has placed inevitable strain on relationships, yet the structures and projects supported by the Engagement programme have achieved a great deal, as evidenced by the findings from this evaluation. What is needed now is a chance for the sector to regroup, rebuild relationships and be in a position to help one another through the challenges to come.

2 Introduction

2.1 Background

Greater Manchester Health and Social Care Partnership (GMHSCP) and Greater Manchester Centre for Voluntary Organisation (GMCVO) commissioned Cordis Bright to undertake an evaluation of the Greater Manchester Health and Social Care Engagement Programme. The purpose of the evaluation was to assess the impact and value of the work carried out by GMCVO and the voluntary community and social enterprise (VCSE) sector under the Memorandum of Understanding (MoU) between the VCSE and GMHSCP, a framework to support engagement across Greater Manchester's devolution agenda in relation to health, social care and wellbeing.

The main evaluation question is: ***To what extent has the VCSE Engagement Programme been successful in achieving progress toward the outcomes set out in the MOU?***

The outcomes included in the MoU and within the scope of this evaluation are:

- Outcome 1: A step change in the understanding and involvement of people and communities
- Outcome 2: Better services and greater support for the public
- Outcome 4: Increased mutual learning and continuous professional development.

Underpinning the main evaluation question are two further questions:

- To what extent has the Engagement programme contributed to the VCSE response to COVID-19?
- To what extent has the Engagement programme contributed to a holistic response to GM communities during the COVID-19 crisis?

2.2 Evaluation methodology

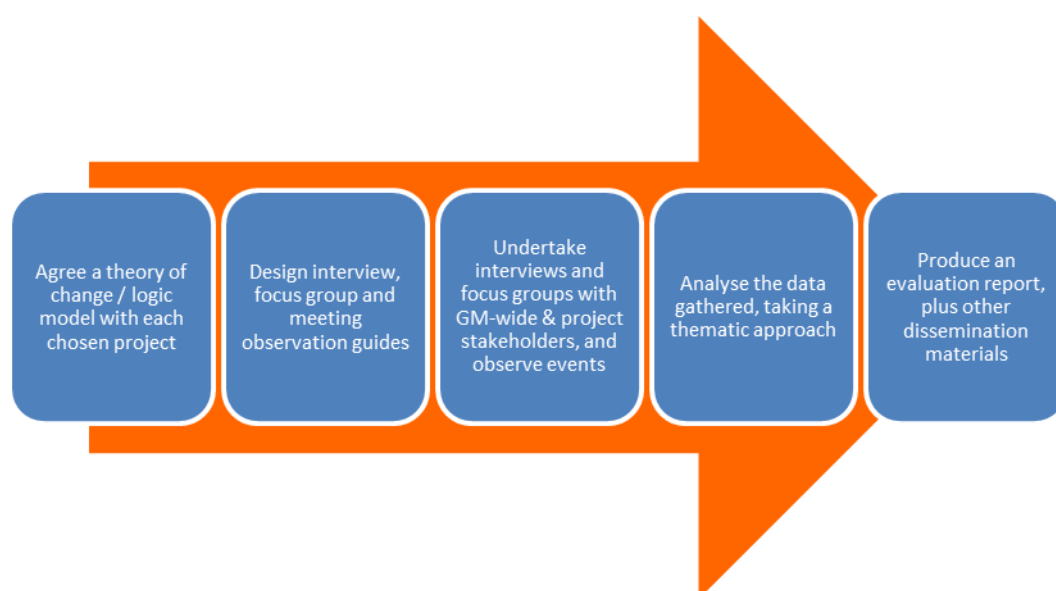
The evaluation comprised a qualitative element (set out in figure 1 below), including four case studies of individual projects and interviews with key GM stakeholders, and social network analysis of the relationships formed through the programme, based on a survey of GMCVO members.

- a) Case studies focusing on four projects enabled by the VCSE Engagement programme.** Four projects were pre-selected by GMHSCP and GMCVO for in-depth case studies. The evaluation team worked with each project to develop a theory of change, which we then tested through semi-structured individual interviews with project participants, focus groups

and observation of on-line meetings. Section 2.3 below contains more information about each project.

- b) **Semi-structured face to face interviews with senior leaders across GM.** The evaluation team carried out 26 interviews with people from both the statutory and VCSE sector who have a strategic perspective on transformation in Greater Manchester.
- c) **Qualitative data analysis.** Data from the case studies and stakeholder interviews were analysed to draw out key themes concerning the achievements and impact of the programme, learning for future VCSE engagement work, and lessons from the process of implementing the programme and individual projects.

Figure 1: Qualitative evaluation methodology



- d) **Network analysis** was undertaken to show how the programme has influenced the connections and relationships between people within the VCSE sector, and between people in the VCSE and public sector. The analysis was based on a bespoke survey of GMCVO members and the data analysed using Kumu social network analysis software. Results and a discussion of the findings are included in section 6 of this report.

2.3 The case study projects

The Mental Health Leaders Group is a group of system and locality leaders from across the VCSE 'leading beyond their organisations' to work with GMHSCP, the public sector and the wider system around mental health. This project evolved from a simple model of reps on boards backed up by a mental health forum, into a model which integrates VCSE mental health organisations

into the co-design and co-delivery of mental health provision, including leading on a number of strands of work.

The Homelessness Action Network, led by Mustard Tree, convenes all the VCSE and faith groups working with people who are homeless or at risk of becoming so, including rough sleepers. The network has worked closely with the Mayor and the public sector to deliver A Bed for a Night (ABEN) and shape thinking and future policy on homelessness.

The GM VCSE Commissioning Framework and Delivery Plan grew from a request from the Health and Social Care Joint Commissioning Hub. The development of the framework was overseen by a Commissioning sub-group of the GM VCSE Leadership Group and developed in collaboration with many partners from the VCSE and public sectors. The resulting framework and delivery plan were created in consultation with a broad range of VCSE and public sector stakeholders. They are intended to be a tool to support a fundamental shift in culture, investment and process for the benefit of our communities and citizens.

The Big Alcohol Conversation was a piece of community consultation on the GM Ambition for Alcohol partly delivered through VCSE organisations. This project received additional funding (as agreed in the MoU) as it was additional work. Delivery was based on providing community organisations across GM with small grants to support people to participate in the Conversation through surveys and focus groups. This generated more than half the responses to a hugely successful piece of work in which public opinion changed in support of some controversial policy proposals.

2.4 Structure of this report

- Section 3 contains an overview of the VCSE Engagement Programme, including its rationale and aims and progress made under the MoU, from the perspective of GM-wide stakeholders.
- Section 4 explores the impact of the programme and progress towards achieving the three outcomes within the scope of this evaluation.
- Section 5 summarises the achievements and impact arising from the four case study projects.
- Section 6 sets out the results of the social network analysis.
- Section 7 discusses next steps for the programme in the light of the findings from this evaluation.

3 Overview of the VCSE Health and Social Care Engagement Programme

3.1 Rationale for and aims of the programme

The rationale for the VCSE Health and Social Care engagement programme (“the programme”) was widely understood to be to **provide mechanisms for the VCSE to engage with the statutory sector in a systematic and strategic way** for the benefit of the local community, as one person explained:

“The Engagement Programme is focused on making sure public policy isn’t set just by public service managers, but that it’s informed and co-designed by the community. The programme is about bringing the VCSE, the public sector and the community together to make a bigger difference.”

VCSE stakeholder

Engagement with the VCSE through the programme is part of a whole system approach to tackling the issues that contribute to population health and wellbeing. The Greater Manchester Health and Social Care Strategy *Taking Charge* is a public service reform strategy based on rebalancing the existing health and social care system towards prevention, community resilience and self-help. The Memorandum of Understanding between GMHSCP and the VCSE sector recognises the critical role the VCSE sector plays in achieving the aims of *Taking Charge*, and the VCSE Engagement programme helps to operationalise this role; as one person explained: *“it’s about the whole system working in a similar way, creating an upward spiral of mutual reinforcement for outcomes”*.

The VCSE sector was already well organised before devolution and there were good relationships between VCSE and statutory sector partners, but the MoU has created “systemic engagement” with the health and social care system. This means that VCSE representatives not only have a role in devising policy, but also have clear mechanisms for engagement with and feedback to and from other VCSE organisations and communities.

The phrase most often used to describe the way the programme is intended to work was “catalysts and connectors”, that is catalysts for change at a Greater Manchester, locality and neighbourhood level, and connectors of people at all levels:

“I really like the term that we use ‘catalysts and connectors’. And for me that really helped me at the beginning understand what my role was: that I was to connect into the system and offer constructive challenge.”

VCSE stakeholder

3.2 Progress made under the GM Memorandum of Understanding

Overview

There was unanimous agreement amongst all those interviewed that, as a result of the MoU and the work of the VCSE Engagement Programme, the VCSE sector is “at the table” in the places where important decisions are made. It was agreed that increased VCSE involvement means that people and communities are more likely to be discussed and prevention and community engagement more likely to be considered. Most stakeholders also recognise that, firstly, whilst the presence of VCSE organisations on decision making bodies represents progress, there is some way to go yet before the level of collaboration and co-production envisaged by the MoU is achieved and, secondly, VCSE engagement differs between localities, for example:

“Progress has been pretty reasonable. When I speak to people outside GM it feels as though we’re a long way ahead of other areas on this stuff. It feels that there are people in GMHSCP and GMCA who genuinely value what the VCSE has to contribute. Equally there are significant differences between each of the boroughs in terms of how they engage with the sector.”

VCSE stakeholder

This view was echoed by a statutory sector stakeholder, who commented on how the response to COVID-19 had revealed different approaches to collaboration between the statutory sector and VCSE:

“The pandemic has been a challenging period for the collaborative approach as more work has become top-down command and control. Some areas have been very good at pulling together the different sectors, but others haven’t. The response to COVID has taken away some of the structures; we used to talk about “co-design” as a framework, now we just do it by pulling people in.”

Statutory sector stakeholder

Sharing of best practice across localities

One of the key achievements of the programme has been the progress made in sharing best practice across localities, resulting in a stronger VCSE across GM. The VCSE Leadership Group enables effective information sharing; examples were given of learning from initiatives that had worked in individual boroughs, including social prescribing in Salford; engagement with CCGs in Tameside, Oldham and Rochdale led by Action Together; positive engagement with local authorities through Bolton CVS, and work around hospital discharge and what the VCSE can do to scale up its support to the health and social care system.

Enabling strategic conversations across GM

An enduring challenge for the VCSE and statutory sector is how best to enable statutory sector bodies to have conversations at a strategic level with a large and diverse VCSE. Whilst the desire to engage with “one representative organisation” or “have one person we can talk to” is sometimes expressed, there is also a recognition that this is not realistic or reasonable. At the same time the challenge is made more complex by the need for conversations to happen and decisions to be made at a neighbourhood, borough and GM-wide level. There was a general view amongst interviewees that the Engagement Programme and the structures it has supported have enabled better engagement between the VCSE and statutory sector about priorities and investment across GM:

“We didn’t have a very mature set of relationships before, so the Engagement Project has helped to create these. I can see progress in the Commissioning Framework, mental health work, GM Moving and others. It has helped build the foundations for working together and gaining credibility with GM partners.”

VCSE stakeholder

One person even observed, *“Greater Manchester is the template for the future of relationships between the NHS and the VCSE”*.

In particular, the VCSE Leadership Group was seen as a useful contact point, filling a representative role whilst reflecting diversity.

“I think there's been brilliant progress. The Leadership Group has established itself as a forum that we can kind of lock into as a strategic public body. It's established itself as a kind of connection point at a strategic level. And that's probably accelerated the pressure in the system on the CA side to ensure a more coordinated approach and even more strategic engagement with the sector generally.”

Statutory sector stakeholder

Other examples of progress made under the MoU

Interviewees gave a range of examples of progress in turning the aims set out in the MoU into tangible achievements. These included:

- Evidence of wider recognition and appreciation of the role of the VCSE sector, especially the contribution of community groups and groups that are not ‘procurable’.
- Appreciation by the statutory sector of the role of equalities groups.
- Having regular conversations about the relationship between working in individual boroughs and working across GM. People felt that GM had some of the best local infrastructure organisations in the country, which is especially remarkable given that cuts to funding for VCSE infrastructure

over the last ten years have placed the future of these organisations in jeopardy.

- The VCSE sector has played a key role in efforts to take a population health approach, for example by leading on the Making Smoking History public health campaign.

Progress towards achieving the outcomes set out in the MoU is explored in section 3 below. In addition, a supplementary evaluation report sets out the findings from the four qualitative case studies of projects that received funding and support from the VCSE Engagement Programme. The case studies explore in detail the progress and achievements of each project, which are summarised in section 5 below.

3.3 Factors enabling progress

Funding

The funding that has come into the VCSE sector through the Engagement Programme has been a key factor in enabling the sector to make progress against the aspirations set out in the MoU. There are some concerns about how progress will be maintained in the future when current funding agreements come to an end.

Focus on the wider determinants of health

The focus in *Taking Charge* and the MoU on the social, economic and environmental determinants of health has brought opportunities for the VCSE to show how its work can make an impact. Statutory sector partners are increasingly recognising the role the VCSE sector can play in addressing inequalities and identifying and meeting needs amongst marginalised groups. Understanding the distinctive contribution the VCSE sector can make to a shared aim to address inequality and improve the health and wellbeing of the population has helped to unlock some opportunities for the sector to be involved in conversations about how to bring about the desired change.

However, there is an ongoing question, raised by interviewees in this evaluation and others, over whether GMHSCP's purpose is to improve the health and social care system or to improve population health. Several people mentioned that this is a tension that influences engagement with the VCSE world. In this respect the focus on the wider determinants of health has also been a challenge: VCSE organisations are well placed to work on tackling the wider determinants but are constrained from doing so by the fact that funding and policy attention tends to be focused on healthcare.

Relationships

With the increased recognition of the role of the VCSE sector has come a strengthening of individual relationships. Both statutory and VCSE stakeholders report that people from VCSE sector are seen as valued and trusted colleagues

and treated as equals in the formal and informal conversations. As one statutory sector officer said: “I would like to think that they know that they can tell it like it is”. It is also significant that senior people in GMHSCP have engaged with VCSE leaders, built good relationships and advocated for the sector to be involved.

3.4 Challenges and barriers

The nature of partnership agreements

A minority of people interviewed contrasted the role of the MoU with GMHSCP in driving the rationale for the VCSE Engagement programme with the influence of the VCSE Accord (an agreement with GMCA) over the focus and activities of the sector. As one interviewee explained:

“The MoU came with money and the Accord didn’t. The money was welcome but it skewed the focus of the VCSE Leadership Group (with whom the MoU was signed) towards health and social care services, rather than on the wider issues affecting population health and wellbeing, and on projects rather than on how you drive outcomes for a population.”

VCSE stakeholder

Others noted that the MoU was not aligned with any strategy developed by the VCSE sector itself and therefore the projects funded under the MoU had come about as a consequence of that rather than as a result of a VCSE strategy. This issue has since been addressed by the development of a VCSE Policy Position Paper (January 2020)², which sets out a vision and clear priorities for the sector for the next ten years.

There was, however, a view amongst some stakeholders that what was needed was “better strategic alignment” in the form of a single agreement with GMCA and GMHSCP, aligned to a strategy for the VCSE sector.

Funding and commissioning arrangements

The creation of a VCSE Commissioning Framework is an important step in addressing some of the problems with VCSE funding arrangements. However, the framework is not yet fully embedded into all local and GM-wide commissioning processes, which in some respects act as a barrier to progress against the MoU. The following issues were raised:

² Available at: [Our Work – VSCE Leadership Greater Manchester \(vcseleadershipgm.org.uk\)](https://vcseleadershipgm.org.uk) [last accessed 23 February 2021]

- There are many new tender processes, which are time-consuming for small VCSE organisations without dedicated support for tender-writing. Funding tends to be short-term, which means that planning is difficult.
- Several people noted that, while the NHS has large budgets, its priorities are NHS services and in particular those aspects of NHS activity which are subject to the closest performance oversight. This means that preventative work of the kind delivered by VCSE organisations is not prioritised to the extent that stakeholders would like.
- There is too little money in the system overall. Successive cuts in councils' external funding and budgets have meant that, as one stakeholder put it, *"there is starting to be too little money to solve the social issues we have in the North West. Lack of funding means we have to make tough decisions"*.
- Historic patterns of funding for VCSE infrastructure in Greater Manchester mean that it is difficult to change course to better fulfil the objectives of the MoU without jeopardising the survival of valued organisations. There is a particular challenge around funding regional priorities when, firstly, funding has historically come from boroughs and, secondly, infrastructure arrangements in place now and linked to devolution were not in place when regional funding arrangements were originally made.

Achieving effective VCSE representation

- The VCSE Leadership Group was described by several people as "coalition of the willing", a self-selected group of people who had the time and inclination to put themselves forward. This has prompted some thinking about the extent to which the wider VCSE sector is effectively represented in structures and projects supported by the Engagement Programme. The following issues were raised:
- There is a view that VCSE engagement risks being too focused on Manchester and Salford rather than all localities. A notable exception to this is the Mental Health Leaders Group, which has been effective in involving locality representatives.
- Many smaller organisations lack the capacity to come to meetings and participate as VCSE representatives. As organisations working and led by BAME communities are often smaller, the consequence is that BAME groups find it more difficult to get involved. Where BAME groups are involved, they are not funded as infrastructure bodies to do this and must volunteer their time to ensure their voices are heard.
- Linked to this, there is a view that VCSE representation in GM health and care partnerships is not as representative of local communities as it could be. There is a hope that the new GM independent Inequalities Commission will pick up some of these issues.

- Some stakeholders believe that VCSE representation is dominated by health and social care providers and does not include enough social enterprises and organisations working to achieve an inclusive economy. Due to the nature of the commitment needed, the organisations represented on the VCSE Leadership Group tend to be those that are commissioned by the statutory sector, and those tend to be health and social care providers. However, the point was also made that many health and social care organisations are also social enterprises and are contributing to a more inclusive local economy.

In terms of overcoming these challenges, stakeholders are confident that the actions set out in the VCSE Policy Position Paper will help the sector to make progress, and that the senior leadership of GMHSCP understands and appreciates the VCSE sector and is keen to support it in taking the next steps towards achieving the aspirations of the MoU.

4 Programme achievements and impact

4.1 Introduction

In this section we assess the extent to which the VCSE Engagement Programme has been successful in achieving progress toward the outcomes set out in the MoU. Of the six outcomes outlined in the MoU, three are within the scope of this evaluation:

- Outcome 1: A step change in the understanding and involvement of people and communities.
- Outcome 2: Better services and greater support for the public.
- Outcome 4: Increased mutual learning and continuous professional development.
- We also consider the role of the programme in the response to COVID-19 in Greater Manchester between March and December 2020.

4.2 A step change in the understanding and involvement of people and communities

The MoU set out the ambition for a step change in the understanding and involvement of people and communities in GM. It noted that success in this area would include the following:

- Encouraging the statutory sector in all localities to progress asset-based approaches that recognise and build on the strengths and ambitions of individuals, families and our communities rather than focussing on the deficits.
- Enabling dialogue between statutory and VCSE sector.
- Facilitating and providing good, consistent, up to date information and communication with the VCSE sector.

GM stakeholders were clear that the Engagement Programme had facilitated **increased information sharing and dialogue between the statutory and VCSE sectors**, through the creation of formal communication and engagement channels which had not previously existed. As a result, stakeholders reported that there had been an **increase in the understanding of the VCSE sector and the communities it represents amongst statutory partners**, that processes had become more inclusive and that more “*community voice*” is evident in the thinking of statutory organisations. The examples were given of the conversations about the GM Food Strategy and discussions around the vaccine roll out, both of which were seen to be inclusive of the VCSE sector and community voice. One stakeholder commented:

“The sector is making a start, there are now more diverse perspectives and relationships included. There is more neighbourhood involvement and co-design of infrastructure than there was two years ago.”

GM stakeholder

While some progress has been seen in the dialogue, communication and information sharing between the statutory and VCSE sectors in GM, **there is not a universal picture across the localities**. Stakeholders reported that each has taken a different approach and progressed differently based on its circumstances and existing strength of the VCSE sector. One stakeholder suggested that allowing the localities to move at their own pace was positive and that the MoU could not have been more prescriptive:

“If you put a policy in place which says how many times people have to engage, I think it would have failed, but the MoU has allowed councils to do their own thing in a regulated environment”

GM stakeholder

This variation was evident in the delivery of the VCSE Commissioning Framework (discussed in section 5.4 The Commissioning Framework and in a separate report on the four case study projects), which aimed to provide a roadmap to the engagement of smaller VCSE orgs and the communities they represent in commissioning. Progress was reported to have varied by agenda and locality and to rely largely on the commitment of individuals. Because of this, the continuing lack of capacity amongst VCSE representatives expected to work beyond their remit was cited as limiting factor to progress for the VCSE Engagement Programme.

Some GM stakeholders suggested that the **COVID-19 pandemic** had “*achieved more in a year than we have managed in a decade*”, necessitating increased information sharing and collaboration between VCSE and statutory sector organisations. This effect was reported both by members of the Mental Health Leaders group and those involved in the development of the VCSE Commissioning Framework. While COVID-19 may have accelerated progress, the existence of networks such as the Mental Health Leaders group and the Homelessness Action Network (also discussed in Section 5) was vital in providing forums for the necessary communication and ensuring that the response in their respective sectors was joined up.

Another challenge posed by a number of GM stakeholders was **the inclusivity of the communication and engagement** occurring under the MoU and Engagement Programme. It was suggested that the programme may have brought the same people, with the “*loudest voices*” around the table with more equality, rather than bringing new people to the table. One noted that “*there are still many people who are not part of the club*”, such as some BAME groups. Another stated:

“A cynic may say that structured engagement can act as a gatekeeper, not taking notice of the wider group. Unless it is set up very inclusively, it can be exclusionary. Only certain organisations involved with the MoU are getting commissioned for services, without other organisations ever hearing about it.”

GM stakeholder

The cases of both the HAN and the Mental Health Leaders provide examples of how communication and engagement can be made more inclusive. Both have an explicit aim of disseminating information to and engaging with as wider group as possible, of VCSE sector providers across all localities and communities of interest in GM in the case of the Leaders, and providers, frontline workers and people with lived experience in the case of the HAN. In this way, both groups aim to open up commissioning and policy making processes in GM. Genuinely inclusive engagement was also evident in the Big Alcohol Conversation, which provided grant funding to small voluntary sector and community groups to conduct consultations with the communities they represent and which would not have been reached by a mass media campaign.

All four of the case study projects show a commitment to **encouraging the statutory sector to work in a more asset-based way**, recognising and utilising the strengths of the VCSE sector and the communities that they represent. GM stakeholders agreed that progress is being made towards asset-based working in the statutory sector, suggesting that this is a journey they have been on for some time. In particular, one VCSE sector provider reported having provided asset-based training across NHS, local authority and third sector partners, although they expressed some uncertainty about how seriously it was taken. Pockets of good practice were reported to be emerging in the localities, for example in the engagement between primary care and VCSE sector partners in Wigan, Bolton and Tameside which was seen to be driven by a person-centred approach. At the strategic level, however, one stakeholder suggested that asset-based working remained “a million years away”.

Overall, it is clear that dialogue and information sharing between the VCSE and statutory sectors has begun to improve as a result of the Engagement Programme in some sectors and areas, and that this has led to an improved understanding of the communities the VCSE sector represents amongst its statutory partners. The impact of this increased engagement and communication on the practices of statutory sector partners at a GM and locality level is harder to gauge, and it will take some time before improved understanding translates fully into working in a different way.

4.3 Better services and greater support for the public

The MoU outlines its ambition that better services and greater support for the public in GM will be achieved in a number of ways. The area of work cited by the MoU which was in progress on the outset of this evaluation was “supporting VCSE leaders chosen by their peers to represent them at GM strategic, thematic

and enabler boards and executive bodies". Clear progress has been made in this regard, as one stakeholder reported:

"The [VCSE Engagement] project has put a lot of effort into putting VCSE people onto boards etc. to provide a link between communities and the statutory sector."

GM stakeholder

The presence of VCSE representatives on boards has brought some challenges, however, and one stakeholder reported that VCSE reps had sometimes been unprepared for the necessary conversations and that boards had sometimes been unprepared for them attend. The Mental Health Leaders group was cited as an example of best practice in this regard, providing representatives with the necessary preparation, support and infrastructure to successfully contribute to the boards they attend. Another GM stakeholder reported that the homeless and LGBT sectors had also achieved successful engagement with commissioners, again suggesting that the extent of the progress achieved is driven by the sector and the individuals involved.

While clear that engagement had improved, GM stakeholders were less clear whether this and other developments such as the VCSE Commissioning Framework had led to tangible improvements to public services. One stakeholder suggested that this was challenging due to the difficult financial context of austerity and tightening budgets in local government, meaning that *"just standing still and maintaining satisfaction levels is positive"*. They suggested that the involvement of the VCSE sector in service delivery may have mitigated some of the worst effects of the reducing resource base, but that this was hard to evidence. The lack of evidence was an issue highlighted by a range of GM stakeholders and was said to be made worse by a lack of shared outcome measures. One stated the following:

"I think if we're going to understand that we have to really spend some money, resource and time working with groups and individuals and communities to understand whether they do feel any different and what should they be feeling, what should they have noticed and what should they be experiencing."

GM stakeholder

Despite these challenges, GM stakeholders were able to cite a range of examples of changes to service delivery which they saw as attributable to the MoU and VCSE Engagement Programme. These included the following:

- **Response to COVID-19.** The close involvement of the VCSE sector in the response to COVID-19 in GM, particularly in the homelessness and mental health sectors, was seen to have been successful in identifying and meeting need. GM stakeholders reported that the VCSE sector had provided useful challenge and ensured that the voice of the community was always included in discussions, ensuring better outcomes from the

response. GM stakeholders were clear that the positive progress achieved during the pandemic must be maintained during recovery.

- **GM smoking campaign.** The VCSE sector led on the campaign and its evaluation highlighted evidence of clear impact.
- **Homelessness provision.** The homelessness sector in GM was cited by a number of stakeholders as an example where clear progress had been seen, for example in the offer to street homeless through the A Bed Every Night programme. The HAN was closely involvement of the development of this and other programmes.
- **GM Ambition for Ageing and employment programmes.** These GM initiatives were reported to have brought increased funding for the VCSE sector and achieved a return on investment. The role of infrastructure organisations was highlighted here, in securing commissions and channelling funding to smaller organisations which can deliver that work directly within their communities of interest or geography. This was seen as a positive change to service delivery in GM.
- **Social prescribing.** The involvement of the Engagement Programme in the social prescribing work in GM *“helped to make things happen”*. In addition, Salford CVS was reported to have conducted a mapping exercise and developed guidelines on how to improve social prescribing services.

Despite these positive examples of progress, stakeholders again stressed that the impact of the programme on service delivery varied by geographic area and individual commissioner, with one stakeholder suggesting that most commissioners *“just stick with the usual.”* This corresponds with the evidence from the case study projects, where stakeholders were able to cite positive individual examples of changes to commissioning practice and service delivery, particularly in the areas of mental health and homelessness, but suggested that they are still a long way from system-wide change. While representation on boards and executive bodies can help, the impact of the sector on the delivery of public services remains limited by the amount of work it is commissioned to do. The VCSE Commissioning Framework, while having had some impact on commissioning processes, has not yet translated into a significant change in the amount of work commissioned to the VCSE sector. As one GM stakeholder noted, the sector is *“still scrabbling around for pennies and pounds here and there.”*

Again, change of this magnitude will inevitably take time and the examples cited above suggest positive ‘green shoots’ of progress. This is an achievement, particularly when considering the challenges of resource and capacity cited by stakeholders.

4.4 Increased mutual learning and continuous professional development

The MoU outlines its ambition that increased mutual learning and continuous professional development will be achieved in GM in the following ways:

- Developing understanding of the VCSE within the statutory sector workforce through Workforce Development initiatives and encouraging close working relationships.
- Reviewing and sharing good practice within statutory and VCSE sectors in GM and in each locality.
- Enabling VCSE policy experts to spend time on contributing and responding to the detail of strategy and policy documents; commissioning models; impact assessment; social value methodologies etc.
- Supporting the VCSE Leadership Group to act as “first point of call” for engagement with the VCSE sector and collaborate with GMCVO to facilitate the work outlined above; the group can also offer a sounding board or informal policy discussion to key statutory sector people.

Through the increased engagement and communication between the sectors, VCSE sector stakeholders reported that they have been able to articulate the contribution they make to service delivery and “*push what we do*” with their statutory partners. Indeed, one of main outcomes highlighted by the case study projects was an **increased awareness amongst the statutory sector partners involved of the value of their VCSE sector colleagues as equal partners and the need to fund the sector sustainably**. The GM Commissioning Academy, developed in tandem with the VCSE Commissioning Framework, aims to spread this understanding beyond the already-committed individuals working with these projects. Similarly, VCSE representatives from the case study projects, particularly the designers of the commissioning framework, reported an improved understanding of the statutory sector and the challenges that it faces.

Stakeholders were also able to cite a range of positive examples of **sharing of best practice and learning between the VCSE and statutory sectors**, including the following:

- GM Moving. This project was reported to have brought a “*real mix of people*” together to explore what system leadership looks like, led by collaboration of VCSE organisations.
- Leaders in GM³. Run by GMCA, this programme allows good practice to be shared between a range of statutory and VCSE sector partners and

³ <http://leadersingm.org.uk/>

creates the “*building blocks for better leadership and workforce development*”.

- The VCSE co-production network. This started life as a VCSE Assembly event held in 2018 which focussed on bringing people together to talk about what co-production was and how it could be carried out in their work. It has developed into a network that now meets regularly to provide a space for people to discuss the challenges and practicalities of working in a co-produced way. 40-50 people from VCSE organisations, public sector and those with lived experience attend meetings on a regular basis to help embed co-production in their own organisations. It has helped to shape and influence research projects, public sector policy discussions and showcase VCSE organisations that co-produce their activities with people with lived experience that access the support they provide.

The **VCSE Leadership Group** was highlighted as an important forum for the sharing of learning and professional development within the VCSE sector. Members reported that the group has helped them to learn about and better engage with policy, improving their skills and knowledge and so facilitating their closer working the statutory sector. One stakeholder reported that they had learnt more about health through their membership, which had allowed them to be seconded into a Local Care Organisation. Members also reported the importance of the support they receive from the network in what can be a “*lonely job*”.

Members of the **Mental Health Leaders Group** reported a similar impact and examples were given of best practice being shared and replicated between member organisations, such as the Stockport perinatal mental health work. The HAN stands out as an example of best practice in this regard, however, in bringing together the full range of statutory and VCSE sector partners, frontline workers and people with lived experience in an open and flexible digital forum which allows for collaborative problem solving. This open forum has been operating every two weeks since COVID-19 and has allowed partners to raise problems and discuss solutions with those working in other areas and parts of the system.

Again, however, GM stakeholders agreed that these examples of best practice were not yet being replicated and embedded across the system, and opportunities for mutual learning and professional development were still being missed. For example, BAME groups were reported not to have the same infrastructure as the mental health, homelessness and LGBT VCSE sectors. For this reason, one stakeholder in particular stressed the need for there to be more cross-sector learning and replication within the VCSE sector.

In addition, the existing success of groups such as the Mental Health Leaders and the HAN was reported to rely too heavily on committed individuals and “*coalitions of the willing*”, and sustainable funding of the sector’s involvement in learning and professional development was lacking:

“We have invited in but never really invested, can’t just expect people to bring learning about their discipline without giving funding.”

GM stakeholder

For the same reasons, the contribution of VCSE representatives to strategy and policy documents and commissioning models within boards and executive bodies remains variable. There are clear examples of the impact of the sector on policy in both the mental health and homelessness sectors, for example through the legislative theatre work with people with lived experience conducted through the HAN, which was successful in “*shifting policy maker mindsets*”. Again, however, this is not consistent and the impact of the VCSE sector on policy and strategy varies by agenda and area. Too often, stakeholders reported, the contribution of VCSE partners remains a low priority:

“VCSE are at the end of agendas which drop away, I have never seen VCSE first – this is a sign; until we are at the forefront it means we are not leading or important to leadership. VCSE policy leaders are often given the last 5 minutes.”

GM stakeholder

Overall, there are pockets of good practice in which mutual learning and professional development between the VCSE and statutory sectors is apparent. The next steps for the programme will be to ensure that these are embedded and sustained, and that the learning that is already emerging is promoted and shared across the system.

4.5 The role of the programme in the response to COVID-19

Overview

Whilst the majority of those consulted believed that the Engagement Programme had played an important role in enabling the VCSE to respond quickly and effectively to COVID-19, some people noted that the pandemic had also exposed entrenched attitudes and behaviours on the part of statutory sector partners:

“In some boroughs the statutory sector has reverted to type – doing their own thing and excluding the VCSE. They’re not necessarily doing this consciously, it’s just that they don’t think.”

VCSE stakeholder

On the other hand, examples were given of effective cross-sector working and recognition on the part of the statutory sector of the contribution the VCSE can make, enabled by the structures supported by the Engagement Programme. For example in some areas the community hubs set up in response to COVID-19 continue to be led by the VCSE rather than the statutory sector. Similarly, COVID-19 has enabled closer working between the VCSE and the statutory sector to better support some communities of interest and geography. Where at GM level there have been efforts to focus on the people most easily ignored, then *“the VCSE sector has come into its own and been useful. The COVID impact has been worst on the communities the VCSE tends to work with”*.

Providing intelligence

The VCSE has been able to provide intelligence about what is happening in different localities, giving information to Gold Command and to the Recovery Co-ordination Group at local and GM level. In some areas VCSE organisations have been closely involved in supporting hospital discharge and sharing best practice on how to do this. The work of the Mental Health Leaders Group has been particularly key to the response to a surge in demand for mental health support during the pandemic, and this is explored in detail in section four.

Recognition of the value of the VCSE

There is a view both from VCSE stakeholders and from statutory sector partners that the collective response to COVID-19 has reinforced statutory partners' commitment to the sector, or as one person said: *"The pandemic has taken it to another level in terms of the recognition of the value that we get from the sector and from the individuals on some of these governance groups"*. Another explained:

Ironically, I think good will come of the pandemic in terms of further strengthening the relationships and the commitment to the sector because the local infrastructure organisations, supported by 10GM, the Leadership Group and GMCVO, have been doing the hard yards on the front line and supporting local authorities with the emergency response, and they've also been important at a strategic level in terms of issues that are on the horizon, and some of the lobbying with central government that Greater Manchester's undertaken.

Statutory sector stakeholder

The role of the VCSE Engagement Programme in recovery planning

Building on the recognition that the VCSE sector has been in a position to provide vital support to communities during the pandemic, there is now a shared view that, as one statutory sector stakeholder said, *"there's a need for us to sit down and consider the relationship between the public sector and the third sector in its entirety"*. There are indications that the VCSE sector will be well placed to help relieve pressure in the health and social care systems from health-related mental health challenges, an increase in domestic violence and specific challenges arising from poverty and social isolation. In terms of the VCSE role in addressing these issues, there are opportunities for the statutory sector to invest *"more preventative approaches that complement clinical or statutory social services, for example peer mentoring, coaching and social prescribing"*. The VCSE Engagement Programme offers a mechanism to do this in a strategic way.

5 Case studies

5.1 Introduction

In this section we summarise key achievements, impacts and lessons learned from the implementation of four projects supported by the VCSE Engagement Programme. A separate stand-alone report includes detailed findings about the process of setting up and running these projects and the reasons for successes and challenges.

5.2 The Mental Health Leaders Group

The group was established in its current form in January 2020 and is made up of thematic and locality representatives from across the VCSE sector “leading beyond their organisation” to work with GMHSCP, the public sector and wider system around mental health.

The group consists of:

- One leader from each of the two sponsor organisations.
- 10 locality representatives.
- Eight members representing fluid, cross-cutting communities of identity (for example the LGBT community, perinatal support, and the Caribbean and African community).

Interviews were conducted with each of the group’s leaders and two focus groups were held, one with nine of the locality representatives and one with seven of the thematic representatives, to inform this section. In addition, interviews were conducted with four of the group’s partners in the statutory sector.

5.3 The Homelessness Action Network

The HAN is a network for individuals working to end homelessness in GM and was established in 2017, coordinated by Mustard Tree, a local homelessness charity. The group brings together all the different sectors involved in this ambition and works closely with statutory services and the Mayor of GM, Andy Burnham, as well as people with lived experience.

Individual interviews were conducted with four leading members of the HAN and a focus group was held with members of the network’s strategy and support group.

5.4 The Commissioning Framework

The GM Joint Commissioning Team commissioned a partnership of representatives from Mind, GMCVO, Voluntary Sector North West, and Bolton CVS in early 2019 to review existing commissioning with the VCSE sector. The team were asked to co-design a VCSE commissioning framework and the GM Commissioning Academy programme which could be used to support commissioners.

The resulting framework was published in January 2020 and is the result of consultation with commissioners, health and social care leaders and VCSE organisations across the ten localities in GM. The framework includes seven recommendations that are based on the experiences shared in the consultation.

Interviews were conducted with the leaders of the Commissioning Sub-Group of the VCSE Leadership Group, who were responsible for overseeing the development of the framework, the four designers of the framework and three individuals from the statutory sector who had been closely involved in the design process.

5.5 The Big Alcohol Conversation

The BAC was commissioned by GMHSCP, and occurred between the 15th November 2018 and 28th February 2019. It was a major public engagement exercise reaching residents across the city region, to explore the scale and nature of alcohol-related harm and the steps which can be taken to address it. This included a branded campaign structured around a website hosting bespoke information and an on-line survey, a 'big bus tour' visiting public places across GM, and targeted work conducted by local VCSE sector organisations and overseen by GMCVO and 10GM.

The findings from the consultation were fed into a report, *Towards an Ambition for Alcohol for Greater Manchester*, which identified five priorities for tackling alcohol-related harm in GM.

Interviews were conducted with four leading members of the BAC steering group, including three representatives from GMHSCP and one VCSE sector representative.

5.6 Summary of impact and lessons learned

Figure 2 below summarises the key achievements, impact and learning from the four case study projects. There were a number of recurring themes across all case study projects, summarised below.

Key themes emerging from the case studies

- These projects have played a role in **strengthening cross-sector relationships** and fostering mutual understanding and trust.
- There has been an **increase in collaborative working** to solve problems, with the VCSE and statutory sectors bringing different strengths to the table and recognising the contributions each can make.
- As a result of this work, there has been greater **integration of the VCSE sector into strategic decision-making structures**.
- The projects have enabled the **voices of seldom heard groups to be listened to** and people with lived experience to be involved in policy making.
- There has been better **co-ordination of work across VCSE sector**.
- The projects have helped to **identify gaps in provision**.
- VCSE organisations themselves have recognised the **power of VCSE organisations coming together** rather than trying to do things alone.
- The projects have **created supportive environments** for people working in the VCSE, who may feel that they are working in isolation and have few opportunities to get support.
- The impacts arising from these projects so far have highlighted the need for **sustainable funding for the contribution the VCSE can make to addressing health inequalities**, working in partnership with the statutory sector and communities.

Figure 2: Key achievements, impact and learning from the case study projects

Project	Key achievements	Impact	Learning for the sector
Mental Health Leaders Group	<ul style="list-style-type: none"> • Creating strong relationships amongst VCSE sector members as well as with the group's statutory sector partners and commissioners. • Culture shift towards shared ownership of issues with the statutory sector, and a focus on finding collaborative solutions. • Integration of the group's members at the most senior executive level of mental health planning and delivery. The group's statutory partners reported that members <i>"are seen as part of the mental health team"</i>. • Proactive management and bringing together of the large number of VCSE sector organisations in GM. • Dissemination of information to VCSE sector organisations at both a GM level and in the localities, ensuring a regular feedback loop to the group's statutory partners. • Inclusion of the voice of smaller and/or marginalised communities in wider 	<p><i>For members</i></p> <ul style="list-style-type: none"> • The group has created and fast-tracked connections between members, enabling conversations which previously did not happen. • Increased awareness of developments and opportunities in the sector. • As well as sharing information strategic developments and funding opportunities in the sector, the group acts as a vehicle for the sharing of best practice in the delivery of mental health support. • Improved support and confidence of members. The group has provided a network of colleagues which can be called upon for work-related and personal support. <p><i>For the VCSE sector in GM</i></p> <ul style="list-style-type: none"> • Increased profile of the VCSE sector. The group has helped to develop a wider understanding of the role and experience of VCSE 	<ul style="list-style-type: none"> • Strong leadership. The commitment and hard work of the leaders was highlighted by all stakeholders as a key factor in the group's success. • The right people. Dedicated group members who are prepared to work hard and have the same vision was reported to have been crucial. The benefit of having statutory sector partners and clinical leads involved was also highlighted, as they have the ability to influence commissioners and the wider system. • Diversity of group members. Having a range of smaller and larger organisations in the group has helped to ensure that the entire sector is represented. • Independence. The group's leaders highlighted that the group does not report back to any GM authority, which might otherwise have stifled the group's progress. • Sustainable funding. All stakeholders agreed that, moving forward, the VCSE sector needs to

Project	Key achievements	Impact	Learning for the sector
	<p>conversations, through the engagement of the VCSE sector organisations which represent these groups.</p> <ul style="list-style-type: none"> • Securing funding for critical work with communities. By identifying service supply and demand, the group has successfully led commissioners to do more around crisis and community, beyond clinical services. The work with BAME communities, in which group members quickly developed bespoke services to address impact of COVID-19, was highlighted by all stakeholders as a key accomplishment. • 	<p>organisations and to raise the profile of the sector.</p> <ul style="list-style-type: none"> • More representation from across the VCSE sector. The group ensures that all parts of the VCSE sector are represented, including those who represent typically more marginalised groups. • A more joined-up VCSE sector. The group has provided leadership for the VCSE mental health sector in GM, “pulling organisations together in a way not seen in over a decade”. • Increased collaboration with statutory sector partners. Group members have been heavily involved in developing plans and initiatives with their statutory sector partners. Key areas include winter schemes, detox alleviation and delayed transfers of care. <p><i>Impact on mental health policy and commissioning structures</i></p> <ul style="list-style-type: none"> • The group aims to ensure that the VCSE sector is embedded in mental health commissioning structures in GM and that mental 	<p>have a permanently funded and secure place within the wider system, to provide ‘downstream’ preventative services and support and to reach groups with whom the statutory sector finds it more difficult to engage.</p>

Project	Key achievements	Impact	Learning for the sector
		<p>health policy is shaped by the voice and needs of the VCSE sector and the communities they represent.</p> <ul style="list-style-type: none"> The involvement of people with lived experience in the planning and commissioning of mental health services has been mechanised through the Independent Mental Health Network, which oversees expert by experience engagement and co-design. 	
Homelessness Action Network	<ul style="list-style-type: none"> Created an open space to discuss homelessness, identify issues and generate solutions. Developed cross-sector working and partnerships across the localities and GM. Engaged in legislative theatre work which provides an opportunity for people with lived experience to be trained in script writing and acting to express their personal stories, through training developed by the Theatre of the Oppressed. This has resulted in a forum to generate issues and solutions 	<p><i>Impact on network members</i></p> <ul style="list-style-type: none"> New relationships. Through the network stakeholders have been able to meet like-minded people and start new conversations. This has resulted in people focusing less on what they can achieve on their own, and instead thinking about what can be achieved together. Group support. All stakeholders reported that the network, and in particular the strategy and support 	<ul style="list-style-type: none"> Creating an open space. The HAN has created a space for discussion and broken down some of the barriers to cooperation and learning across the ten localities. It was reported that the space needed to be neutral and one stakeholder reported that the HAN has been “<i>protected so it cannot be hijacked by any particular interests</i>”. Stakeholders also reported that in establishing the network it has been crucial for members to be open in terms of what is being discussed, ensuring members are prepared to speak

Project	Key achievements	Impact	Learning for the sector
	<p>which can be shared with policy makers and be integrated into strategy, such as the Homelessness Prevention Strategy.</p> <ul style="list-style-type: none"> Designed the A Bed Every Night programme within the group, which has halved rough sleeping in Greater Manchester. Co-produced a Rough Sleeping Action Plan for the city. Secured funding for the homeless families scheme, by highlighting the issue with the Mayor Andy Burnham and the GM Programme Board. Highlighted youth homelessness, which resulted in the development of a Youth Homelessness Social Impact Bond programme. Supported the evolution of a community partnership within a local borough to work alongside and receive funding from the local authority. Informed the national political asks made during the 2019 General Election by the Mayor of Greater Manchester. 	<p>group, has provided them with personal support.</p> <ul style="list-style-type: none"> Improved awareness. Members reported a better understanding of the key issues and areas of improvement required to better support people experiencing homelessness and achieve system change. <p><i>Impact on people with lived experience</i></p> <ul style="list-style-type: none"> The network has provided a platform for people with lived experience of homelessness. Stakeholders were able to identify specific examples of problems which people with lived experience have raised and which have resulted in action. These included a range of issues faced by individuals accessing the job centre, prison and probation, generated through the work in legislative theatre. The HAN has also collaborated with Street Support for the LockdownLIVES project, which has helped to connect individuals in emergency accommodation who 	<p>the truth and that nothing is off the agenda.</p> <ul style="list-style-type: none"> Creating a supportive environment. Particularly during COVID-19 and the difficulties that this created for service delivery, support from the group helped people to cope and to continue with their work. Co-production. Co-production has been a vital element of the network and its belief that real change happens only through the participation of marginalised communities. The legislative theatre work with the Theatre of the Oppressed was highlighted as an example of best practice in co-production. Engaging people with influence. Members are involved in meetings with decision making capacity and the structures of the HAN are linked into wider governance structures in GM and the Mayor, in particular via the GM Homelessness Programme Board. This has allowed the HAN to exert direct influence on policy.

Project	Key achievements	Impact	Learning for the sector
		<p>are self-isolating and develop the public understanding of the impact of the pandemic on those without their own home.</p> <p><i>Impact on the homelessness sector in GM</i></p> <ul style="list-style-type: none"> • Gaps in provision. The group has successfully been able to identify gaps in provision, for example around youth homelessness, and consider if their work could address them. Organisations have started to do more and now know who they can partner with to involve other sectors. • Improved funding. There is now a broader set of homelessness services in GM due to a shift towards a whole-system approach to funding. This has allowed more grassroots organisations and those supporting people with no recourse to public funds to be brought into contracts. • Information flow. There is a continual feedback loop from the network events, advisory board, programme board and operation 	<ul style="list-style-type: none"> • Funding. Moving out of COVID-19 and into recovery, stakeholders reported that there needs to be a focus on securing a general proposition instead of an emergency deal for the sector.

Project	Key achievements	Impact	Learning for the sector
		teams delivering services, which has enabled improved decision making.	
The VCSE Commissioning Framework	<ul style="list-style-type: none"> • Improved understanding of the statutory sector. The designers reported that working on the framework had increased their awareness of the complexities of the statutory sector and its structures. • New working relationships. Working on the framework has connected the designers with VCSE leaders, commissioners, and key partners. • Supporting their work. The designers have been able to use the framework in consultation responses as an example of best practice. For example, one designer reported sharing the framework with Lloyds Bank Foundation to help inform their recent work to support the VCSE sector. • Further opportunities. One of the designers has been appointed by Bolton CVS as a VCSE Commissioning Lead. 	<p><i>Impact on the VCSE sector in GM</i></p> <ul style="list-style-type: none"> • Consolidated the views of the sector. The framework has successfully consolidated the views of a wide range of VCSE organisations on expectations of commissioning. • Leverage with commissioners. The document can provide leverage for VCSE sector organisations in discussions with commissioners. • Inclusion in local governance structures. The VCSE sector has been further embedded into governance structures and transformation programmes in each locality, in a way that would have been unrecognisable three years earlier. 	<ul style="list-style-type: none"> • Broad consultation. It was important to involve the right people from the statutory and VCSE sectors in the consultation process. This enabled the VCSE sector to voice their opinion and created ownership. Similarly, it ensured that statutory sector partners were receptive to the recommendations. • Accessibility. VCSE leaders may have a varying understanding of commissioning or its relationship with VCSE engagement and co-design. One designer reported that instead of using the language of the public sector, they could have considered tailoring their approach to the VCSE audience differently. • Funding the implementation. Multiple stakeholders reported the need to ensure there was adequate funding to pay for an individual or team to drive and promote the framework at GM level and in the localities. One stakeholder suggested the need

Project	Key achievements	Impact	Learning for the sector
	<ul style="list-style-type: none"> Creation of a Greater Manchester Commissioning Academy to improve commissioner knowledge about the VCSE sector and to help ensure the framework is embedded. Around 60 commissioners have been through the academy so far. 	<p><i>Impact on commissioners and commissioning in GM</i></p> <ul style="list-style-type: none"> Helping individual commissioners to think more about co-design and recognise the time that it requires. Improved commissioner awareness of the VCSE sector and processes of co-design. <p><i>Impact on commissioning processes</i></p> <p>There has been a change in thinking around two key areas:</p> <ul style="list-style-type: none"> Co-design. Within commissioning processes people are increasingly asking what engagement has happened, have the VCSE sector been involved and has there been co-design. Social value. There is more political knowledge of social value and it is widely recognised as important. This has created influence in town halls as senior leaders are aware of the value of the local VCSE sector. 	<p>for a lead in each locality and work area, to ensure that implementation is system wide.</p> <ul style="list-style-type: none"> Locally tailored implementation. Stakeholders were aware that it may not always be possible to transpose what works in one locality into another and it was suggested that successful implementation should be tailored to consider local, place-based circumstances. Performance monitoring. Some stakeholders believed there needed to be a “<i>stick</i>” to motivate commissioners to implement the framework, through monitoring and progress reporting.

Project	Key achievements	Impact	Learning for the sector
		A range of individual examples of good practice were also reported and are set out in the detailed case study report.	
The Big Alcohol Conversation	<ul style="list-style-type: none"> For all stakeholders, involvement in the BAC provided a learning opportunity. For example, the approach taken by the BAC is now being used as a blueprint for a new project exploring the issues the public is facing in relation to COVID-19. VCSE organisations have been commissioned to co-design actions and conduct conversations with priority groups. The BAC was successfully able to reframe the conversation around alcohol. Members of different communities felt listened to, represented, and acknowledged. Most significantly, there was an overrepresentation of traditionally hard to reach communities. The BAC resulted in the first alcohol related agenda item for the last three years at the GM Directors of Commissioning group. A National Alcohol Conversation has been established, which draws 	<p><i>Impact on the VCSE sector in GM</i></p> <ul style="list-style-type: none"> Providing a model of best practice. The VCSE sector were equal partners in successfully driving a significant piece of work. This project demonstrates the benefit of using VCSE organisations to involve the public, especially seldom heard communities, in consultation. Making the case for funding the sector. The VCSE sector was the primary recipient of the funding, receiving more than half of the overall budget. This imparted value onto the sector and ensured they had the scope to work effectively. The BAC acknowledged this and highlighted the importance of properly financing organisations in the future. Statutory partners in the steering group reported that they better understand how to engage the 	<ul style="list-style-type: none"> Utilising the VCSE sector network. Multiple stakeholders highlighted the benefit of using the VCSE sector to engage their infrastructure and networks in gaining participation from people with lived experience and communities of interest. Mobilising and collaborating with existing community groups such as Communities in Charge of Alcohol was also seen to be a key part of the project's success. Funding the VCSE sector for its work. Stakeholders highlighted the need to ensure adequate funding for the VCSE sector throughout the process, to ensure maximum input in the co-design and engagement processes. A two-pronged approach to engagement. Stakeholders highlighted the value of combining the mass media campaign, using posters and social media content as well as the bus tour to reach as

Project	Key achievements	Impact	Learning for the sector
	<p>on evidence from the BAC and aligns closely with its priority areas in its recommendations to inform national strategy.</p> <ul style="list-style-type: none"> The BAC has created a solid foundation that could be built upon to create an ambitious new business case within the GM recovery from COVID-19. This includes a possible follow-up conversation to explore the national research indicating that people have been drinking more during lockdown. 	<p>VCSE sector and are now more confident in advocating for community-centred approaches and co-design.</p> <ul style="list-style-type: none"> Strengthening the VCSE network. The BAC has created a network of VCSE sector organisations and individuals who are passionate about engagement work and now have an improved understanding of the issues around alcohol harm in their community. <p><i>Impact on the public in GM</i></p> <p>Analysis of the survey material revealed that the people who were engaged in the material learned something as a result. This is highlighted by the following statistics reported in <i>Towards an Ambition for Alcohol in Greater Manchester</i>:</p> <ul style="list-style-type: none"> 68% of participants had an increased awareness of the harms caused by alcohol to individuals, including the 'hidden harm' to children and young people of adult alcohol consumption. 	<p>large an audience as possible and a middle-aged and middle-class cohort, with the more targeted work using small VCSE sector organisations to access particular under-represented communities and to have more in-depth conversations. In this way the consultation could have been said to achieve both breadth and depth.</p> <ul style="list-style-type: none"> Allocating adequate project management resource. There was an acknowledgment that the partners involved in designing and managing the BAC were often working at full capacity across multiple projects. Collaborative working at a strategic level. Stakeholders involved in the steering group highlighted the importance of being open to each other's ideas and having an equal stake in the decision making. The BAC was considering issues around cultural change and stakeholders reported that this requires considered discussions which are often not quick and easy.

Project	Key achievements	Impact	Learning for the sector
		<ul style="list-style-type: none"> 71% of participants had an increased awareness of the harms caused by alcohol to communities and society. 67% understood the need for tackling alcohol related issues, through certain legislative and policy options. 42% of participants felt like they had a role to play in tackling alcohol related harms in their community. <p><i>Impact on the wider system in GM</i></p> <ul style="list-style-type: none"> The BAC brought alcohol onto the agenda for policy makers and local partners. The consultation led to a set of findings that were generated through a sound evidence base, had originated from a representative sample of the population, and were also “<i>suitably uncomfortable and provocative for the system to chivvy things along and generate action.</i>” 	<ul style="list-style-type: none"> Involving the VCSE sector at every stage. There were some issues with communication between the Big Bus Tour and the rest of the project. Stakeholders highlighted that some of these challenges could have been mitigated by further involving the VCSE sector in the design and delivery of the media campaign and bus tour, to ensure that this was fully aligned with the consultation work done by the sector. Involvement of people with lived experience. The involvement of the Community Champions, particularly in the launch of the BAC, was seen to be very effective in humanising the campaign and challenging misconceptions about people who use alcohol.

6 Network analysis

6.1 Introduction

An electronic survey was sent to GMCVO members asking them about their working connections. Members were asked to name the five individuals with whom they worked most closely and to rate their working relationship as either 'informal', 'good' or 'strong'.

The survey also included three questions about the VCSE Engagement programme and the extent to which it had helped people to:

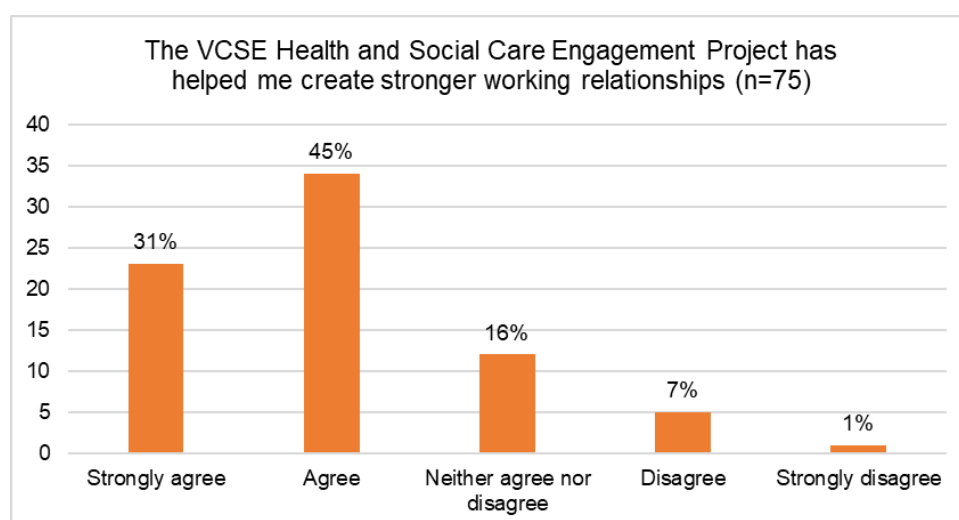
- Create stronger working relationships
- Meet new people
- Learn and develop

Seventy-five complete responses were received and the data analysed using Excel and Kumu social network analysis software. This section sets out the key findings.

6.2 Survey respondents' views on the VCSE Engagement project

Overall, the survey responses suggest that the VCSE Engagement project has been successful in bringing people in the VCSE together, creating stronger relationships and helping people to learn and develop. Over three quarters of respondents agreed or strongly agreed that the VCSE Engagement project had helped them to create stronger working relationships (see Figure 3).

Figure 3: Working relationships



Similarly, the vast majority of respondents said that the project had helped them to meet new people (84%) and to learn and develop in their work (79%), as shown in Figure 4 and Figure 5.

Figure 4: Help to meet new people

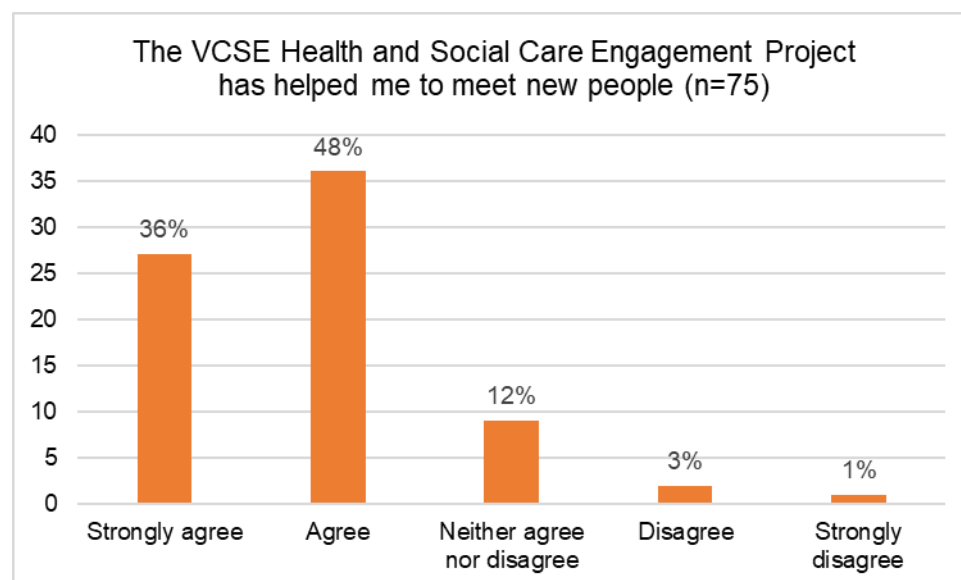
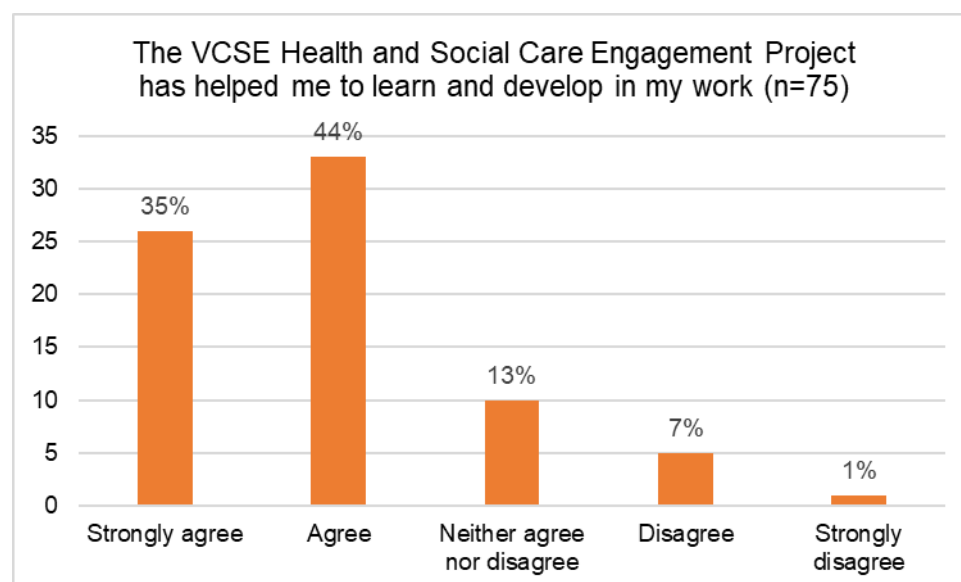


Figure 5: Help to learn and develop



6.3 Network analysis

Social network analysis has resulted in a network analysis map showing connections between members (see Figure 6). However, due to data protection regulations, we could not use the names of people who responded to the survey,

without their permission, so some respondents are shown as numbers. The draft was shown to GMCVO members and some people identified themselves on the map. They also identified a number of key connections and groupings, which are colour coded in the network diagrams.

The VCSE network appears quite disconnected, which is to be expected as the VCSE is not a homogenous entity. There are many small groups of people with their own mini-networks; again, the work of the VCSE Engagement project has focused on supporting organisations and people in different parts of the VCSE sector to work together more closely. The formal groups are clearly important especially the Mental Health Leaders' group. Relationships are stronger in the middle of the network, where a number of people are involved in more than one sub-network.

Mel Safari and Stewart Lucas were mentioned the most times by respondents so they have the most connections (see Figure 7). However, this does not necessarily make them the best connected to the wider network. Analysis of 'closeness centrality', or the distance that each element of the network is from other elements, shows that Stewart is the best positioned to spread information to the whole network (see Figure 8).

Figure 6: VCSE Engagement project network connections

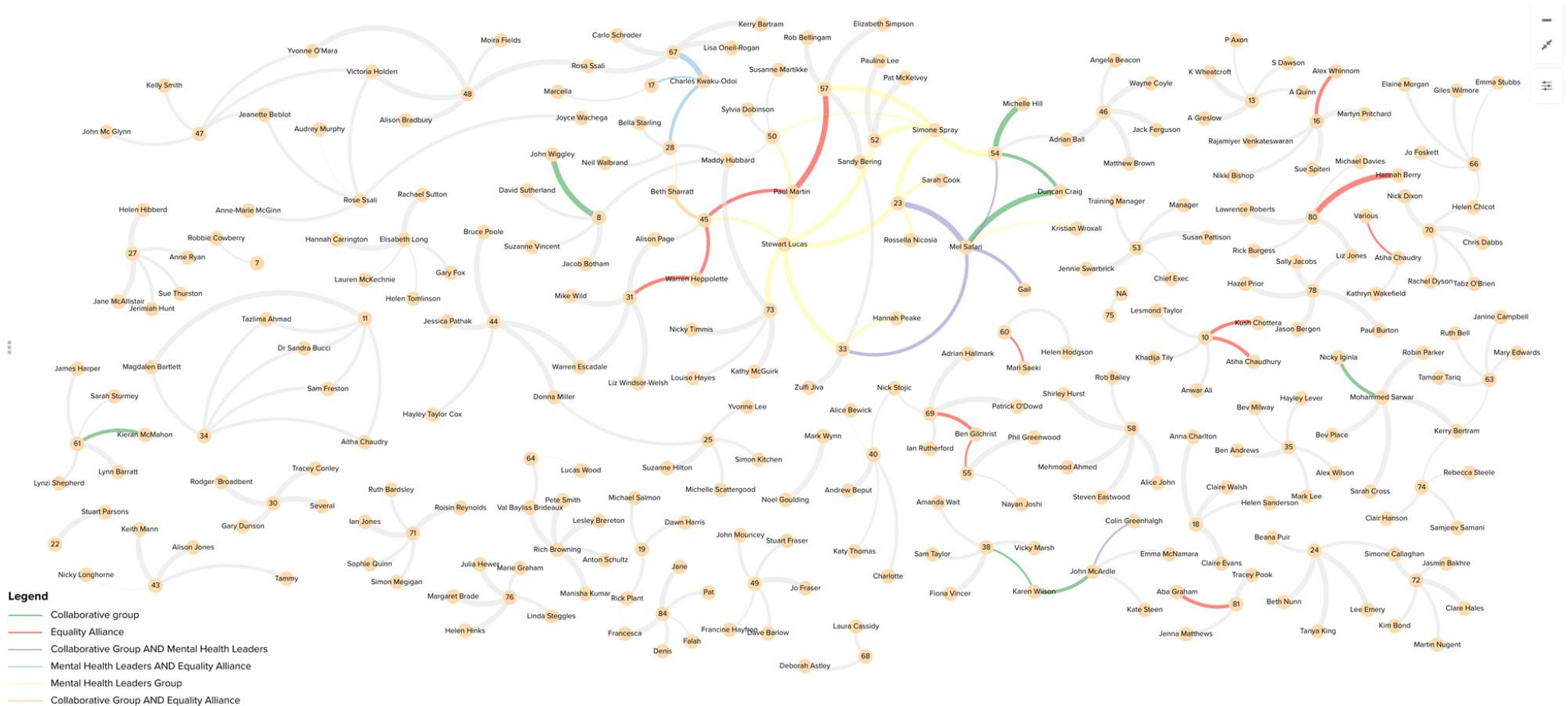


Figure 7: Degree centrality in the network

Degree Centrality

Degree centrality is the simplest of the centrality metrics, counting the number of connections an element has. In general, elements with high degree are the local connectors / hubs, but aren't necessarily the best connected to the wider network.

Rank	Label	Value
#1	Mel Safari	6
#2	Stewart Lucas	6
#3	10	5
#4	11	5
#5	13	5

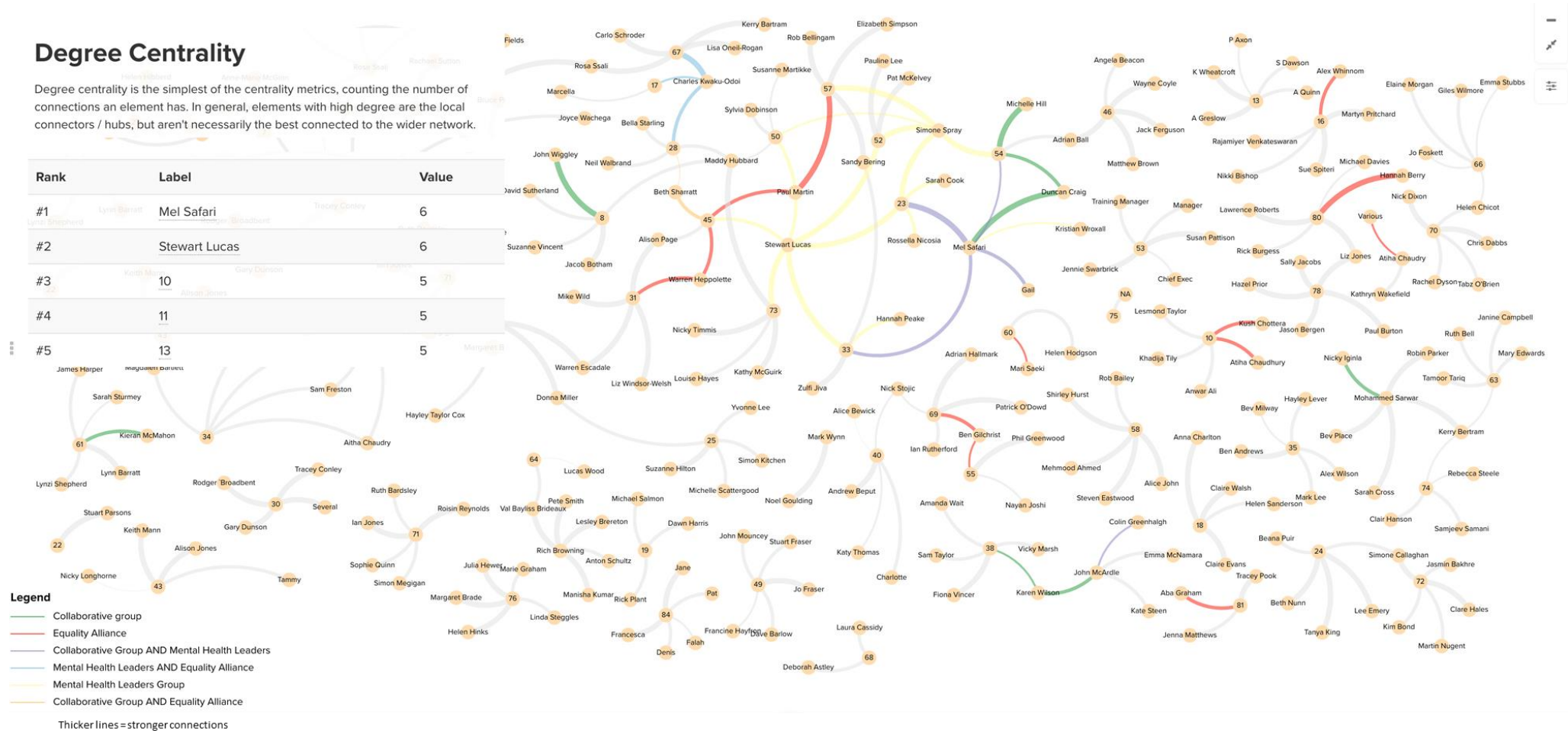
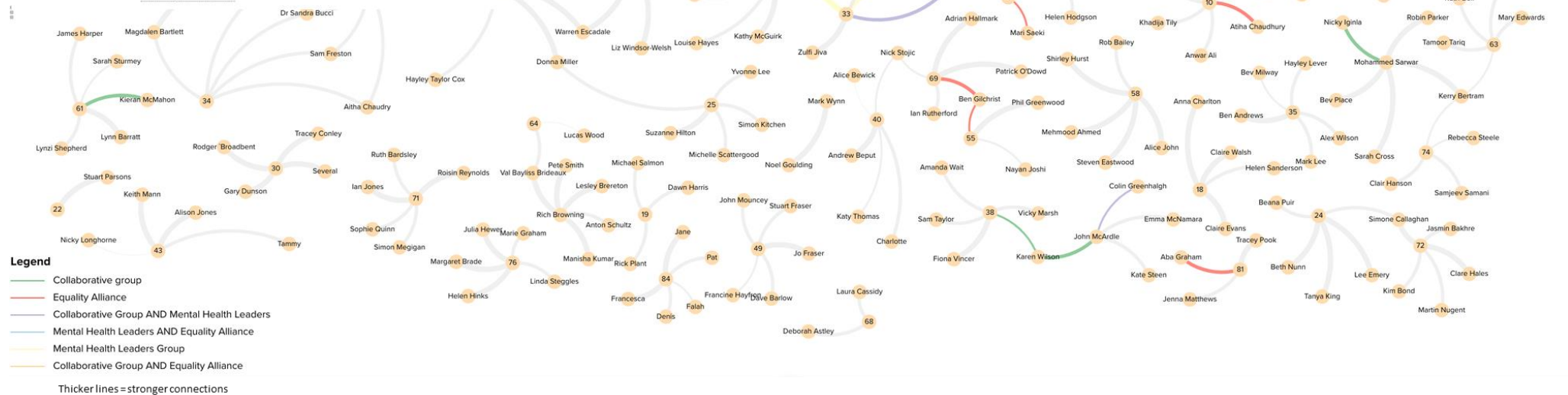


Figure 8: Closeness centrality in the network

Closeness Centrality

Closeness measures the distance each element is from all other elements. In general, elements with high closeness can spread information to the rest of the network most easily and usually have high visibility into what is happening across the network.

Rank	Label	Value
#1	Stewart Lucas	0.093
#2	50	0.088
#3	Simone Spray	0.087
#4	45	0.086
#5	Maddy Hubbard	0.085



7 Next steps

7.1 Introduction

In this section we discuss next steps for the VCSE Health and Social Care Engagement programme. Interviewees identified six broad areas for the programme to consider going forwards. These are:

- Building on the successes of the programme so far.
- Positioning the VCSE sector to help address inequality, the wider determinants of health and how to 'Build Back Fairer'⁴.
- Prioritising a set of aims and areas of focus for the VCSE sector.
- Promoting the benefits of co-production between the statutory sector, VCSE and local communities.
- Facilitating greater resident and community involvement in local decision making.
- Reviewing the organisation and governance of VCSE representation and the wider systems around the Engagement programme.

7.2 Next steps for VCSE engagement

Building on successes

This evaluation has found that the VCSE Engagement programme has been successful not only in making demonstrable progress towards achieving the longer-term outcomes set out in the MoU, but also in delivering intermediate outcomes such as stronger relationships, mutual understanding, the capacity and skills to engage in strategic conversations, and a wider recognition of the contribution the VCSE sector can make.

Several stakeholders said that the VCSE Leadership Group and the Engagement programme should review the aspects of the programme that have worked well, including learning from the process of implementation and how any obstacles that arose were overcome. The sector should then re-state its commitment to work collaboratively with the statutory sector and campaign for wider adoption of those processes; for example, the Mental Health Leaders Group and the Homelessness Action Network have generated a good deal of useful learning about sub-sectoral cross-sector engagement and how to organise this, as has the VCSE sector role in the response to COVID-19.

⁴ [Build Back Fairer: The COVID-19 Marmot Review | The Health Foundation](#)

Tackling inequality and the wider determinants of health

It was agreed that as Greater Manchester begins the process of recovery from the past twelve months of reacting at speed to the unfolding COVID-19, it will be more important than ever to focus on tackling inequality and working not only to provide healthcare but to affect the determinants of health. There is also general agreement that the VCSE sector has an important role to play in doing this. Greater Manchester is signed up to be a Marmot city region, the UK's first. The GM system is committed to putting into practice the recommendations of the Marmot Ten Review 10 Years On⁵ by working across sectors to ensure that policies, approaches and resources are geared towards creating a fairer, more equal society.

The challenge for the VCSE sector is the same challenge that the wider GM system has to resolve: how to shift the policy focus and the funding from providing medical or social care interventions to doing things that improve people's lives, health and wellbeing before they need support from health and care services? Suggestions for taking this forward include:

- Making sure that the VCSE is engaged with and contributes to the work of the recently established GM Independent Inequalities Commission.
- Being prepared to respond to the future direction of GMHSCP as an Integrated Care System (ICS) operating under the new legislative arrangements proposed in the recent White Paper⁶ 'Working together to improve health and social care for all', particularly in the light of proposals to merge CCGs into ICS footprints.
- Continuing to advocate for funding agreements based on trusting VCSE organisations to deliver a broad set of benefits for the communities they work with, rather than prescribing detailed processes and outcomes that are short-term and heavily monitored.
- Doing more work to position the VCSE sector in the sphere of inclusive economics.

Prioritising aims and focus of the VCSE sector

Evaluation participants recognised that the agenda for VCSE engagement in health and social care is broad and that there are many issues to address. There was also a view that the sector should focus collectively on where it can make the most difference and on where it is most important to have strong VCSE representation, for example mental health, homelessness and, more widely, work and skills. The VCSE Policy Position Paper is the guiding document for future

⁵ [Health Equity in England: The Marmot Review 10 Years On](https://www.instituteofhealthequity.org/publications/health-equity-in-england-the-marmot-review-10-years-on) - IHE ([instituteofhealthequity.org](https://www.instituteofhealthequity.org))

⁶ [Working together to improve health and social care for all](https://www.gov.uk/government/consultations/working-together-to-improve-health-and-social-care-for-all) - GOV.UK (www.gov.uk)

work, and discussions are in progress with GMHSCP and GMCA about how each will invest in the strategic capacity the VCSE sector needs to deliver on its plans. This discussion involves the VCSE Leadership Group advising GMCA and GMHSCP on behalf of the VCSE sector on where available funding should be spent, a process which is ongoing and which will mean that some areas may need to be prioritised over others.

Promoting the benefits of co-production

Partners from both the VCSE and statutory sectors recognised the benefits of co-production when it had worked well, described as *“the ability to have straightforward conversations, understand the constraints but commit to opening things up”*. There was a general desire for co-production and more involvement of people working on the front-line in the future, with less hierarchical decision making and a more nuanced collaborative approach. For many, the experience of responding to COVID-19 had shown the benefits of working in a more collaborative way and trusting front-line staff to make decisions. The process of setting up social prescribing was also cited as an example of co-production: before the service was commissioned the commissioners reached out to potential providers for help in designing the service and developing the specification, with a significant impact in terms of VCSE organisations’ ability to deliver an effective service.

Enabling residents to have more involvement

The experience of the Big Alcohol Conversation demonstrated the important role the VCSE sector can play in reaching communities and involving them in the development of policy. While the Engagement programme has enabled some progress in the involvement of residents and communities, many stakeholders felt that more needed to be done to bring local people into conversations with policy makers, using the VCSE sector as a “connector”. For some, the channels for doing this need to be made more explicit and more efforts need to be made to involve people in some geographical areas, described as a *“local, place based approach”*. Again, the response to COVID-19 was cited as an example of effective linking between the VCSE and local communities, with residents coming together to provide mutual aid, supported by the VCSE.

Reviewing the organisation and governance of VCSE representation

VCSE representation and the Engagement programme. The Engagement project works as follows:

- VSNW, as the regional infrastructure organisation, provides semi-independent facilitation for the VCSE Leadership Group (VSNW CEO chairs the group).
- GMCVO as the sub-regional infrastructure organisation acts as the accountable body for the programme and provides a GM-level communications and policy function.

- Some local infrastructure bodies, equality organisations and providers of health and social care support are involved in the form of 10GM.
- Other VCSE organisations are involved through local and sub-regional infrastructure organisations and networks.

Stakeholders noted that over time some challenges and tensions had become apparent with this set up, focused particularly on the distribution of funding for VCSE infrastructure and the question of which organisation or group should lead on engagement with the statutory sector on behalf of the VCSE in Greater Manchester. Some interviewees spoke of the challenge of organising in such a way that it is easy for the statutory sector to identify someone to talk to, but at the same time ensuring that VCSE representation reflects sufficiently the range and diversity of the VCSE sector. Generally, it was felt that the Leadership Group has organised itself effectively to reflect diversity and can select different spokespeople for different purposes, for example someone to speak on mental health, someone else to speak on social enterprise. However, the Leadership Group is not a constituted organisation and needs an accountable body to hold funds and provide project management support. As the Engagement programme enters its next phase there is a need for honest and open conversations about the contribution different partners can and should make to the project, with the aim of ensuring that the preferred arrangements deliver the most value for the VCSE sector as a whole.

Aligning the MoU and the Accord. Linked to this, there is a need to consider jointly with GMHSCP and GMCA the desirability of combining the MoU and the Accord into one agreement between the VCSE sector and statutory sector at GM level, as some stakeholders have suggested. Doing so may encourage a focus on the wider determinants of health and wellbeing rather than health and social care services. However, a single agreement would need to be supported by adequate funding for VCSE infrastructure to enable the agreed programme of work to be delivered.

Developing the relationship between GM and locality VCSE infrastructure. The relationship between Greater Manchester and the ten localities was also mentioned as an area where further work might be needed. Stakeholders noted that some localities have established infrastructure organisations which have been very effective in building relationships with the local authority and CCGs locally, while others have not. As one person said: *“what we’ve got ourselves into is that you’ve got a handful of areas that have an infrastructure organisation, and local authorities have a relationship with that organisation to develop a very tailored offer”*. As a consequence of the strength of local infrastructure in some areas, some interviewees said that representation at a GM-level could sometimes be less effective. There are similar issues around thematic, local and GM-wide representation, where thematic representation, for example for LGBTQ communities and homelessness, has been effective and that success needs to be translated into better collaboration between locality and thematic representation.

Reviewing membership of VCSE engagement groups. Some stakeholders suggested that considering succession planning, rotation of membership and how to bring new people into the VCSE Leadership Group might help address some of the issues around the relationship between GM-wide and locality representation, as well as providing opportunities for others with different perspectives to be involved.

Time to rebuild

Finally, there was a general acknowledgement that the VCSE sector, in common with others, has been working in unprecedented and difficult circumstances for the last twelve months. This has placed inevitable strain on relationships, yet the structures and projects supported by the Engagement programme have achieved a great deal, as evidenced by the findings from this evaluation. What is needed now is a chance for the sector to regroup, rebuild relationships and be in a position to help one another through the challenges to come.

Appendix A: interviewees

Name	Organisation	Focus area
Alex Whinnom	GMCVO	GM
Andrew Lightfoot	GMCA	GM
Anne Lythgoe	GMCA	GM
Mike Barker	Oldham CCG	GM
Karen Mitchell	Southway Housing Trust	GM
Tracey Vell	GMHSCP	GM
Warren Heppollette	GMHSCP	GM
Warren Escalade	VSNW	GM, Commissioning Framework
Liz Windsor-Welsh	Action Together	GM
Mike Wild	MACC	GM
Chris Dabbs	Unlimited Potential	GM
Priti Butler	Big Life Group	GM
Michele Scattergood	Breakthrough UK	GM
Atiha Chaudry	KYP/GM BME Network	GM
Hayley Lever	GM Moving/Greater Sport	GM

Name	Organisation	Focus area
Charles Kwaku-Odoi	GM Faith Community Leaders	GM
Aba Graham	Ebony & Ivory Community Organisation	GM
Rob Bellingham	GM Joint Commissioning Team	GM
Jane Pilkington	GMHSCP	GM
Locality delegates (10)	MH Leaders Group	MH Leaders Group
Thematic delegates (7)	MH Leaders Group	MH Leaders Group
Simone Spray	42 nd Street	MH Leaders Group
Stewart Lucas	Mind	MH Leaders Group, Commissioning Framework
Stephanie Furnley	GMHSCP	MH Leaders Group
Zulfi Jiva	GMHSCP	MH Leaders Group
Charlene Mulhern	GMHSCP	MH Leaders Group
Sandy Bering	GMHSCP	MH Leaders Group
Marie Graham	GMCVO	Commissioning Framework
Darren Knight	George's House Trust	Commissioning Framework
Paul Martin	LGBT Foundation	Commissioning Framework

Name	Organisation	Focus area
Alison Page	Salford CVS	Commissioning Framework
Sara Roscoe	GMHSCP	Commissioning Framework
Tim Bryant	Bolton Council	Commissioning Framework
Martin Sainsbury	GMHSCP	BAC
David Boulgar	GMHSCP	BAC
Ben Gilchrist	10GM	BAC
Jan Hopkins	GMHSCP	BAC
Robbie Cowberry	Action Together	HAN
Beth Knowles	Shared Health	HAN
Ian Rutherford	GM Homelessness Faith Network	HAN
Strategy and support group members	GM HAN	HAN



CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

Telephone	020 7330 9170
Email	info@cordisbright.co.uk
Internet	www.cordisbright.co.uk