

GMCVO on behalf of Greater
Manchester VCSE Leadership
Group and GMHSCP

Evaluation of the GM VCSE Health and Social Care Engagement Project

Executive Summary



CordisBright

1 Executive summary

1.1 Introduction

Greater Manchester Health and Social Care Partnership (GMHSCP) and Greater Manchester Centre for Voluntary Organisation (GMCVO) on behalf of the Greater Manchester VCSE Leadership Group 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.

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 **Error! Reference source not found.**

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.



CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

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