VCS Funding Co-Design Workshop Notes 20.10.16

Present
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- Liz Goodger, MCC
- Claire Evans, 4CT
- Elizabeth Mitchell, MCC
- Lynne Stafford, Gaddum Centre
- Martin Preston, Macc
- Juliet Eadie, CCG
- Frances Davies-Tagoe, Tree of Life
- Val Bayliss-Brideaux, CCG

Resilience

Objectives of Funding
- Stability
- Promote ability to grow
- Financial stability
- Enabling organisations to develop 5 year plans to build their sustainability
- Supporting and enabling organisations to successfully bid
- To allow new organisations to be funded
- Support organisations to reflect on how they function within the cities changing priorities
- Support organisations to build stronger relationships with the private sector
- Promote better sharing between organisations
  - sharing back office functions
  - information
  - skills
- To enable organisations to gain fresh perspectives on who else could offer support
- To provide a challenge to some organisations
- Encourage and Foster Good Governance
  - Effective risk management- financial and delivery
  - Stronger action needed- governance checks- must be legally compliant
  - Policy and procedure framework
  - Safeguarding policies
  - Role of trustees and legally what responsible for
- Construct prospectus in such a way that it ensures funding aimed at Manchester Organisations

Proposals/Comments/Questions
- Provide a health check on organisations (Governance, Policies, Building Management)
- Working with local communities to get volunteers/trustees
Concern around potentially losing some good services but need to balance it with some organisations that are not delivering effective efficient services.

How to respond if VCS does not change/improve/ react/acknowledge issues

Lead organisation accountable- lead for others and due diligence

Do we look at fewer contracts?

Do we want to fund larger organisations to support smaller organisations or a mixture of funding large and small organisations?

Developing linkages with student union to promote volunteering.

Insist an organisation having private sector provider? E.g. could provide the support/IT support, would require a cultural shift, Linkage with Mcr Chamber of Commerce.

Fewer grants and less process. Devolution of decision making.

Fewer better relationships?

Prevention and the role of the VCS

Objectives

- Prevention from a strength based approach- focus on equalities and intervention
- Promoting and awareness of public health initiatives
- Targeted intervention and working together to achieve outcomes
- Bring in different perspective from statutory sectors and can access areas that statutory sector cant.
- Statutory sector referring into the voluntary sector
- Role of VCS to brokerage access to services such as NHS screening, support awareness, needs, share information

Proposals/Comments/Questions

- Are we talking whole population health or groups providing services that mitigate an escalation to a public sector service
- Targeted prevention underpins universal prevention
- Wider determinants impact health care education, debt, poverty etc
- Children and young people work targeted at symptoms rather than cause - limited resources
- VCSE tipping from preventative to statutory in some services- some are plugging gaps
- Eg Wirral- cooperative- shift on NHS conditions
- Is role of VCS already recognised in prevention? Eg carers 10% in GM
- Clear outcomes in contracts/funding- is the funding to be used to support statutory?
- Define prevention in entirety
- Can the VCS lead on this? Proactive development model - target approaches to needs
- Our Manchester and working together, e.g. tough cookies, sex education provider with specialism, who would link with community, who has access to local community
- Identify missing thousands
- Role in early identification
- Reducing social isolation
- Promoting links with Buzz
- Help to identify communities which have been engaged
- Some communities feel they can trust VCS but not statutory sector
- VCS as enablers

### Neighbourhood and Citywide

#### Objectives
- Need a balance between neighbourhoods and communities of identity and interest
- Clearly identify the practical benefits of commissioning city wide where it is more viable on a large scale
- Decision about outcomes should shape streams of funding
- All health and wellbeing should outcomes be linked to Mcr locality plan
- Fund in a way that does not label people
- Use funding to develop VCS services/ support in neighbourhoods/ geographical based groups
- Equitable funding- ward to ward (or natural neighbourhoods?) needs to be different- priorities based on need, however, Poverty issues may be masked due to other circumstances in the ward
- Need to use some funding to try to encourage more activity in some areas
- Trial new approaches e.g. alliance/ consortium/partnership/ lead organisation
- Avoid duplication of contracts where more efficient to fund single providers rather than multiple providers.
- Organisations who obtain funding must be working with and supporting other organisations. No standalone organisations.

#### Infrastructure
- Role VCS/infrastructure- strategic/ local support/operational and role of other organisations to provide operational support.
- Offer support to VCS groups who are not funded by local authority
- Use funding to modernise VCS/ change management
- Encourage ward-based groups to work together

#### Assistance to organisations to develop the knowledge/skills and experience needed to draw on resources/ infrastructure.

#### Proposals/Comments/Questions
- Historical funding and rolling over of contracts, need to think differently
• Meeting statutory duties— is this part of this?
• Would citywide need more funding? No necessarily e.g. CAMMS tier 4, numbers low and so commission on a larger basis
• Do we want to fund community centre? More detail needed about grants
• Culture within the sector sometimes hinder change— need to support sustainability
• Are we trying to do too much for £3 million funding
• Equitable funding— ward to ward needs to be different— priorities based on need, how to decide, it may not be equitable because of this.
• VCS infrastructure important
• Challenge lots of groups have learned to adapt to funding regime and how they utilise this.
• VCS infrastructure important— prospective gives options to bid against
• Outcome of this process would be to maintain neighbourhood services and supported by city wide model or would it? Geographical/ place based or city wide? VCS funding to follow
• Don’t use wards, use natural neighbourhoods
• Do we need to fund all neighbourhoods, what about those with more resources anyway? Yes but recognise some need more targeted etc
• Los of factors why activity is low in some areas— history, member, facilities
• Challenge the sector— will hate it
• Some equality groups are geographically based e.g. race, others city wide e.g. sexuality and disability, wide variety

Funding Model

Proposals
• % figure of core costs to not encourage dependency, depends on size of organisation and scale of delivery
• Full recovery model
• Incorporate a facilitation role to keep a level playing field, incorporate funding for infrastructure organisation
• Give funding to external group outside of Manchester for feedback.

Questions/Comments
• Historical funding needs to be reviewed must change and be outcome based
• How is funding going to achieve different priorities?
• Core funding or just direct care costs?
• Do we want to agree % core costs or for the groups to choose?
• From a funder’s perspective, how much goes into achieving actual aims and how just ends up supporting back office.
• Pool resources
• Housing providers now bidding for one service
• What happens to other organisations who get support but not funding from MCC/CCG?
• Broker type position to meet outcomes— neutral to help development
• Terms of reference and memorandum of understanding
• Second funding model, based on prospectus
• 3rd model based on 1 pot of funding but supports a number of organisations, if pooled more staff, offer more services, more support
• Need geographical spread or based on need
• Do we need outcomes to be high level, do they remain or be more specific?
• Must link to the bigger picture
• Is there flexibility on where funding is to be sent- no agreement on where it is to be spent?
• What are the priorities for the funding- need to discuss and agree and how decisions are informed or agreed?
• Contract plus- e.g. an organisation be a lead and delivers a service and also supports/ links to a number of organisation that also deliver outcomes incorporating infrastructure support KPIs in place would include core cost delivery
• Fourth model- full amount to one organisation and they sub contract out