

GREATER MANCHESTER VCSE LEADERSHIP GROUP

the sector's voice in Devolution

GM VCSE Leadership Group Statement

15th April 2020

The sector in Greater Manchester, as it has right across the country, has responded and responded strongly to the challenges we now face. While normal working is suspended in our sector as it is for others, VCSE groups have mobilised, redeployed staff and reinvented delivery models in order to continue to provide basic support to our communities and beneficiaries.

The GMCA & H&SC Partnership statement recently issued by commissioners¹ has been extremely well received by the sector and for us represents a significant milestone in the maturity of our partnership. We thank partners for the support shown, and shown now, given the challenges you too are dealing with. Your recognition of what we are and what we do, is greatly appreciated.

We are also conscious that the local infrastructure organisations operating in localities have played a major role as part of their local resilience system. In the spirit of devolution, these systems have evolved as a consequence of floods and the Arena Bombing in order to maximise local capacity. This has been a significant early win that should not be lost.

Added to this, the opportunities for the sector to be involved and represented in senior strategic-level meetings have been a hallmark of devolution in Greater Manchester. We would ask that the opportunity to be represented and to engage in senior strategic level meetings continues from here forward.

As the end of the beginning draws near, the GM Leadership Group recently met to share updates and assess what is now needed, and draw together a number of issues that need to be addressed. We identified the following seven areas for concern and action.

1. Inequality

We are gravely concerned about existing and emerging social and health inequalities making the emergency response even more challenging for some people and communities. We ask for an immediate GM Equalities Impact Assessment by an equalities taskforce reporting to the Strategic Coordination Group with particular initial focus on the concerns of the disability community and disabled people's organisations (digital exclusion, Personal Assistant support, appropriate PPE equipment, supply of medical equipment to disabled people and carers, and food access) and BME individuals. We will pro-actively support this process, collating wider VCSE feedback, escalating priority issues, dedicating comms

¹ A Statement to the VCSE Sector on behalf of Public Sector Commissioners in Greater Manchester, 29th March 2020: <https://www.gmhsc.org.uk/news/coronavirus-vcse-sector-support>

capacity to share issues and actions, and contributing our time and resources to solutions that we jointly identify. We attach a rapid review assessment as an appendix.

The issue of communicating with different communities is a constant. This must be two way and clearly there is a role for our sector.

2. Engagement:

2.1 Short term: Identify mechanisms to ensure VCSE involvement and engagement in the next phase of the emergency response. E.g. Two VCSE reps on the new Out of Hospital Cell (one VCSE provider, one VCSE infrastructure). We are very pleased that this has now happened and thank partners.

2.2 Medium/Long Term: Meaningful inclusion in the development of next stage strategic approaches after the immediate crisis has abated and we need to turn our thoughts to rebuilding society. How can we be around the table when the discussions and decisions are being made, rather than being consulted after decisions have been made?

3. PPE and Testing

PPE equipment and testing as supply increases is rapidly made available to frontline VCSE staff, volunteers and carers.

4. Economic impact

4.1 Issues of economic impact on the VCSE sector, including social enterprises, and the self-employed, alongside the limited availability of current Government measures, is being lobbied for by national VCSE agencies. Any support in this campaign would be greatly appreciated. Please also include us, in any way that we can help, in lobbying for resources for Councils, Greater Manchester and the North of England.

4.2 We have seen City Region funds launched for frontline and COVID-focused VCSE delivery that complements the National Emergency Trust funding. This includes LCR's LCR Cares Fund and we expect to hear of something similar in Lancashire in the next week. We are pleased to see a number of Localities in GM opening up similar funds. However it needs to be appreciated that whilst the impact of the scale of the current emergency nationally amounts to £4.6 billion, and current emergency funding for communities and the sector falls well short even in the short term.

5. Volunteering

There are two key messages from us in regard to volunteering. Firstly, that volunteers do not endanger themselves and are supported so that they can play a valuable role in dealing with the current crisis. Secondly, that there are a myriad of high profile volunteering schemes now in operation; these schemes should be as effectively connected together as

possible. There is a concern that existing volunteer networks are suffering from an inability to access DBS checking services due to the prioritisation of new NHS volunteers which leaves those volunteer services at risk. Our offer is to continue to work with partners in order to achieve both of these principles.

The joint development of a central portal has been an important first step and it is important to remember that its rapid development was facilitated by the existing volunteer network across the Sector that was in place: www.volunteergm.org

6. Emotional support

This will be a traumatic and challenging time not only for all frontline workers but for the general public dealing with the consequences of a lengthy period of isolation.

5.1 The ask is that the VCSE be considered as a potential provider of formal and informal support and the offer is that the VCSE have both experience and resource (especially with the provision of peer support and advocacy) to build coherent systems that allow those struggling to receive emotional and practical assistance.

5.2 Shared, fast track access to professional emotional and mental health counselling and support for frontline VCSE staff, carers and volunteers.

7. Redeployment of Resources / Use of Skills

We are fully aware that the current situation is pushing Health and Social care capacity to the max and that as Virus cases rise there will be instances of key staff being unavailable. The VCSE has an untapped resource of clinical, strategic and front-line experts and the potential for redeployment should be assessed. This will not suit all groups, some will need to focus on supporting their beneficiaries, but there will be a number of agencies where it does.

Warren Escadale

Chair, GM Leadership Group

Appendix: Rapid Equalities Review

Highest priorities – most frequently cited
<u>General:</u> <ul style="list-style-type: none">• People in some black and minority ethnic communities – especially where first language is not English• People in poverty and on low incomes, living on their own without contacts/networks and without internet access• People not already in contact with services
<u>Specific:</u> [in order of frequency of mentions] <ul style="list-style-type: none">• Adults and children at risk of domestic violence• Disabled people – especially people with learning disabilities (fear of ableism)• Vulnerable children not attending school, even for free meals
Other groups/communities raised [in no particular order] <ul style="list-style-type: none">• Homeless people – notably sofa surfers, and families in temporary accommodation• Refugee and Asylum seekers• Carers who are not registered with social services or carers' services• Romany and gypsy people• People in sub-standard private rented accommodation• People released early from prison• People who are victims of trafficking and exploitation• People with drug addictions