

**Bristol consultation event - 15 September 2015**

**Attendees**

Aliu Bello	Centre for capacity building & enterprise development CIC
Anne James	Bristol City Council
Berkeley Wilde	Diversity Trust
Bernadette MacDonald-Raggett	Restore Support Network
David Joslin	Albemarle Centre
Efiom Ene-obong	TSCG – employment agency
Gill Gillott	Yarlington Housing Group
Karen Allen	Rethink Mental Illness
Kate Oliver	The Care Forum
Keith Hall	N/A
Marsha Miles	Marsha Miles Consultancy
Maya Kalaria	Kaur Therapy and Training Services.
Ounkar Kaur	Kaur Therapy and Training Services.
Pat Rose	Nilaari Agency
Sibusiso Tshabalala	Cognitive Paths
Saffron Frances	NILAARI
Rachel Desarthing	Tribe of Dolls
Clayton Planter	Total Inspiration
Marvin Rees	
Nick Davies	NCVO
Jabeer Butt	REF

**Recognising the value of the sector and making the most of local assets**

How can JSNAs become more focussed on VCSE and community assets locally?

- 20% of group had been involved in JSNA
- JSNAs not being updated because commissioner “don’t think anything has changed”
- Difficulty of people speaking on other people’s behalf. Need the small, specialist organisations to represent the views of their communities. Without this voice, the risk is that people who aren’t experts will influence spending decisions – example given of assumption about BME mental health in prisons
- Challenge to get local health commissioners to provide funding to support VCSEs to engage with JSNAs. Attendee’s organisation was supported by their local healthwatch

How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans?

- Need more training for commissioners. They need a better understanding of how the voluntary sector works and the barriers it faces
- Need more local commissioning academies
- Should be mandatory for one person from every CCG to have a commissioner go through the commissioning academy

- Commissioners mark applications on questions that they haven't asked
- Need more free or subsidised training for the VCS. Small organisations can't afford £200 conferences
- VCSEs need to be more creative. Example of videoing events and sending the video with funding applications. No point just complaining. "If you got mugged on your normal walk home, would you still walk that way? No, you'd take a different approach". Feeling in the room that these conversations have been going on for 20 years but very little has changed
- Health commissioners should work through existing networks rather than trying to set something up themselves. Much better to use community development approach
- Any funding that does come through needs to come with capacity building support. If commissioners are going to refer to the VCSE sector then they need to support its capacity
- All commissioning plans should involve service users

### **Investing in organisations that promote equality and addressing health inequalities**

Do you recognise findings from initial report?

- BAME communities are clustered in the poorest quartile. Therefore policies which disproportionately impact on the poorest will also have a disproportionate impact on BAME communities

How do we prioritise?

- Equality needs to be something that runs through everything we do. It shouldn't be a standalone strand
- Need greater consultation with the effected communities but smaller organisations increasingly have less time to go to consultation events, strategic partnership meetings etc. They are all focussed on frontline delivery
- Senior management at the top of these organisations is not diverse. Those making the decisions do not have first-hand experience of being part of these communities
- Health inequalities are correlated with and caused by other inequalities such as poor education, lack of engagement etc. If you can start to tackle these then you can start to overcome the health inequalities
- Is there any point 'promoting equality' if you are not going to tackle wider society inequalities?
- You need to start prioritising the smaller organisations that work with equalities groups. They find it very difficult to compete with large, slick, professional organisations. These organisations are struggling, not because of the quality of their work, but because they struggle to access funding
- Bristol City Council will be recommissioning their funding for VCSEs next year. There is a real need for equalities organisations to come together in consortia. It's helpful to know this but organisations need a lead in time
- Need seed funding for consortia. Doing this can take time and be expensive
- Question of whether collaboration between providers is a [breach of competition law](#)

Examples of good practice?

- Street to Boardroom – only costs £5,000

### **Demonstrating Impact**

- Some data is only available to professionals
- Public health commissioners will not fund social prescribing services because the organisations are unable to access the case file data of their client, held by GPs, that would enable them to prove the impact.
- Mention of the Rotherham social prescribing funding which is £500,000 for five years – this is enough time to show impact, one year's funding is not
- Need longer funding for services, with sufficient funding built in to enable proper evaluation
- More accessible open data sets
- Voluntary sector organisations can see that their interventions are making an impact but they are being required to comply with a medial standard of evidence
- Because procurement guidelines are so tight, it acts as a straightjacket, preventing organisations from demonstrating their impact in innovative ways

### **Measurement**

- Measurement is often inappropriate. Usually monetary. Lots of the stuff we know intuitively is worthwhile is very difficult or expensive to measure
- Need to be focussed on the service user experience. If dance classes make them feel better, then we should fund them
- Different funders use different metrics. If organisations were told which ones to use then it would be much easier to train people
- Those organisations that don't have the money to undertake detailed measurement become less sustainable
- Measurement is important as a way of assessing the quality of the practitioner

### **Funding and commissioning**

- Culture of competition that has been created by competitive tendering
- Commissioners often ask themselves, when considering funding something new, what they can/should/must stop funding. Could the VCSE sector play a role in helping to identify interventions which aren't working?
- Not just a question of available money. It is about what you can access.
- It is useful for statutory providers to have a diverse voluntary sector which better reflects the diversity of user needs
- Commissioners want to pass on risk which makes it more expensive for the voluntary sector to provide services. For example, personalised budgets – risk for orgs in terms of safeguarding, policy implementation, training etc. Much more expensive for small organisations that can't spread the cost across multiple services. Makes them less competitive against big orgs
- Working in massive regions such as the SW can be a challenge. Importance of regional infrastructure
- Very little funding for infrastructure. What little there is channelled through national infrastructure. These organisations have a role but we also need to hear the voice of small, local organisations. By the time the money trickles down there is often very little left
- Project funding vs core funding. All organisations need some core funding but very difficult to access

- Change from grant to contract means VCSEs are increasingly told what they have to deliver. Can't use their own discretion
- VCSEs need to try and access philanthropic funding – e.g. from footballers
- GPs don't engage well with the VCSE sector. How can VCSEs reach out to primary care? Primary care can act as a route to those who are isolated
- Grants are cheaper for the funder to administer and cheaper for the organisation to deliver because of the reduced reporting requirements.
- Clear need within the room for a better understanding of local commissioning structures and the funds available.

## **Actions**

- Provide [link](#) for those that would like to submit additional comments to the review
- Share [slides](#)
- Share notes