



Manchester Partnership Board	
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Date of paper:	29 February 2024
Subject:	Strengthening strategic partnerships across Health and Care with the VCSE sector in Manchester
Recommendations:	The Manchester Partnership Board is asked to comment on and support the paper.





CONTEXT

- 1.1 The purpose of this report is to raise awareness and galvanise action surrounding the immediate and ongoing issues impacting the VCSE sector¹ as a key strategic partner within the ICS. It is also to confirm the principles and agreements that will underpin Manchester's integrated collaborative response to sustaining the sector and integration of their insight, expertise and leadership in the future developments and delivery of the City's health and care priorities.
- 1.2 The [2021 State of the Sector report](#) estimated there are over 3,800 VCSE sector organisations in the City, which was an increase on the previous report from 2017. There are over 160,000 people who volunteer with the VCSE sector in Manchester who give a total of 480,000 hours of time per week, valued at over £240 million per year to the City's economy, working alongside 32,246 paid staff (equal to 19,607 FTE). The vast majority of organisations are neighbourhood based, rooted in communities, and addressing significant inequalities in what they do. The strong return on investment provided by the VCSE is well evidenced with preventative and early intervention work reducing the strain on public services in both immediate demand and in achieving long term outcomes.
- 1.3 There is a long history of co-operation and collaboration between health and care organisations in the VCSE sector and the health and care bodies that make up the Manchester Partnership Board. Some of this has been delivered through Macc as the VCSE infrastructure organisation for the sector in Manchester but also directly on an organisation-by-organisation basis via contracts and grants. Funding has supported community engagement, patient involvement, and the delivery of services. However, we have identified a need and also an opportunity given the changes to the health and care system to further integrate the VCSE more strategically across the City - beyond transactional arrangements and consultation, moving to a more strategic approach that integrates leadership, impact and learning into future decision-making, co-design and service provision. (A report on this was produced in January 2023 by Ali Wheatley, an NHS Graduate on placement with Macc).
- 1.4 As we develop our locality integrated infrastructure there are opportunities to further strengthen our relationship through City-wide, neighbourhood and community initiatives and joint leadership where appropriate. Whilst there are some good examples of cross-sector and integrated approaches that benefit the people and populations of Manchester there is a shared understanding among partners that by strengthening relationships, operating frameworks, financial and operational accountability we will improve outcomes for the citizens of Manchester, sustain growth, reduce inequalities, and improve efficiency. It is fair to reflect that this is a long-standing ambition but one the local health and care system has generally struggled to embed through successive periods of change. There is an imperative to make progress on this in the embedding of the ICS model at place: with significant budget pressures and reductions in resources available, finding the most effective and efficient ways of working together to address our shared system challenges is a rare positive opportunity.
- 1.5 The financial resilience of the VCSE sector (including micro, small and medium local charities) in Manchester has been hit hard by both the current economic situation, the withdrawal of COVID emergency/non-recurrent funding, wider financial pressures across the health and care system, changes in governance along with decision-making at different spatial levels. The State of the Sector report reviewed 126 groups across Manchester with a similar split across areas of work. The report asked about changes in funding levels and showed that 27% of groups had decreased income with 46% reporting an increase in demand for services – there

¹ VCSE sector means charities, voluntary organisations, community groups, the community work of faith organisations and social enterprises or other non-profit making organisations with a social purpose.



is a strong view within the VCSE sector that this situation has deteriorated further as emergency funding approaches introduced during the pandemic have now ended.

- 1.6 The work described in this paper is set within a period of extreme demand and dependence placed on both the public and VCSE sectors. It is also a time of great uncertainty. NHS, local authority, and other public budgets are under immense pressure and that budgeting is having a *direct* impact on VCSE organisations in terms of grants and commissioning, but also an *indirect impact* (reductions and pressures in public services often displace need and put more pressure on charities and communities).
- 1.7 Moving forward, active involvement of voluntary and faith-based organisations, community groups and social enterprises in places and neighbourhoods will be increasingly critical to Manchester. This will allow us to be able to respond to these pressures to develop a model for health and care support which is holistic, person-centred, proactive, and preventative, while addressing the priorities of tackling inequalities, building confidence, and co-design of a sustainable health and care system. Put simply, there is a need to take a practical approach where responsibility and risk are shared, and the public and VCSE sectors work together as an ecosystem which supports places, communities, and people.
- 1.8 The GM VCSE Accord is a three-way collaboration agreement between the Greater Manchester Combined Authority (GMCA), NHS GM Integrated Care and the VCSE sector, overseen by the GM VCSFE Leadership Group. This Accord has also been endorsed through the Executive structures of all ten of the GM local authorities. *Further details are available in Appendix 1.*
- 1.9 Manchester has been clear that signing up to the Accord signals support for the VCSE sector in the ways set out within it: that the sector is a **strategic** and **delivery** partner. Alongside this comes recognition that a more detailed examination of the situation across the city. A locality-specific approach is required to bring the Accord alive in a way that is relevant to Manchester, addresses local barriers, builds on local strengths, supports and contributes to the development of the city's strategic plans, and meets the unique needs of our citizens.
- 1.10 There are examples of progress in terms of relationships and mechanisms in support of the VCSE in Manchester (some outlined in Appendix 2). Further work needs to be undertaken to ensure that we are engaging and commissioning the VCSE to support the delivery of MPB priorities.

2. Working with the VCSE sector across Health and Care in Manchester – progress to date

The VCSE sector in Manchester continues to evolve: as the needs and capacity of people and communities shift, so do the resources, priorities, and purpose of VCSE activity.

- 1.11 VCSE Involvement and Influencing - The VCSE sector has established structures through Macc such as the Health and Wellbeing VCSE Leaders' Group with a specific focus. This group originated initiatives such as the Memorandum of Understanding with MLCO and has processes in place to support VCSE representation in structures such as MPB and Making Manchester Fairer (MMF). There is scope for much greater collaborative working through this group as the key forum for public sector partners and VCSE leaders who have health, care, and wellbeing as their focus. However, there are significant challenges for the VCSE sector when it comes to capacity to work at and influence at multiple spatial levels i.e., Neighbourhood, City-wide, GM, National and we will need to work collectively with the sector to address some of these challenges.

- 2.2 Communication - delivering communication and engagement approaches linked to groups and communities across Manchester to improve the sharing of data and information, and better connect to public sector partners. The work that has been undertaken by CHEM with the establishment of Sounding Boards comprising VCSE organisations and community representatives, as well as statutory and health and social care representatives, is a good example of this. Though the selection of trusted *messengers* to share messages via *media* used by communities ensured that tailored public health messages were more likely to reach communities and be understood and acted on. There has been some joining up of communications in sharing through networks and channels (e.g. to promote COVID-19 vaccine uptake, address vaccine hesitancy and challenge misinformation). Prior to the pandemic there were conversations with MCC and VCSE partners about a shared approach to a “public information ecosystem” moving beyond a ‘social marketing’ approach towards systems and cultures to support active engagement. Work on the new structure for VCSE engagement within the ICS has not progressed, in part due to the pace of development of the overall ICS governance infrastructure but it is expected that this will progress in 2024.
- 2.3 VCSE Workforce Development - Through collaboration with partner organisations across GM, Macc has been leading a pioneering GM-wide workforce development programme for the VCSE sector, to boost skills, capability, and develop leadership across the sector (with a specific focus on nurturing more diversity in sector leadership). This sits alongside Macc’s history of developing system leadership programmes in recent years working with partners in MFT, MLCO neighbourhoods and with GM Moving. In Manchester, MCC and Community Health Equity Manchester have developed a system leadership programme for women experiencing and impacted by racial inequality. It is open to women of colour working in women-led VCSE organisations within Manchester and aimed at both current and future leaders within Manchester.
- 2.4 Equality Networks - Manchester’s commitment to equality and diversity is part of its fabric. The City has championed equality for generations and prides itself on being a diverse and welcoming city - a city for all where everyone can achieve their potential and where everyone is valued, and their success celebrated. We have a thriving and increasingly diverse population with a wealth of characters, cultures, and contributions. We have achieved a lot by working with our different communities to promote their identities and achievements. We will continue to maintain and build on this, going even further to celebrate Manchester’s diversity. We will act as a collaborative of people from a wide range of communities of identity, working closely with the sounding boards, Manchester Disability Collaborative, CHEM, GM Equality panels, North Manchester Inclusion Partnership, VSCE Equality organisations to advise, support and bring insight from diverse and intersectional viewpoints on key strategies and service design issues.
- 2.5 Infrastructure development – In the context of the GM VCSE Accord, the priority for VCSE infrastructure development is to ensure that every locality has a sustainable and effective model for supporting and developing the local VCSE sector. In some GM boroughs there is a long history of infrastructure support (e.g. Salford CVS) while in some there is no VCSE infrastructure organisation and in others this gap has only recently been filled with the development of a new organisation (e.g. Sector3 in Stockport). It is well understood that without such support, there is an inability to convene the sector to work strategically and enable more effective collaborative ways of working, a loss of capacity to draw in additional resources (funding opportunities, partnerships and volunteers). In Manchester, Macc was restructured in 2012 in order to address such gaps and is locally (and nationally) recognised as an exemplar of VCSE infrastructure.

More broadly, there is ongoing work to strengthen the strategic approach which underpins the VCSE sector across Manchester. Whilst not specific to just health and care the Our Manchester Voluntary and Community Sector (OMVCS) Fund is MCC's largest grant funding programme to the VCSE sector. OMVCS was originally established in 2018; the 2023-2026 programme was co-designed with the sector during 2022 to ensure it was focused on the top priorities for the city and the sector. The three core aims of the new programme are to support *health and wellbeing, help address poverty, and tackle inequalities in the city.*

- 2.6 Inclusive Economy - The Accord includes a commitment to grow the role of the VCSE sector as an integral part of a resilient and inclusive economy where social enterprises, co-operatives, community businesses, charities and microsocial businesses thrive. This aligns well with Manchester's aim to develop a more inclusive economy as part of the city's new economic strategy. Manchester has a strong track record of leadership in adopting social value approaches as part of commissioning and procurement. There is an opportunity to strengthen this with further emphasis on investing in locally-run and community-owned organisations. VCSE organisations provide local employment and bring additional investment all of which stays in the local economy. There are further opportunities to build social value into supplier procurement as well – e.g. recycling services, cleaning services and ways to create additional social value through activities such as the work Sow the City are doing with MFT on creating more green spaces in their estate.
- 2.7 As well as hosting the GM Social Value Network (which is open to public, private and VCSE partners to explore ways to increase use of social value approaches), Macc has developed the Manchester Social Economy Alliance to nurture new local entrants to the social enterprise space. There are therefore good conditions for MPB to develop a plan for increasing what it can do through social value approaches (in line with the GM Strategy and GM Anchor Institutions work) and as part of a strategic approach to working with the VCSE sector.

3. Key Challenges and Issues

- 2.8 While there are positive developments as noted above, overall, it is acknowledged that more need to be done to further embed integration of the VCSE as valued and equal strategic partners in Manchester, whilst recognising the impact that improved relationships could have on the citizens of Manchester.
- 2.9 VCSE organisations are currently facing severe financial pressures and risks which are affecting their capacity to deliver the support and services required across the city. This includes a significant amount of short term and uncertain funding currently supporting delivery. This is set against significant increases in need, leading to demand that is too great for current VCSE provision to meet and plan for.
- 2.10 Changes to commissioning and investment decision-making as part of the GM ICB restructure has brought uncertainty particularly as the sector is party to significant contracted health-related activity established on the basis of non-recurrent, often annualised agreements. This is a risk to the sector risk given the ICB's significant funding pressures which could impact on the VCSE sector support that is commissioned or grant funded. A number of these arrangements are intended to be time limited, however, many are non-recurrent for historic reasons which do not align with the ongoing nature of the intentions for service provision. The impact of these financial challenges for the Manchester locality and NHS in particular along with further pressures expected on Local Authority budgets in the next few years will need factored in when resourcing VCSE infrastructure together.

- 2.11 This comes at a time when the long-term effects of austerity, the pandemic and the cost-of-living crisis mean that VCSE providers are less able than ever before to bear the risk of such uncertainty: they have used their reserves to meet increased volume and complexity of demand and spiralling running costs. This was already strongly in evidence before the pandemic (see State of the Sector reports) but is now much more pronounced with the impact that VCSE leaders are becoming understandably cautious about setting budgets to maintain provision at current levels.
- 2.12 As with other sectors the VCSE workforce capacity is stretched but this is exacerbated by inflation costs hitting the sector hard without proportionate uplifts in grant and contracts locally and nationally – further limiting capacity, recruitment, and retention. Pay rates in the VCSE sector are no longer benchmarked alongside the public sector². This disparity is now increasing year-on-year, leading to wider inequality, and exacerbating the cost-of-living crisis for the sector and the city. One example of the impact that this is having can be seen in relation to payment of the Real Living Wage (RLW). VCSE organisations in Greater Manchester have been leading the way in terms of payment of the RLW and have set a target in the Accord that 100% of employees in the sector are paid at least the RLW by 2026. However, many grants and contracts were developed before the current period of inflation and the uplift in the RLW to £10.90 from April 2023 is appearing to be unaffordable for many VCSE organisations. This will be further compounded if, as expected, the RLW rate jumps by a significant amount from 2024. Similarly, while many VCSE organisations have traditionally used the NJC pay scales (albeit with lower grading of roles on the scales), many have been forced to step away from this alignment when pay uplifts agreed nationally have not been reflected in increases in grants and contracts. This creates an existential dilemma for VCSE managers: it is now impossible for many organisations to maintain staff pay in real terms while also maintaining service provision at current levels.³
- 2.13 The VCSE sector has been facing spikes in demand for services caused by a number of factors including the cumulative impact of the Covid pandemic, the cost-of-living crisis, increases in refugees and asylum seekers, increases in housing and homelessness issues each leading to increased, intersectional, and complex physical and mental health issues. The sector has been experiencing people seeking alternative forms of support due to reductions in public services over the last 14 years and this now reaching an all-time high as public services becomes further squeezed difficult to access.

4. Opportunities

4.1 The VCSE sector comprises a wide and diverse range of organisations that sit alongside statutory services in Manchester. A key feature of the VCSE sector is its scale and diversity: from larger organisations to small grassroots groups; from organisations that support communities at a local level, to those that advocate for and seek to meet the needs of defined and often marginalised groups. As part of the wider health and care system, the VCSE sector delivers key services that support the health and wellbeing of the population. In addition, it contributes vital insight and intelligence on the needs of the people and communities it engages with and is frequently a route to engaging with communities, which we can further build on within the Manchester locality.

² With a limited number of exceptions in social work or healthcare professional roles where pay is determined by nationally set rates.

³ This also creates a longer-term challenge of attracting new talent into the VCSE sector and an increased risk of losing existing staff to other sectors better able to maintain pay and conditions.

4.2 The VCSE sector has been recognised as a key partner across Health and Care in support of its aims to tackle health inequalities, improve outcomes in population health and health care, and enhance productivity and value for money.

4.3 We can enhance this further by closer working with the VCSE sector as a strategic partner in shaping, improving, and delivering services; and in developing and delivering plans as set out in MPBs priorities. The scale and contribution of the VCSE sector means it can play a key role in finding solutions for, and addressing system issues which can include local approaches to tackle barriers to access and improve outcomes to reduce health inequalities along with opportunities to capture and share learning.

4.4 Embedding co-design and co-production –many challenges can be mitigated by involving the VCSE sector early in planning, design and decision-making. This provides time and space to consider the given parameters of an issue and raise suggestions or requirements for making things work in practice. This is particularly important when decisions involve or directly impact on VCSE organisations.

4.5 Seeing design and delivery as an ongoing rather than one-off process – many barriers and challenges can be mapped to different parts of the process of planning and delivering care. Currently, these processes tend to present as one-way transactions between statutory functions and VCSE organisations, however, they can be optimised by adopting an iterative and developmental approach to working together. Underpinning this is a commitment to developing a strategic partnership over time and adopting a learning approach while having clear mechanisms for accountability.

5. Recommendations

The Board is asked to support;

The establishment a system-wide task and finish group to work on a Manchester-specific VCSE Strategic Plan to support the delivery of MPBs priorities and align the GM Accord in a way that is relevant to Manchester, addresses local barriers, builds on local strengths, supports the city's strategic plans, and meets the needs of our citizens. The scope of the group should include:

- a set of shared expectations for the role and contribution of the VCSE sector to the delivery of the Partnership Board's priorities
- principles for joint working
- identifying if and how different types of VCSE organisations are currently able to contribute to or be involved in work of MPB partners and where there are gaps or current arrangements are not working well
- Develop an approach for embedding VCSE sector representation at a strategic level where appropriate – e.g. on particular work programmes, boards, or subgroups – with a role for VCSE representatives to bridge divides between statutory functions and VCSE organisations
- An interim update on progress of the task and finish group will be shared with MPB at the end of June 24

4.2 Undertake a risk analysis and/or Equality Impact Assessment across the partnership of VCSE commissioning, investment arrangements, including those held at place and or/ICB, which includes an analysis of need versus capacity and a lens on prevention and de-escalation. This will enable the Partnership to better understand, predict and mitigate the scale of impact for people, workforce, and wider system sustainability across Manchester.

4.3 MPB partners to work with VCSE colleagues to map out and agree an approach that increases and coordinates opportunities to build up collaborative working relationships across sectors. This will enable VCSE leaders to engage with and extend VCSE leadership involvement across the sector.

Appendix 1

SYSTEM AGREEMENTS & FRAMEWORKS TO SUPPORT SUSTAINABILITY

There are several key agreements and documents relating to partnership working with VCSE which should be acknowledged and operated through commissioning, co-design, contracting and procurement arrangements.

The VCSE Accord

- Commitment 1 - We will work together to achieve a permanent reduction in inequalities and inequity within Greater Manchester, addressing the social, environmental and economic determinants of health and wellbeing.
- Commitment 2 - We will embed the VCSE sector as a key delivery partner of services for communities in Greater Manchester
- Commitment 3 - We will build a financially resilient VCSE sector that is resourced to address our biggest challenges of ending poverty and inequality in Greater Manchester.
- Commitment 4 - We will grow the role of the VCSE sector as an integral part of a resilient and inclusive economy where social enterprises, co-operatives, community businesses, charities and microsocial business thrive.
- Commitment 6 - We will put into place meaningful mechanisms to make co-design of local services the norm, including expanding channels for service design to be informed by 'lived experience'.
- Commitment 7 - We will fulfil the potential for building productive relationships between the VCSE, public and private sectors to address inequity and build back fairer

National Compact

In 2010 Government agreed a Compact between the Coalition Government, and their associated Non-Departmental Public Bodies, Arm's Length Bodies and Executive Agencies, and civil society organisations (CSOs) in England. The agreement aims to ensure that the Government and CSO

work effectively in partnership to achieve common goals and outcomes for the benefit of communities and citizens in England.

Changing / ending a funding relationship

- Where there are restrictions or changes to future resources, discuss the potential implications as early as possible
- Assess the impact on beneficiaries, service users and volunteers before deciding to reduce or end funding.
- Offer an opportunity for the funded party to respond.
- Give a minimum of three months notice in writing, apart from in exceptional circumstances
- Provide a clear rationale for why the decision has been taken.

Commissioning & procurement processes

- Robustly consider the impact of the chosen approach on the supplier market.
- Each stage (funding options, specification, pre-qualification, invitation to tender and tender evaluation) should be fair, proportionate, transparent, well communicated, clear, accessible, and appropriately supported.
- Processes should not create unnecessary barriers that disadvantage competent VCSE providers from applying

Funding Period

- Commit to multi-year funding where appropriate and where it adds value for money.
- The funding term should reflect the time it will take to deliver the outcome.
- If multi-year funding is not considered to be the best way of delivering the objective, explain the reasons for the decision

Funding and payment models

- Consider a wide range of ways to fund or resource VCSE, including grants, contracts, loan finance, use of premises etc.
- Work to remove barriers that may prevent VCSE accessing statutory funding
- Use funding and financing models that promote VCSE inclusion, for example outcome based payments and payment in advance of expenditure.

GMCA Fair Funding Protocol

The GMCA has proposed to put in place a principles-based 'Fair Funding' Protocol between GMCA and the VCSE sector, which further develops Commitment 3 of the VCSE Accord: We will build a financially resilient VCSE sector that is resourced to address our biggest challenges of ending poverty and inequality in Greater Manchester.

This supplementary agreement "Protocol" will be used to guide how the CA plans its grant funding, commissions, and manages contracts with VCSE organisations, and will have the following intended benefits:

- Support improved trust, partnership working and co-creation of services between GMCA and the VCSE sector,
- Enable fairness and transparency in the financial relationship between the VCSE and GMCA,
- Reduce the likelihood of unrealistic financial expectations by either partner,
- Enable risk sharing between GMCA and the VCSE sector and improve the ability of the VCSE sector to provide publicly funded services in communities, and the resilience of those services.

Recognising that many VCSE organisations are commissioned both by the GMCA and NHS GM, it is recommended that NHS GM considers the adaptation and adoption of the Fair Funding Protocol to support a consistent application of commissioning and funding principles in line with the existing Accord.

Appendix 2 – Examples of structured, collaborative working between the VCSE and Health and Care organisations

Public Health and Population Health management – strengthening relationships between the VCSE sector and the public health system, including increasing the sector's delivery role in early intervention and prevention; building working relationships and referral pathways between Primary Care Networks, GP Practices and local VCSE organisations (not just health and care); improving data, research and intelligence sharing, and participation in system design.

Community Health Equity Manchester - was originally set up to inform our response to COVID-19, and the widening impact gap on different Black, Asian and Minority ethnic communities and disabled people. Members are now having broader discussions around the indirect consequences of the pandemic and broader social, health and wellbeing priorities for their communities. They have been and will continue to be vital in delivering our vaccine equity commitment as well as annually agreed priorities which align with the MPB priorities with the aim of building;

- TRUST between communities and statutory organisations.
- Share and amplify community VOICE and to provide INSIGHT.
- Be led by the DATA.
- Work in Collaboration and Partnership

The group achieves its objectives through collaborative whole system working, influence and advocacy as well as direct actions through its programme of work. CHEM is a good example of where these improvements have built critically important trust with our communities and key stakeholders realising positive results. The CHEM programme through targeted engagement grants and the Sounding Boards which are facilitated through VCSE organisations have become a critical part of our system infrastructure for addressing health inequalities, even more so in light of 2021 Census data for Manchester.

Representation covers groups and communities facilitated through VCSE organisations; disabled people including people with learning disabilities, communities experiencing racial inequality, which include Pakistani, Bangladeshi, Black African and Caribbean sounding boards, Inclusion Health group and people or groups that experience multiple forms of discrimination that intersect or combine (intersectionality). We will soon be setting up an LGBTQ+ engagement group. This will be kept under review based on emerging and evolving understanding of our communities. It is important to note that whilst needs of other at-risk groups e.g., people who are homeless, older people, are being addressed through other work streams we will continue to share the learning and good practice.

Making Manchester Fairer - Making Manchester Fairer (MMF) is the city's action plan for tackling health inequalities. It brings together coordinated action across eight wider determinants of health: work and employment; poverty, income, and debt; preventable deaths; homes and housing; places, transport, and climate change; systemic and structural racism and discrimination; communities and power; and early years, children and young people. Two workstreams in the MMF action plan have a clear focus on engaging and working with different communities across the city.

- Communities and Power – having connected communities where people feel valued, listened to and involved in decision making is important to ensuring communities feel nurtured and providing more control over the decisions they make in their own lives leading to better health outcomes
- Tackling Structural Racism and Discrimination – Health inequality and racism are

inextricably linked therefore addressing the wider determinants of health without addressing racism is unlikely to mitigate these inequities and may even further perpetuate and worsen existing health disparities.

North Manchester Engagement – Given the increasingly important role of the VCSE in health and social care, Macc’s State of the Sector reports since 2012 and research by Manchester City Council in 2019 have consistently identified a disparity in that provision; the VCSE sector in North Manchester receives lower levels of investment than other areas of the city. This led to a multi-agency enquiry into the reasons for this lack of investment and an action plan to address these issues. In response to this the North Manchester Together (NMT) initiative was launched, including health organisations, MCC, other statutory services and VCSE partners. Whilst this work stalled during Covid, it has recommenced and forms an important co-ordination role in the area and the potential to bring additional resource for wider VCSE engagement and capacity building. Work to date has focussed on building relationships: bringing people together, developing improved ways of working and addressing barriers to productive working. It is already making progress towards the creation of a thriving VCSE sector that is involved, empowered and responsive, and therefore better able to support diverse communities on whom the pandemic and cost of living crisis were having an unequal impact.

In May 2022 NMT updated its recommendations to support across 4 themes to develop North Manchester VCSE groups:

- Organisational development – to develop and maintain robust organisations with good governance
- To increase numbers of people involved from volunteers to corporate partners
- To increase funding for the sector including skills and access to grants
- Improve communications across the sector and stakeholders