Briefing and attachments:
Analysis of LCC and NHS CCG investment in the Third Sector 2017 / 18

Purpose of this briefing:
To share:

- Background information about the Analysis of Investment in the Third Sector in Leeds
- Comments from key partners about the analysis
- The Analysis of Investment by Leeds City Council and NHS Leeds CCG in the Third Sector 2017/18

Attachments:

LCC Analysis of Investment in the Third Sector 2017 / 2018
NHS Leeds CCG Analysis of investment 2017 / 2018

Background information about the Analysis of Investment in the Third Sector in Leeds

Leeds City Council has been undertaking an Analysis of Investment in the Third Sector since 2009.This was initiated by Leeds Third Sector Partnership which is that part of the city infrastructure which brings together partners from Leeds City Council, NHS , University of Leeds, Leeds Beckett and the Third Sector. The analysis has been presented for approval within LCC and at Leeds Third Sector Partnership.

The Council publishes details of all individual payments to the Third Sector in line with Government requirements. The Annual Analysis is published on the Leeds Data Mill and is shared with partners.

Third Sector Partnership has welcomed the annual analysis and it has prompted significant discussion. Year on year the format and content has evolved. This is in response to requests for a more nuanced and detailed analysis that is better able to provide an indication about the state and strength of the third sector in Leeds, e.g. the 2017/18 analysis includes details of investment in the faith sector and investment by elected members through the Members Improvement in the Community and Environment funds.

NHS Leeds CCG provided a high level overview of their 2016/17 investment in the sector for the first time to the Third Sector Partnership in 2017.

In November 2018 Leeds Third Sector Partnership received draft updates on investment in the Third Sector from Leeds City Council and NHS Leeds CCG for the financial year 2017/18. It was agreed at that time that: the LCC data required further review and additions; the ambition for the future would be to present the NHS and LCC analysis as one report, but that for this year the revised reports should be published together, after approval at Third Sector Partnership in 2019. The revised and approved documents are attached for information.

Key points to note:

- Third Sector colleagues welcome the analysis and draw attention to the interest from other cities to our approach to partnership with the third sector in Leeds and the transparency about investment in the sector.

- The investment in the Third Sector by the Council has been broadly maintained, despite a period of austerity since 2010/11, when the Council's core funding from central government reduced by £251m, whilst the authority has also had to manage significant demand led pressures and reductions in other income, delivering savings in total of over £512m.

- The analysis of LCC investment shows that the number of individual third sector organisations that the council transacts with has fallen, but colleagues recognise that this figure is misleading and requires further analysis to understand the real number, type, size and focus of organisations receiving investment. For example: some of the reduction in numbers can be explained by the process of data cleansing undertaken to prepare the 2017/18 analysis; in addition payments to individual consortium lead organisations do not reflect the total number and range of organisations benefitting from the investment; also Leeds Community Foundation administer a number grants programmes on behalf of Leeds City Council, they appear as one payment in the analysis but in the case of the Luncheon Club programme, one payment to LCF translates into payments to over 90 individual organisations. The ultimate ambition is to understand what contribution and impact the investment is having on the third sector.

- NHS Leeds CCG made £15,134m of payments to the Third Sector through directly commissioned transactions by either one of the three Leeds CCG's or the combined organisation in 2017/18

- The CCG analysis does not include payments made to independent NHS providers such as Nuffield Health even though it is a not-for-profit organisation, or the payments made through the joint commissioning arrangements with the Council.

- Leeds Community Foundation (LCF) have recently published Leeds Third Sector Health Grants Programme 2016-18 Evaluation Update 2019, which sets out information about and an evaluation of the investment of NHS funding into the third sector by LCF

Comments from partners

Anthony Cooke, Chief Officer Health Partnerships, Leeds City Council
'Evidence shows that strong community services and a thriving third sector have a positive impact on people's health. Increasingly, colleagues from outside Leeds are noting the impact of austerity and third sector cuts at the same time as Leeds has continued to invest in third sector services. We invest significantly every year in the third sector, and the recent CQC report into the Leeds system noted the importance of this resource in delivering effective prevention and early intervention'

Philomena Corrigan, Chief Executive for NHS Leeds Clinical Commissioning Group:
"The Third Sector in Leeds plays an important role in helping local people and communities increase their health and wellbeing. There are many examples of different approaches used to tackle key issues in the city such as isolation and loneliness and the CCG and its partners are committed to developing new ways

of working with our communities, particularly those that are hardest to reach, as well as supporting the sector to grow its wider impact evidence."

Chris Hollins, Chair of Third Sector Leeds and Deputy Chair of third Sector Partnership

The past decade has seen a re-shaping of the long relationship between statutory organisations and the third sector in Leeds and elsewhere. Leeds is a city of many facets, it has a thriving, hi tech, economy well placed to play its role in a region with a strong sense of identity. It is a city which sees partnership as the way that the fruits of success will, rightly, be shared by all its citizens, and a recognition that this does not happen of its own accord.

In the midst of our successes are people and communities who may struggle, strong cultural traditions which require support, leisure, community and sport activities which are the basis for individual success, education and skills facilities which are the foundation of the economy of the future, those who preserve the heritage of the past, and those who protect the environment for the future. Each of these is a necessary part of what makes Leeds what it is today.

The Third Sector has its distinctive role to play as part of this mix and the strong partnership between private, public and third sectors is an essential element without it, little could be achieved. This is supported by significant Council and NHS investment and external funding brought into the city by third sector organisations from Government and Charitable Trusts.

In the face of deep austerity Leeds City Council has maintained the levels of financial support for the sector, whilst managing a 40% cut in its funding. The strength of the statutory support to the Third Sector in Leeds and the growing partnership between agencies is demonstrated by this report, and is to be greatly welcomed.

Author: Claire Riley
Title: An analysis of 2017/18 Payments to the Third Sector

1. Purpose

1.1. This report provides an overview of the scale and nature of the Council's payments to and business in 2017/18 with the Third Sector (also known as the voluntary, community and social enterprise sector).

1.2. It also confirms the Council's intentions to publish details of grant payments to organisations within the Sector as part of the transparency agenda.

2. Background Information and the scale of business with the Third Sector.

2.1. In categorising organisations as belonging to the Third Sector, the Council continues to be guided by a wide-ranging, inclusive definition drafted a few years ago by the former Office of the Third Sector (now the Office for Civil Society). This indicates that the Third Sector includes charities, community groups, churches and faith groups, sports and recreational clubs, social enterprises and partnerships and trade unions and associations.

2.2. The Council's payments to the Third Sector involves tens of thousands of transactions including grant payments, funding for projects, activities and events, procurement of goods and services and the commissioning of services. They include spending from both revenue and capital budgets. The transactions are taken from FMS (the council's financial ledger). Third Sector payments are 'flagged' with a 310 reference to make them identifiable within FMS.

2.3. However, given the volume of data, the total costs / transactions identified as Third Sector may include some payments or organisations that should not be included. Some of these have been highlighted and removed from the analysis for 2017/18 resulting in £3.5m of incorrectly 'flagged' transactions being discounted from the original data. The majority of these are private companies, including some former third sector care facilities which have transferred to the private sector whilst operating under the same name, plus some payments to individuals that require discounting from the analysis.

A review and comparison to previous years suggests further 'flag' errors would be at the margin but further data cleansing will continue to be undertaken to re-categorise organisations for future analysis.

2.4. As reported last year, the analysis includes Aspire, and you are asked to note that payments to Aspire are larger than any other 3rd sector organisation at £22.1m in 2017/18. Overall Leeds City Council's total spend with third sector organisations totalled £125.1m. The total spend with organisations other than Aspire amounted to £103.1m.

In 2016/17 payments to the third sector amounted to £133.7m. The total spend with organisations other than Aspire amounted to £111.2m, up by £2m from the previous financial year.

2.5. **Appendix A** summarises the total business with the Sector in each of the last 9 years. This shows how the Council's spend with the sector, excluding Aspire fell from a peak of £123m in 2009/10 reflecting the impact of the government's austerity programme and its significant cuts in local government funding to £103.1m (excluding Aspire) in 2017/18.

It should be noted that the scale and stability of the Council's business with the sector has been broadly maintained in a period of very challenging financial circumstances for the Council. Since 2010, the Council has had to deal with a £251m reduction to its core government funding as well as facing significant demand led pressures within Directorates, particularly within Children and Families, for example.

2.6. The scope of the Council's business with the Sector has also remained quite consistent with that of recent years, although the analysis indicates a reduction in the total number of organisations being paid to 1,392 (1,664 in 2016/17). However, some of this reduction is attributed to the 'data cleansing' that has been undertaken.

2.7. It should be noted that a small number of payments to individual organisations reflect investment where the recipient body administers funds to other groups e.g. Leeds Community Foundation Luncheon Club grants programme makes payments to over 90 individual Luncheon Clubs. In addition there are a number of individual payments to the lead organisation for a consortium or sub-contracting arrangement where the partners may not receive any individual payments from the Council and are not therefore currently identified as beneficiaries of investments as part of this analysis. This is an area of the analysis that will be developed over the next year.

2.8. The biggest "churn" in the Council's pool of payments to the sector is in small payments to mostly local organisations, such as a one-off grant to a local sports team or scouts troop. In 2017/18 719 organisations received payments of less than £1k; in 2016/17 this numbered 747 organisations.

3. The Council's Major Third Sector Business Partners

3.1. **Appendix B** lists the 25 organisations receiving the most investment from the Council in 2017/18. This is an established part of the analysis and is referred to as the Top 25.
The list sets out details of the amounts these same organisations were paid in previous years from 2011/12 to 2017/18.

The totality of business with the Top 25 in 2017/18 amounted to £80.3m. Leaving Aspire aside, the other 24 were paid a total of £58.2m. The level of business within the same criteria in the previous year totalled £57m.

3.2. In 2017/18, the largest recipient of payments after Aspire is Developing Initiatives for Support in Communities (DISC) , the same as in 2016/17 which has seen its business more than double, over the last few years, from £3.4m to £8.7m (a slight reduction from 2016/17 when it received £9.1m). This is primarily driven by Public Health commissioned work on drug and alcohol issues.

3.3. The Top Three organisations remain the same as last year.

4. The Range of Third Sector Providers

4.1. The Council's business with the Third Sector continues to be dominated by payments to a small number of major care and service providers. In comparison, there is a wide population of organisations receiving relatively small amounts from the Council.

4.2. As previously discussed, Aspire is an out-rider in terms of the scale of its £22m business with the Council. This accounted for 18% of the overall business with the sector.

In 2017/18, 8 organisations received total payments between £2m and £10m.

The top 25, including Aspire, were paid an aggregate total of £80.3m which is more than half, 64%; of the Council's spend with the Third Sector. In numerical terms, this top 25 only constitutes just over 2% of the individual Third Sector organisations that the Council made payments to last year.

4.3. The top 50 bodies received total payments of £96.8m which represents 77% of the Council's business with the sector. These 50 bodies represent 4% of the Third Sector organisations the Council paid over the course of the year. Again, this is comparable to 2016/17.

4.4. In contrast to this concentration of most of the Third Sector spend with a very small number of large providers, 719 organisations received total payments of less than £1,000 from the Council. These organisations accounted for 0.19% of the Council's business with the Third Sector but represent just over half (52%) of the Third Sector bodies the Council paid last year. These smaller payments are often to local community, neighbourhoods, and faith based bodies as well as sporting and cultural groups.

4.5. Analysis undertaken on the Faith Sector identified 197 Individual organisations receiving payments in 2017/18. Further analysis is required to ensure that these organisations are accurately classified and that other faith organisations have not been overlooked.

4.6. Faith Organisations represented 12% of the total payments to third sector organisations in 2017/18, this is equivalent to around £14.8m.

The last time such analysis was undertaken was in 2013/14 and this highlighted £5.9m paid to faith organisations which represented 5% of total payments in the Third Sector.

4.7. **Appendix C** shows the distribution analysis of payments to Third Sector organisations in 2017/18. The average aggregate payment to a Third Sector organisation in 2017/18 was £89.9k. This average is skewed sharply upwards by the high value of business with a smaller group of service providers, and has been accelerated with the arrival of Aspire. In comparison, the median payment (half the organisations received more, and half received less) was only £825, lower than last year's figure of £1,257.

5. Spending By Directorates

5.1. **Appendix D** analyses the 2017/18 spend with the Third Sector in terms of the Directorates incurring the expenditure. Not surprisingly, this shows that the overall spend is primarily driven by the Council's care services: Adults and Health with 28%, Children and Families 10%, and Social Services Pooled Budgets (25.58%) along with spending with Aspire representing 17.6%. Again, consistent with the previous year.

6. Members Improvement in the Community and the Environment scheme

6.1 **Appendix E** sets out the Members' Improvement in the Community and the Environment scheme (MICE) money, that has been extracted from the total third sector payment data.

6.2 Each Councillor receives an annual allocation £2.5k to award, this money can be allocated in year or rolled forward to the next year. The use of MICE monies in 2017/18 was considered to be high, compared to previous years and this is assumed to be because in 2017/18 there was an 'all out election' where every member stood for election and a number of standing members stood down and could not roll over any MICE money into the next year.

6.3 MICE monies administrators have advised that the total allocation of MICE funding in 2017/18 was £319k. Analysis for the Third Sector spend identified circa £240K in 2017/18.

6.4 MICE monies represents less than 0.2% of payments made to the third sector in 2017/18.

7. Publishing Grants to Third Sector Bodies

7.1. The Local Government Transparency Code 2014 stipulates that local authorities should publish details of all grants to Third Sector organisations either in the form of a separate schedule or by tagging grant payments in the published schedules of all financial payments.

7.2. Draft schedules of all grant payments made to Third Sector bodies in 2017/18 have been assembled and are being sense checked prior to publication.

8. The future

8.1. On the 25th July 2018 LCC Executive Board received the Medium Term Financial Strategy for 2019/20 – 2021/22 which identified an overall estimated budget gap of £96.8m: £13.8m in 2019/20, £52.0m in 2020/21 and £31.0m in 2021/22.

8.2. The current financial climate for local government continues to present significant risks to the Council's priorities and ambitions. The Council continues to make every effort possible to protect the front line delivery of services, and whilst we have been able to balance the budget each year since 2010 and have continued to deliver a broad range of services despite declining income, it is clear that the position is becoming increasingly challenging to manage and looking ahead over the medium term it will be increasingly difficult to maintain current levels of service provision without significant changes in the way the Council operate.

APPENDIX A

Leeds City Council Total Business With the Third Sector.

	Total Payments	***Movement from Previous Year***	***As a %***
	£M	***£M***	
2017/18	125.1	-7.8	-6.24%
2016/17	132.9	5.8	4.36%
2015/16	127.1	15.1	11.9%
2014/15	112.0	2.8	2.5%
2013/14	109.2	0.6	0.5%
2012/13	108.6	-0.8	-0.7%
2011/12	109.4	-10.5	-9.6%
2010/11	119.9	-3.5	-2.9%
2009/10	123.4	-	-

Note

As stated at 2.4 of the report, in 2015/16 Aspire was formed; hence the increase in total payments. To provide comparable data, Aspire would need to be discounted from payment totals: this results in the following payments:

2015/16 £109.3m

2016/17 £110.4m

2017/18 £103.1m

In 2017/18 some data cleansing has taken place, those creditors removed in 2017/18 have also been removed from previous years, to ensure a consistent approach and only 2016/17 has been affected. The total payments (reported last year) in 2016/17 have adjusted from £133.7m to £132.9m. Consequently, the figures reported above, provide a comparable data set.

APPENDIX B

2017/18 Top 25 Third Sector Providers

								Rankings				
Organisation	***2017/18***	***2016/17***	***2015/16***	***2014/15***	***2013/14***	***2012/13***	***2011/12***	***2017/18***	***2016/17***	***2015/16***	***2014/15***	
Aspire Services (Leeds) Limited	22,083,097	22,504,099	17,843,583	-	-	-	-	1	1	1	0	
* DISC - Developing Initiatives for Support in the Community	8,735,442	9,174,151	8,110,567	3,699,361	3,755,361	3,687,319	3,453,107	2	2	3	3	
St Annes	8,497,126	8,839,334	8,783,925	8,339,399	8,353,675	7,955,068	7,859,583	3	3	2	1	
* Gipsil	6,431,053	2,802,925	2,012,374	1,962,770	1,713,901	827,555	847,243	4	6	10	8	
Home Farm Trust Ltd	3,030,237	3,161,744	2,679,609	2,977,199	2,695,642	2,224,030	1,975,266	5	5	6	4	
Afinity Trust	2,769,353	2,400,316	2,816,657	2,737,174	2,723,003	2,367,073	2,375,902	6	7	5	6	
Care & Repair Leeds	2,133,996	1,495,482	1,218,012	1,310,294	1,252,206	1,341,295	790,469	7	14	19	18	
Real Life Options	2,018,704	1,656,041	2,600,110	1,905,910	1,749,142	1,645,590	1,385,086	8	8	7	9	
Leeds Autism Services	1,961,233	2,002,498	1,786,617	1,875,686	1,394,209	1,259,721	781,757	9	11	11	10	
Anchor Trust	1,839,687	740,127	749,017	1,318,799	1,593,278	-	-	10	16	38	17	
Touchstone	1,785,585	1,666,432	1,712,243	1,678,694	1,801,201	1,253,926	1,185,670	11	11	12	13	
Casa Leeds	1,781,169	1,466,211	1,027,696	1,271,041	1,172,975	1,077,250	385,911	12	15	27	20	
Leeds Citizens Advice Bureau	1,633,058	1,651,655	1,564,964	1,709,334	1,218,284	982,678	1,023,140	13	13	16	12	
Refugee Council	1,631,037	798,499	100,399	1,412	2,000	4,555	30,850	14	35	153	902	
Health For All	1,487,059	1,749,291	1,621,692	1,648,709	1,736,443	1,482,307	872,591	15	10	13	15	
Henshaws Society For Blind People	1,450,085	909,882	805,431	781,902	891,289	455,405	377,512	16	38	37	61	
Advonet	1,418,127	1,227,881	1,120,757	1,048,290	1,103,447	39,536	39,536	17	20	21	27	
*Leeds Housing Concern	1,317,112	1,095,859	1,154,673	1,337,073	1,477,202	2,071,029	2,560,094	18	24	20	16	
Wilf Ward Family Trust	1,304,879	1,348,474	3,364,538	1,675,107	1,966,937	1,871,989	1,622,378	19	19	5	14	
Sense	1,276,993	1,081,128	1,104,019	1,210,215	1,190,925	1,267,148	1,036,117	20	25	24	23	
Barnardos	1,206,623	1,169,904	1,519,701	2,138,821	2,228,793	2,236,808	1,929,453	21	22	17	7	
The Disabilities Trust	1,175,580	892,899	885,295	1,211,322	876,727	759,788	-	22	32	34	23	
*Carers Leeds	1,154,558	1,126,499	1,107,680	1,002,900	-	-	256,161	23	23	23	28	
Community Integrated Care	1,115,829	995,575	913,876	915,046	875,902	500,987	2,565,861	24	30	31	33	
Catholic Care	1,088,742	1,403,927	1,110,126	1,296,133	1,284,570	1,374,171	1,245,886	25	16	22	19	

Comments :

Total Third Sector Business 17/18	**125,174,184**
Top 25's Percentage of Total	**64%**
Top 10's Percentage of Total	**48%**

21 of the Top 25 in 2017/18 were also in the Top 25 last year.

Important Note:

The Top 25 includes individual organisations who receive payments in their capacity as lead body for consortia.

Some of the organisations are highlighted in red - details of their consortia partners are set out below

As part of the ongoing development of the Annual Analysis of TS Investment, the ambition is in the future we are able to identify all of the consortia leads and members earlier and adjust the analysis accordingly.

Consortia lead	Contract	Partners
DISC (now Humankind)	Forward Leeds	St Anne's, Barca, LYPFT
Gipsil	Flagship	Leeds Housing Concern, Foundation Housing
Gipsil	Engage Leeds	Riverside Housing, Connect Housing, Barca
Leeds Housing Concern (now Turning Lives Aroound)	Beacon	Touchstone, Foundation Housing
Carers Leeds		

APPENDIX C

Distribution Analysis of 2017/18 Third Sector Business

	Number of organisations	% Of number of Organisations	Total Value £	% of total Paid
Number of Third Sector recipients	***1,392***		***125,174,481***	
Total payments above £9m	1	0.1%	22,083,097	17.6%
Total Payments £2m - £9m	7	0.5%	33,615,912	26.9%
Total payments £1m - £2m	17	1.2%	24,627,358	19.7%
Total payments £0.75m - £1m	9	0.6%	7,511,099	6.0%
Total payments £0.5m - £0.75m	9	0.6%	5,765,530	4.6%
Total payments £0.25m - £0.5m	36	2.6%	12,204,681	9.8%
Total payments £0.1m - £0.25m	57	4.1%	8,617,453	6.9%
Total payments £50k - £0.1m	79	5.7%	5,770,201	4.6%
Total payments £10k - 50k	157	11.3%	3,716,454	3.0%
Total payments £5k - 10k	72	5.2%	496,338	0.4%
Total payments £1k - 5k	229	16.5%	523,079	0.4%
Total payments £500 - £999	201	14.4%	127,078	0.1%
Total payments £100 - £499	445	32.0%	112,289	0.1%
Total payments below £100	73	5.2%	3,912.49	0.0%
Total	**1,392**	**100%**	**125,174,481**	**100%**
			Average	89,924
			Median	825

Comments

25 organisations received total payments of £1m or more (2 less than 2016/17) which accounted for just over 64% of all payments made to Third sector businesses.

719 organisations received less than £1,000 each (747 in 2016/17); accounting for 0.2% of the total payments made to the Third Sector but representing 51.7% of the total organisations Leeds City Council does business with.

The Average aggregate payment to the Third Sector in 2017/18 was £89, 954 which is an increase from the previous year (£80,340) of £9,614

The Median aggregate payment in 2017/18 was £825 (i.e. half the organisations received more than £825 , half received less). This is a decrease from 2016/17 when the median payment was £1,257

The number of organisations in 2017/18 has fallen by 273 from 2016/1 . However, some of this can attributed to data cleansing.

APPENDIX D

2017/18 Investment by Council Directorates

Directorate	***2017/18 £***	***% Of the total***
Adults and Health	35,710,298.23	28.53%
Children and Families	12,751,996.99	10.19%
City Development	5,913,794.42	4.72%
Communities and Environment	11,238,905.08	8.98%
Resources and Housing	7,300,958.75	5.83%
Strategic Accounts	306,570.51	0.24%
Strategic Landlord	358,896.17	0.29%
Social Care / Pooled Budgets		
Other Service Providers	29,509,963.83	23.58%
Aspire	22,083,097.17	17.64%
Grand Total	***125,174,481.15***	***100.00%***

APPENDIX E Geographical distribution of MICE funding per third sector payments data MICE = <0.2% of total LCC third sector expenditure

Ward / Geographical Area	Value £	% of spend
NAdel & Wharfdale	15,092.16	6%
Alwoodley	8,050.00	3%
Ardsley & Robin Hood	10,821.27	5%
Armley	5,592.00	2%
Beeston & Holbeck	13,369.00	6%
Bramley & Stanningley	5,230.00	2%
Burmantofts & Richmond Hill	5,305.00	2%
Calverley & Farsley	3,429.28	1%
Chapel Allerton	4,961.00	2%
Crossgates & Whinmoor	9,795.20	4%
Farnley & Wortley	9,496.47	4%
Garforth & Swillington	12,343.35	5%
Gipton & Harehills	6,000.00	2%
Guiseley & Rawdon	6,801.00	3%
Harewood	3,929.23	2%
Headingley & Hyde Park	6,481.00	3%
Horsforth	9,332.00	4%
Hunslet & Riverside	8,217.07	3%
Killingbeck & Seacroft	9,132.08	4%
Kippax & Methley	8,225.42	3%
Kirkstall	4,460.00	2%
Little London & Woodhouse	9,912.24	4%
Middleton Park	3,224.97	1%
Moortown	4,894.49	2%
Morley North	6,810.00	3%
Morley South	6,160.52	3%
Otley & Yeadon	9,642.44	4%
Pudsey	9,441.00	4%
Rothwell	6,580.88	3%
Roundhay	7,375.13	3%
Temple Newsam	3,500.00	1%
Weetwood	4,858.24	2%
Wetherby	1,900.00	1%
Total Value	**240,362.44**	**100%**

NHS Leeds Clinical Commissioning Group Third Sector spend analysis 2017/18

The Information below provides a top level overview of payments made to the Third Sector (voluntary, community, faith and social enterprise sector) through directly commissioned transactions by either one of the three Leeds CCG's or the combined organisation in 2017/18 (15,134£m). The total spend to the sector was fairly consistent with a 7% increase seen compared to 2016/17 (14,081£m). However, this increase may be due to transactional payment methods and not through a direct increase in funding through the procurement of services, grant payments or funding for projects (further analysis would be required to understand this).

Additional payments were also made to Leeds City Council under joint commissioning arrangements such as section 256 or section 75 agreement for commissioned services/activities and these payments are not included in this overview.

Note that this analysis doesn't include payments made to independent NHS providers such as Nuffield Health even though it is a not-for-profit organisation.

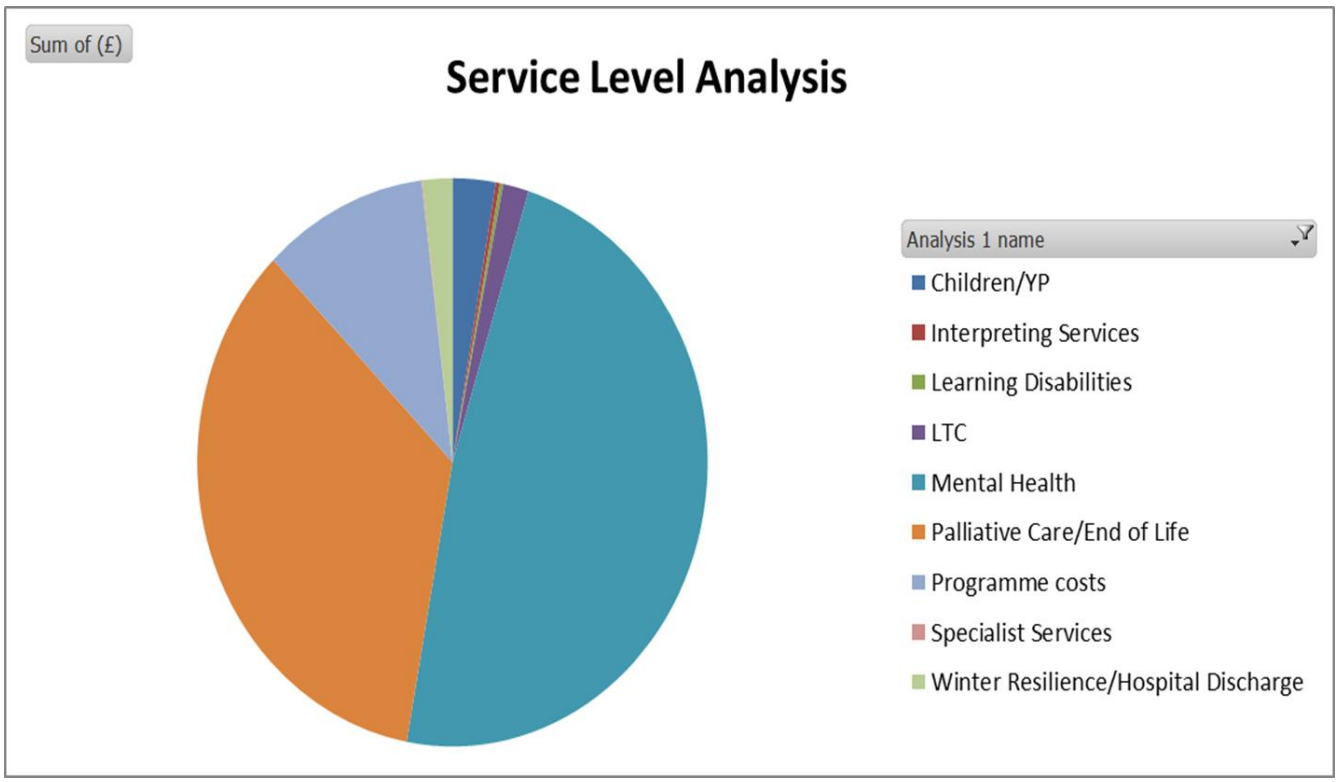


Figure 1: Service Level Analysis

Row Labels	Sum of (£)
Children/YP	£ 411,477.00
Interpreting Services	£ 40,750.00
Learning Disabilities	£ 31,725.00
LTC	£ 245,869.05
Mental Health	£ 7,272,202.65
Palliative Care/End of Life	£ 5,258,812.48
Programme costs	£ 1,577,810.49
Specialist Services	£ 9,696.84
Winter Resilience/Hospital Discharge	£ 286,212.15
Grand Total	**£ 15,134,555.66**

Figure 2: Service level spend

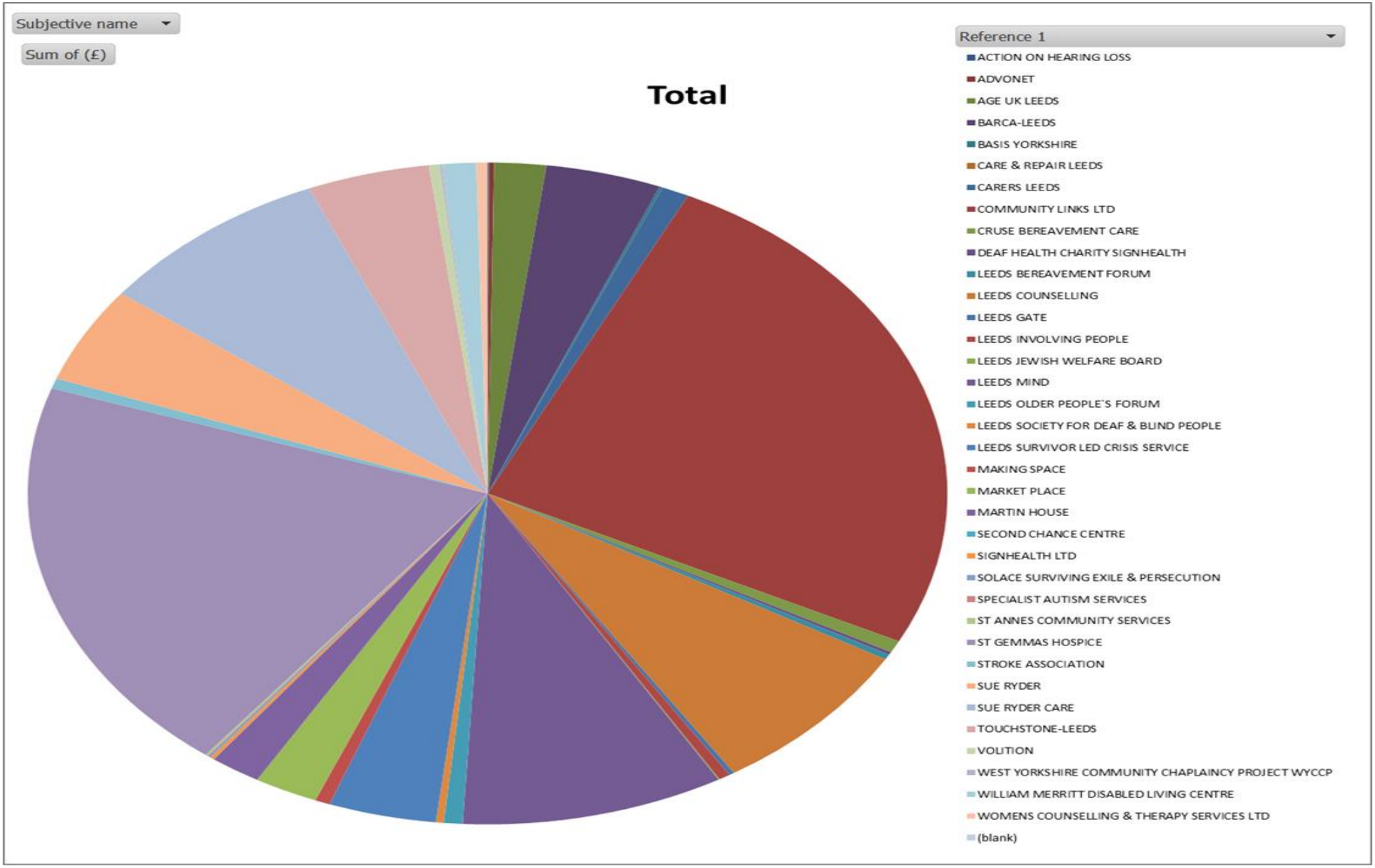


Figure 3: Provider total payments

Row Labels	Sum of (£)
COMMUNITY LINKS LTD	3812754
ST GEMMAS HOSPICE	2971457
LEEDS MIND	1398579
SUE RYDER CARE	1260629
LEEDS COUNSELLING	1157327
SUE RYDER	708488
TOUCHSTONE-LEEDS	650962
BARCA-LEEDS	614754
LEEDS SURVIVOR LED CRISIS SERVICE	574125
MARKET PLACE	339477
AGE UK LEEDS	275475
MARTIN HOUSE	271907
WILLIAM MERRITT DISABLED LIVING CENTRE	181690
CARERS LEEDS	145274
LEEDS OLDER PEOPLE`S FORUM	100000

NHS

Leeds Third Sector Health Grants Programme 2016-18

Evaluation Update 2019

Real-Improvement

Leeds Community Foundation

Contents

Leeds Community Foundation

Improving the health of residents and communities in Leeds is a key part of Leeds Community Foundation's vision to promote a City of Opportunity for All through working with partners to create positive change with the communities that need it most. We are proud to have led this important programme, which has grown the capacity of the Third Sector and demonstrated the impact Third Sector groups have on the health of local people and communities in Leeds. We are delighted that so many projects have continued, many with further funding from a number of sources, and that learning has been shared across the region.

Leeds Community Foundation will continue to bring funding and support for the Third Sector to address health inequalities in our city through delivering impactful, local solutions. While we are realistic about the significant challenges that lie ahead, Leeds' vibrant and proactive Third Sector is well placed to maximise the impact it can have on the health and wellbeing of local residents, especially through social prescribing and Local Care Partnerships.

Kate Hainsworth, Chief Executive

Foreword

The Third Sector in Leeds is well established with a proud history of helping local people and communities thrive, especially for our most vulnerable residents. Now, more than ever, Leeds' community organisations are playing an essential role in improving people's lives.

Throughout this report there are examples of the innovative approaches our vibrant Third Sector is using to tackle social isolation, reduce loneliness and engage people to make use of the assets in their community to improve their health and wellbeing.

We are extremely proud that in Leeds we have created the right culture and conditions where the Third Sector is able to use its strengths to work with other partners represented on the Leeds Health and Wellbeing Board, such as Leeds City Council and local NHS organisations. Bringing our strengths together in this way benefits all our residents.

All partners on the Board are committed to deepening partnerships with the Third Sector and, with the sector's support, developing new ways of working with our communities, particularly those that are hardest to reach - possible thanks to their invaluable experience of engaging local people. This innovative approach, led and funded by NHS Leeds Clinical Commissioning Group (CCG), has helped all partners understand how we can develop mutually beneficial relationships across all our organisations. While the initial time-limited funding has ended, we have created an important legacy in terms of relationships, ways of working and overcoming challenges that will stand us in good stead for years to come.

Being able to demonstrate real outcomes in this way plays a pivotal role in attracting new funding. For example, we recently secured additional funding from the West Yorkshire and Harrogate Health and Care Partnership through the Harnessing the Power of Communities work stream, to help tackle social isolation and loneliness. Funding like this helps the sector to continue to thrive in Leeds, and to deliver real changes that make a positive difference to local communities.

We welcome this report, and the continued commitment of the Third Sector to work with local communities and partners across the city. We want to thank all Third Sector organisations for their invaluable contributions, and we look forward to working with you in the future.

Councillor Rebecca Charlwood, Chair, Leeds Health and Wellbeing Board

Philomena Corrigan, Chief Executive, NHS Leeds Clinical Commissioning Group

LS14 Trust – Eat Project

Executive summary

This report updates and concludes the evaluation of the Leeds Third Sector Health Grants Programme. This programme provided just over £2.3m in grant funding for 58 Third Sector Organisations (TSOs) to run a total of 77 projects over the period June 2015 to mid-2018. The earlier Evaluation Summary Report, published in December 2017, gave an overview of outcomes from the first two rounds of the programme, covering 63 projects. This further report now expands this information in two respects:

- It captures outcomes and feedback from the final 14 projects that ran under Round 3 of the programme, from 2017-18
- It reviews and expands on data gathered from all three rounds in the context of new and evolving health and care structures in the city. This aims to identify how TSOs can work collaboratively with the NHS and other providers to achieve the overall aims of the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan.

10,000 people in Leeds directly benefitted 14,000 indirectly

Health Grants Programme Round 3

This third round of grants, from the former NHS Leeds North CCG, funded fourteen projects with a total of just over £295,000, with a maximum grant per project of £25,000. Although this was lower than some previous Round 1 and 2 grants, projects nevertheless developed some new and innovative ways to tackle health and care issues, and took the total number of people reached by the full programme – directly and indirectly – to around **24,000.**

Project outcomes corresponded well with those of earlier rounds; for example:

- All were able to demonstrate through evaluation in varying degrees – positive health and wellbeing outcomes for people they worked with.
- Almost all produced quantitative evidence in support of this (five of the fourteen included external evaluations bringing the total across all 77 projects to 28), and all were able to show examples of success through case studies.
- More than half cited strengthened relationships with primary care and other partners as one of the benefits for their organisation. Links with social prescribing also worked well in most cases (and learning was captured where they did not), due in part to the way that social prescribing itself has developed since the programme's inception.
- Some were able to show a positive impact on NHS services, with potential savings in time and resources (although none of this cohort of projects conducted detailed cost-benefits analysis).

Overall, the Round 3 projects reinforced the success of the Health Grants Programme as a whole, demonstrating the way that TSOs can work effectively as part of Leeds' health and care systems. Some useful further learning also came from individual projects, as shown in Section 2.4.

Overall Outcomes from the Health Grants Programme

Overall outcomes from earlier reports can now be updated, with key results including:

- All 77 projects carried out evaluations of their work and all, without exception, demonstrated at least some **positive outcomes** for the people they worked with.
- Every project produced one or more case studies which explain the results they achieved and together comprise a significant learning resource for the future. In total, Leeds Community Foundation received **175 case studies.**
- Some projects have shown that they can **reduce pressure on NHS services.**
- Benefits to projects' own organisations including **improved links** with NHS and other partners, a **higher profile**, and **new knowledge** for their organisation and staff

Carers Leeds Support Group

- **Greater understanding** for the CCG and other parts of the NHS in Leeds of the work that TSOs do and how they can contribute to overall health improvements across the city.
- At the point their CCG funding ended, 39 projects expected to continue, in full or in part, through **securing further funding** from a range of sources. Subsequent feedback indicates that in fact many more have been able to sustain at least some of their project activities.

These outcomes are informing future planning through the Leeds Health and Care Plan, and have already led to further CCG funding for some TSOs. In addition, an extra £250k was recently made available by the NHS at regional level (West Yorkshire and Harrogate Health and Care Partnership), and this has been committed to TSOs in Leeds through the Power of Communities fund.

Further information on the Health Grants Programme as a whole also came from an e-survey sent to all 77 projects (51 projects responded). The **e-survey** set out to assess projects' perception of the outcomes they achieved in relation to the four priorities of the Leeds Health and Care Plan:

- Prevention at scale
- Self-management and proactive care
- Optimising secondary care
- Urgent care and rapid response

Results showed that most projects' emphasis was on the first two of these; they focused on working with people to improve their health and wellbeing rather than contributing directly to secondary care, urgent care and rapid response. This is not surprising, as this is the natural focus of many TSOs' work; they were not asked to focus on other areas when bidding for their grants. (Other Leeds TSOs specialise in aspects of secondary care, urgent care and rapid response, and are already commissioned to provide services in these areas).

This report also considers **projects' sustainability**, both in terms of whether the projects themselves continued after grant funding ceased, and in terms of longer-term outcomes for service users:

- The e-survey results showed that although many TSOs expected their projects to close when grant funding ceased, the great majority have been able to sustain at least part of their work through a combination of new funding, other resources and volunteer support. This is a very significant outcome, and demonstrates the **dedication and commitment of TSOs** to the people they support.
- **Sustainability of outcomes** is more difficult to assess for short-term projects, although outcomes such as learning and increased confidence may well have a long-term impact. This makes the concept of 'value for money' difficult to apply when considering funding priorities. Some conclusions can be drawn on this however, and these are included in Recommendation 5 overleaf.

Finally, the e-survey also asked projects for their views on the Third Sector's future role in Leeds health and care. These questions elicited many responses, the main themes being:

- Their belief in, and commitment to, working with NHS organisations and other providers
- Their place within and close to communities themselves, meaning that they can identify unmet need, reach people who do not engage with mainstream health services, and provide more holistic solutions in many cases
- Their need for longer-term and more stable funding to enable them to carry out these roles consistently and efficiently – grant funding is welcome as short-term measure but is not a long-term solution for TSOs.

Overall, this report reaffirms the valuable and important role of the Third Sector as an integral part of Leeds' Health and Wellbeing Strategy. Six recommendations arising from the report's findings are made to support this role further (these are fully explained in Section 6):

58
organisations
RUNNING A TOTAL OF
77
health projects

Recommendation 1: The role of the Third Sector in future Leeds health and care delivery, as envisaged by the Leeds Health and Care Plan, is fully endorsed by this report. The CCG and other local partners should continue, and where possible expand, their current dialogue with TSOs to explore the most practical and effective ways to secure this involvement.

Recommendation 2: Third Sector links with social prescribing, and where appropriate direct with other primary care services, should continue and be strengthened further.

Recommendation 3: Grant funding is a valuable means of testing new ideas and building evidence, but longer-term funding (three years or more) should be considered wherever possible when sustained involvement of TSOs is envisaged.

Recommendation 4: NHS Leeds CCG and other statutory organisations should recognise that TSOs working in health and social care can receive funding from a range of different sources, but should not rely on these alternative funding sources to sustain them. Rather, CCG and wider NHS funding should help to ensure that TSOs retain sufficient long-term capacity to fully achieve their role in Leeds' Health and Care Plan.

Recommendation 5: When prioritising funding support (bearing in mind Recommendation 4 above), the CCG and other partners should consider giving priority to TSO support which:

- **Specifically target Leeds' most disadvantaged groups and communities**
- **Can demonstrate significant health and wellbeing improvements for their service users**
- **Enable their service users to sustain those improvements for themselves**

Recommendation 6: NHS Leeds CCG (in partnership with others) should continue to support and encourage TSOs to develop their understanding of evaluation methods further.

Section 1: Introduction and Background

1.1 Purpose of this Report

This report supplements the Evaluation Summary Report on the Leeds Third Sector Health Grants Programme which Leeds Community Foundation published in December 2017. It summarises information on the third and final round of the programme – 14 further grants funded in 2017-18 by the former NHS Leeds North CCG. It also presents further information drawn from the programme as a whole which is more forward-looking, and is intended to support current work on the Leeds Health and Care Plan. (More detailed information on this plan can be found at **http://inspiringchangeleeds.org/ambition/lhcp/**).

This report is intended primarily for commissioners. This includes those in the newly-merged NHS Leeds CCG, although is not limited to this; it should also be relevant to other funders and providers of health and care services.

Some of the information presented here goes beyond that compiled for the earlier Evaluation Summary Report, and beyond the criteria on which these grants were based. The original brief asked for new and innovative ideas on how Third Sector Organisations (TSOs) could support improved health, care and wellbeing in Leeds. This report now puts this into the context of new and evolving health and care structures in the city, to identify ways in which TSOs can work collaboratively with NHS and other providers to achieve the overall aims of Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan. Consequently, although it does not repeat information from the December 2017 report, this report includes some relevant examples from earlier Third Sector Health Grant projects.

Both nationally and locally, the healthcare landscape is changing, with the potential to integrate what the Third Sector can offer with NHS and other health and social care services. In Leeds, the overarching strategy is the Leeds Health and Wellbeing Strategy 2016-21, with its ambition for Leeds to be the best city for health and wellbeing, supported by defined outcomes and indicators.

Orion Partnership – Men and healthy eating

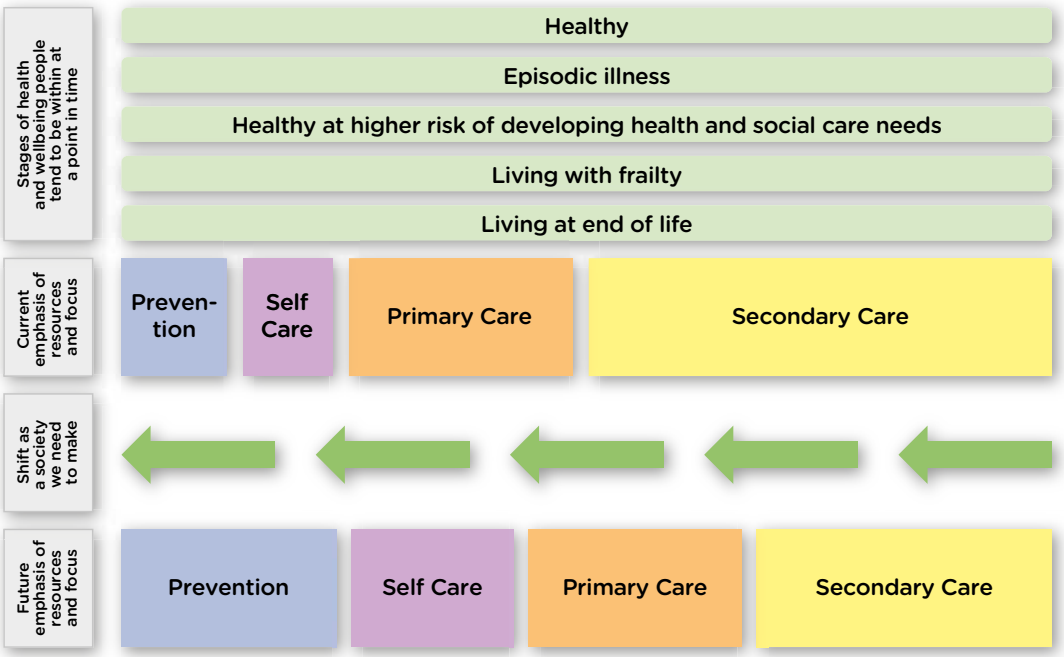
The Leeds Health and Care Plan drives achievement of this ambition and identifies four themes for priority action:

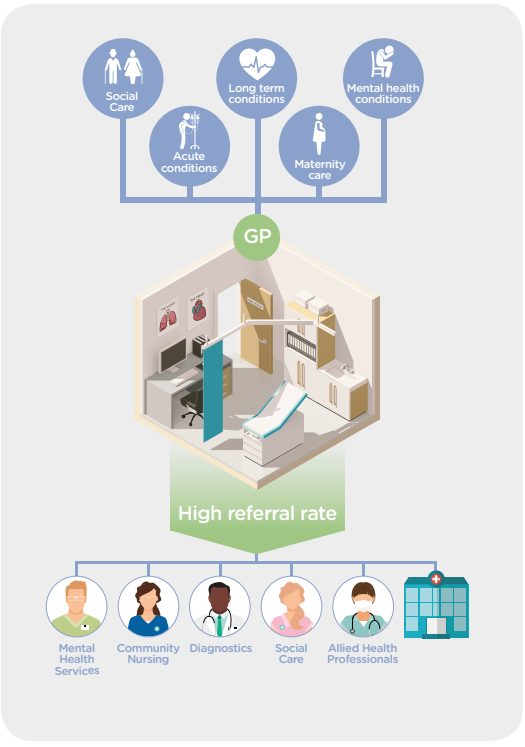
- **Prevention at scale:** "Living a healthy life to keep myself well"
- **Self-management and proactive care:** "Health and care services working with me in my community"
- **Optimising secondary care:** "Go to a hospital only when I need to"
- **Urgent care and rapid response:** "I get rapid help when needed to allow me to return to managing my own health in a planned way"

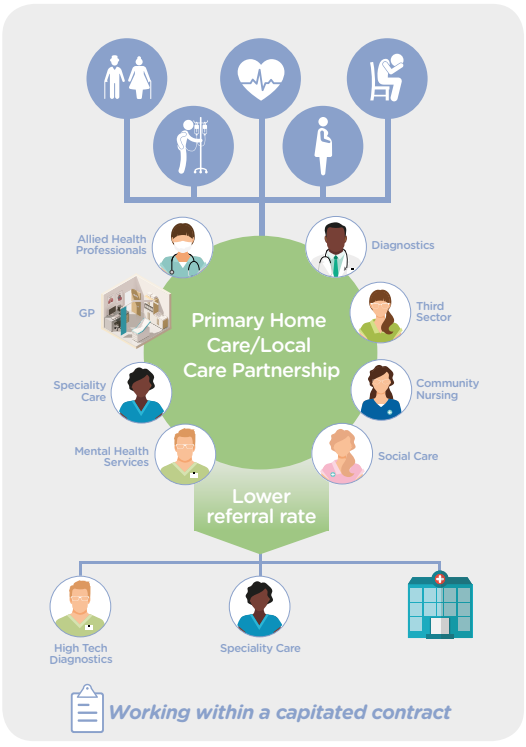
New structures based on Local Care Partnerships will support the delivery of this plan at local level, underpinned by new relationships and the 'Leeds Left Shift' as illustrated in the following diagrams.

More detailed information on this plan can be found at **http://inspiringchangeleeds.org/ambition/lhcp/**

The Leeds Left Shift







Source: adapted from the 'National Association of Primary Care http://bit.ly/ThePrimaryCareHomeReport

All this highlights the importance and potential role of the Third Sector in Leeds' future health and care delivery. This report aims to provide further information in support of this strategy, although it recognises that the Third Sector Health Grants Programme represents only part of how TSOs work. Many TSOs already receive funding through commissioning and/or are supported by other funding streams, and some larger charities also have an impact in Leeds as part of their work regionally or nationally. This report nevertheless aims to provide significant learning that the CCG and other funders and partners can use to help turn their plans into reality.

1.2 Background to the Leeds Third Sector Health Grants Programme

The Leeds Third Sector Health Grants programme was initiated in June 2015, and since then has provided grant funding to 58 organisations running a total of 77 projects. Between them, two of the former NHS Leeds CCGs (NHS Leeds South and East and NHS Leeds North) invested just over £2.3 million over three funding rounds. (NHS Leeds West CCG also made a small contribution to one project – The Market Place – which operated across all three CCG areas).

Grants varied in size from under £5,000 to almost £70,000, with the majority of projects running for around one year. The scheme was designed to explore how TSOs could achieve and demonstrate specific health outcomes, and to see how this could work through a grants process as opposed to commissioning. New and innovative ways of working were sought to better meet the needs of local communities, increase Third Sector capacity, support the CCGs' strategic aims and develop new relationships between TSOs and other health services.

77 grants awarded of
£5,000
to almost
£70,000,
for mainly one year projects

The earlier Evaluation Summary Report of December 2017 gives comprehensive details of the scheme, including outcomes for the 63 projects which had completed at that time. Section 2 of this present report covers the 14 further projects included in Round 3. In addition, each of the 77 projects has now compiled its own evaluation report, so that a great deal of more detailed information is available on each project and what it achieved. This further information is available on request from Leeds Community Foundation[1].

1.3 Evaluation Methods

Leeds Community Foundation and the former CCGs emphasised evaluation in the Health Grants Programme, to provide evidence of health outcomes and learning for the future. Each project completed its own evaluation, and the Leeds Community Foundation December 2017 final report presented a comprehensive evaluation of the programme as a whole.

175
case studies
GATHERED AROUND IMPACT FOR INDIVIDUALS

For this update report, information specific to Round 3 projects has been compiled from the evaluations these TSOs provided (five of the fourteen projects also provided external evaluation reports in addition to their own data). Additional evaluation data for the programme as a whole, linked to the objectives shown in Section 1.1, comes from a further review of project reports together with an e-survey sent to all 77 projects in October 2018. 51 projects responded to the e-survey; details and results are shown in Sections 3 to 5.

Leeds Community Foundation has monitored progress of the programme throughout, including ongoing evaluation. This evaluation has been supported by Andy Bagley of Real-Improvement, an independent consultant experienced in this field. Together they produced interim reports for NHS Leeds South & East CCG in November 2016, NHS Leeds North CCG in December 2016, and the Evaluation Summary Report of December 2017. They have also collaborated to produce this update report.

[1] **For further information please contact grants@leedscf.org.uk**

Section 2: Outcomes from Round 3 Projects

Round 3 of the Health Grants Programme covered the former NHS Leeds North CCG area only. Fourteen projects received funding up to £25,000 (lower than the maximum for Rounds 1 and 2) for projects lasting up to one year and completing by June 2018. The total awarded was £295,269 and this section presents a brief summary of the outcomes achieved.

In total, the Round 3 projects reached a total of 2,038 direct beneficiaries and more than 1,800 indirect beneficiaries. Each project produced at least one case study example of its work, and 37 case studies were produced in total. Further details of individual projects are available from Leeds Community Foundation, who hold a rich bank of such information together with that from earlier Round 1 and 2 projects (see Section 1.2).

2.1 Outcomes for People and Communities

Each project developed its own way of working, and engagement methods included 1:1 support, outreach, group education or training courses, setting up new social groups, and befriending. In one case (Carers Leeds), training was for staff working in primary care, social prescribing and community healthcare teams.

Each project conducted its own evaluation and used a variety of methods (some used more than one hence the total is more than 14):

- 12 used evaluation forms of their own design
- 5 used WEMWBS, or its shorter version SWEMWBS[2]
- Other recognised evaluation methods included Warmth, EQ-5D and MYCaW[3]
- Just one project used qualitative evaluation only, due to the small number of people involved.
- Five projects also commissioned external evaluations in support of their report.

All projects achieved some successful outcomes, although a few were not wholly successful (see Section 2.3), and a couple (SignHealth and Leeds West Indian Centre Charitable Trust) felt that the project had not achieved what it originally planned. Two successful examples are shown below.

Touchstone had an established model which they modified to support self-management and self-care for people with long-term conditions, and used project funding to reach out to more people in need, particularly those who were socially isolated. This achieved success and gained positive feedback: people reported improvements in their physical and mental health, and felt less isolated. It also highlighted the work required to engage new people in this type of support, and the importance of sustaining such contacts to ensure that people continue to apply their learning.

Advonet ran an outreach project for BME patients in the north Leeds area, aimed at improving their knowledge of health issues and confidence to access appropriate healthcare services. Over the course of the project, they visited 78 groups in 46 different organisations and reached a total of 861 people. Subsequent feedback, including independent evaluation, found improvements in people's knowledge of healthcare services, their awareness of how to access healthcare services, and their confidence to manage long-term conditions. Feedback also identified the need for services which are congenial and culturally informed, and which understand the barriers and difficulties that BME patients can face.

[2] (S)WEMWBS: (Short) Warwick-Edinburgh Mental Wellbeing Scale. [3] Warmth: Eden Alternative Warmth Survey EQ-5D: EuroQol measurement tool. MYCaW: Measure Yourself Concerns and Wellbeing

2.2 Outcomes for NHS Services

Funding criteria for the projects were based on health improvement themes and priorities from the three former CCGs. In the case of NHS Leeds North CCG, these were:

- Support people to be healthy for longer by promoting better disease management, prevention and early detection and treatment
- Drive the transformation of urgent care across the city, improving access and promoting appropriate use of urgent care services
- Drive the improvement of services citywide for people with MH needs and learning disabilities
- Promote choice based quality of care and improve access to services for people in north Leeds.

Between them, the Round 3 projects addressed aspects of all these priorities.

Cost savings to the NHS were not the programme's main purpose and projects were not asked to evaluate this aspect. None of the Round 3 projects included any detailed cost benefit analysis – this would in any case been disproportionately costly given the size of their grants. Nevertheless, some positive impact on NHS services was certainly achieved. For example:

- One project provided clear evidence of reduced demand on local GPs (Leeds Occupational Health Advisory Service – see text box)

Carers Leeds – Fast Track Training

- Most projects liaised with social prescribing services or other primary care contacts, and many received referrals from them. In all cases, these sources referred people who might otherwise have gone back to their GPs.
- Several projects supported self-management and self-care for people with long-term conditions, and these should have a longer-term impact in reducing demands on the NHS (see Section 3).

Leeds Occupational Health Advisory Service's project secured additional capacity to help people with range of health problems to remain in, or return to, work. One objective was to relieve the burden on GP Practices through early intervention in the fit-note process, hence alleviating pressure on GP appointments and reducing re-appointment demands.

Feedback from GP practices and service users themselves makes it clear that the service facilitated some people's return to work in situations where they would otherwise have returned to their GP and remained on sick leave, although evaluation analysis did not quantify the extent to which this was achieved. The service also demonstrated improvements to service users' health, particularly through reducing their anxieties in relation to employment and financial issues.

In other cases (e.g. the Advonet example in Section 2.1), projects might actually increase people's use of primary care services. Provided this use is appropriate, this should be seen as an investment rather than a cost; as with all prevention and screening services, the aim is to avoid potentially much higher costs later, as well as improving patient health and wellbeing.

Since the programme was initiated, updated citywide priorities have been developed as described in Section 1. Section 3 of this report considers how projects from all three rounds of the programme addressed these priorities, and Round 3 projects are included in this wider analysis.

2.3 Outcomes for Grantees

Leeds Community Foundation's final monitoring form asked grantees what benefits their own organisation gained from the programme. Feedback from Round 3 grantees matched very closely that from earlier rounds.

The most commonly cited benefit was that of better links with NHS organisations and services, followed by better links or partnerships with other organisations, learning for future planning and service development, and a raised profile and reach for the organisation. Improved capacity, increased skills/knowledge, and greater understanding of evaluation were also mentioned as positive outcomes.

All Round 3 projects were grant funded for a maximum of one year only, with no promise of further funding from the CCG. However, many projects sought to continue their work through alternative funding or in other ways, and outcomes for Round 3 projects in this respect are included with those shown for all grantees in Section 4.

2.4 Further Learning from Round 3 Projects

As with previous rounds, final reports and external evaluations for Round 3 projects gave the potential for wider learning. Some examples:

Feel Good Factor ran an out-of-hours social group to help socially isolated people improve their mental health and wellbeing. They found that evening sessions during the week became less popular in the winter months as service users felt uncomfortable being out in the dark. Sessions were therefore switched to weekends during the daytime, with extended hours, and this encouraged people to attend again.

SignHealth sought to provide a crisis support service for deaf people, aimed at helping them to manage crisis and hence reduce pressures on A&E and other emergency services. Whilst those who used it greatly appreciated the service, only seven people were supported rather than up to 40 as anticipated – possibly due to the service running during working hours only, when other options are available. However, the project also highlighted the need for more general support for deaf people, particularly in communication and advocacy. Several service users were passionate about the lack of support for deaf people compared to the hearing community, and described their experiences of a challenging environment with instances of ignorant and unkind treatment.

Oblong's 'Make an Impact' courses were successful in improving participants' health and wellbeing, with some people sustaining new activities (e.g. knitting group, furniture restoration, supporting the local church) and retaining connections with other group members. However, the parallel project work intended to create community health champions had more limited success, with only three trained rather than the target of 14. Whilst this partly arose from the loss of a key network contact, it highlights the difficulty of generating and sustaining community health activities that are purely volunteer-led.

Generally, feedback from those projects connected with social prescribing and primary care reported good relationships and plenty of referrals – more so than in previous rounds. Leeds West Indian Centre Charitable Trust was an exception however, in that whilst one GP gave his time very willingly, other GPs could not meet the project's time frame. Other projects also found it easier to establish relationships with primary care in some parts of the city than in others – probably an indication of the time still needed to fully embed these connections across the whole of Leeds.

Section 3: Overall Analysis from the Third Sector Health Grant Programme

3.1 Population Groups and Health Needs

From the outset, projects were selected to address a wide range of population groups and health needs. The table below updates some information from the Evaluation Summary report, and shows the range of different groups and health issues that projects focused on.

Focus areas	Number of projects funded*	Beneficiary numbers
Supporting people around mental health	34	3237
People with long-term conditions and/or disabilities	13	828
Older people	12	1419
People from Black and Minority Ethnic groups	12	2027
Children & young people	10	1520
Parenting and early years	10	1286
Women's health	7	450
Men's health	4	219
Carers	4	831
Domestic violence and abuse	3	199

***Numbers exceed 77 as some projects had more than one focus (e.g. men from the BME community or women sex-workers). Four projects that worked with other TSOs as beneficiaries or with the general population are not included here.**

3.2 Connections with Primary Care and Social Prescribing Services

This subsection considers TSOs' existing relationship with primary care and social prescribing services, including referrals to and from these services, and TSOs' potential to reduce demand on GPs. Projects were not specifically asked to comment on this in their original evaluations, although improved relationships with NHS services – particularly primary care – was the most frequently cited benefit when grantees were asked how projects benefitted their organisation.

A few projects referred to reducing pressure on GPs by avoiding unnecessary appointments (for example, Community Matters Yorkshire highlighted some instances where parents would have taken their children to the GP, but now knew what to do so did not need to). Most of this evidence was based on patient comments rather than empirical analysis, although Leeds Occupational Health Advisory Service identified the number of patients who did not need to go to their GP for medical certificates. Conversely, a few projects may have increased GP appointments, where people were seeking appropriate health support they may previously have missed (for example, Purple Patch Arts worked to increase take-up of annual health checks for people with learning disabilities).

The e-survey asked TSOs about their relationships with, and referrals from, social prescribing and primary care, asking which of four statements best described their experience. The graph that follows shows the responses received.

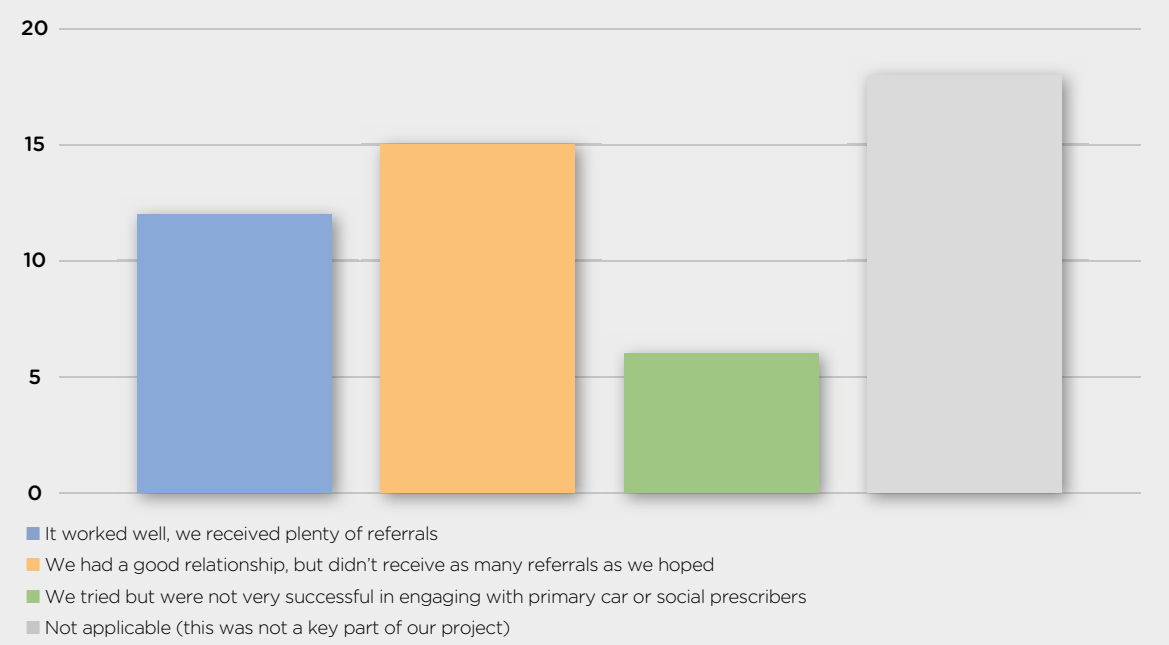


Fig 3.1: Relationships with Primary Care and Social Prescribing (e-survey – 51 responses)

Feedback comments confirmed that, in general, later projects received more referrals that earlier ones, and that this was linked to social prescribing services themselves becoming more established (see Section 2.4).

> "Connect Well and Connect for Health were launched at about the time we started, and this meant their processes were not established and running for our early period."

> "Social prescribing projects in north and south and east Leeds were still relatively new at the time of the Health and Wellbeing Projects. Some good links were made with individuals rather than with SP projects as a whole and these individuals made the most referrals."

Overall, this indicates that social prescribing links with TSOs are very valuable, and should become more so as social prescribing services become increasingly established and Primary Care are increasingly able to use this support option.

3.3 Outcomes Related to Leeds Health and Care Plan Priorities

The graph in Figure 3.2 summarises the number of projects that focused on each of the four Leeds Health and Care Plan Priority Actions (see Section 1), plus a fifth category: other factors likely to affect people's health – specifically debt management, domestic violence/abuse and immigration issues. Whilst not directly linked to the Leeds Health and Care Plan, these wider aspects also support wellbeing and are consistent with Leeds' Health and Wellbeing Strategy. (NB: This data comes from reports provided by grantees, based on the main focus of their projects).

This clearly shows that most projects concentrated on aspects of prevention/ healthier lifestyles and of support for long-term conditions. There was considerable crossover between these two areas, with many projects relevant to both – hence the total numbers on the graph exceed 77. Fewer projects focused on secondary care, urgent care and rapid response. (The five shown for urgent care include three run by The Market Place, providing crisis support for young people in each of the three former CCG areas).

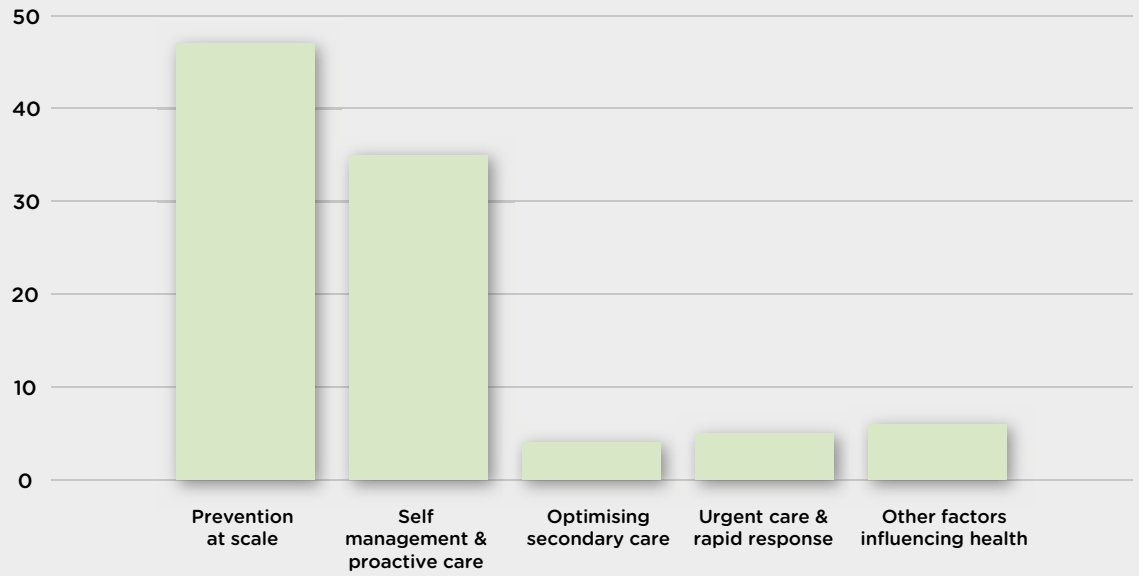


Fig.3.2: Focus of Projects (based on grantee reports for 77 projects)

Prevention at Scale

'Prevention at Scale' covers all aspects of healthier lifestyles such as better nutrition, tackling obesity, taking more exercise, and reducing social isolation. It also covers other prevention-based approaches such as screening, targeting high-risk patients, and promoting a good start for every baby. It matches the Leeds Health and Care Plan priority of Prevention at Scale, and many projects working in this field were aimed at children and families as well as service users themselves. As noted above, there is significant overlap between this priority and the next, so the two subsections may be considered together.

The graph below shows responses to the three e-survey questions most relevant to this priority.

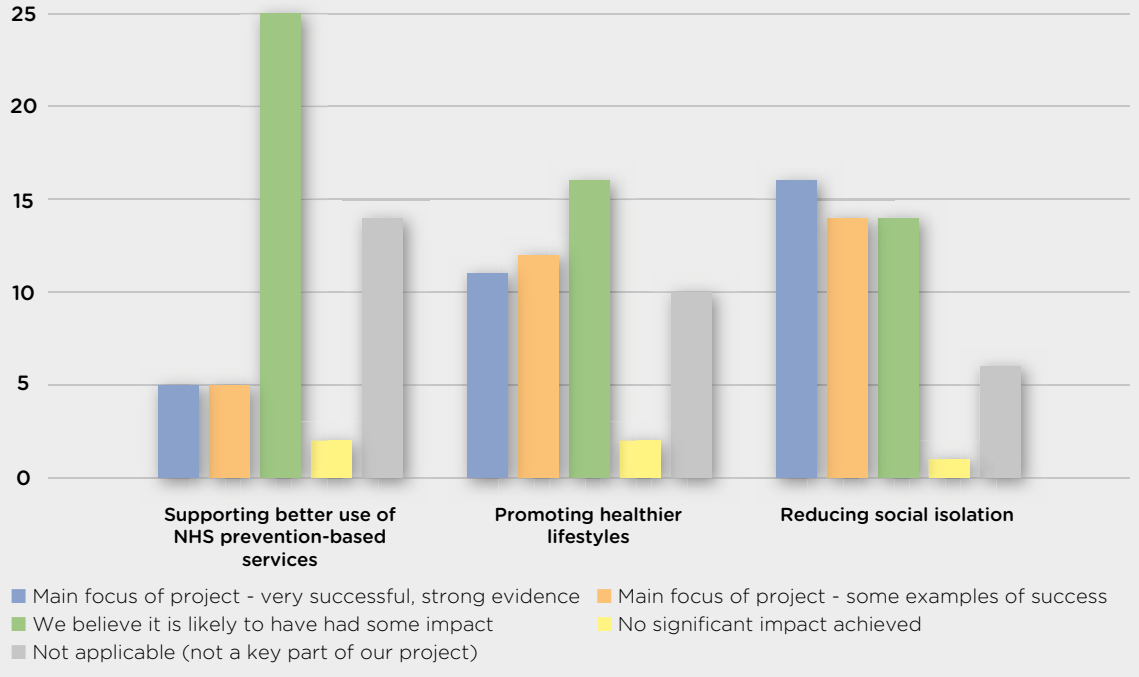


Fig.3.3: Prevention at Scale (e-survey – 51 responses)

Several respondents referred to the difficulty of gauging medium- to long-term outcomes for short-term projects, whilst others showed evidence of success either from case study examples or from data analysis of factors which they believed should have a long-term impact.

> "This project had a big focus on social isolation of carers – through one-to-one support and development of community support using the ABCD model."

> "I believe the project work was successful, but evidence is not that strong as we are working with a transitory population experiencing language barriers and complex, interwoven challenges which undermines effective evaluation in the medium to longer-term."

> "Assessing the long-term impact is difficult given the short term nature of the funding."

Self-Care/Self-Management of Long-Term Conditions and Support for Mental Health

The second Leeds Health and Care Plan priority covers aspects such as managing long-term conditions, including long-term mental health issues, and services for older people that enable them to remain in their own homes for longer. The priority refers to "health care services working with me in my community", and this type of engagement is also captured within this heading.

Results from the three e-survey questions most relevant to this priority are summarised below.

Here again, most respondents were positive about the outcomes they achieved – slightly more so in fact than with Prevention at Scale, because results are more immediately apparent. This particularly applies to mental health, where strong evidence reflects the number of grantees who used measurement tools such as WEMWBS, Outcomes Stars and CORE-10 as part of their evaluations.

Comments on behavioural and lifestyle changes highlight the relevance of motivating these changes as well as teaching the techniques. Although none of the projects utilised Patient Activation Measures (PAMs) as part of their evaluation, this approach may be relevant to future service developments[4].

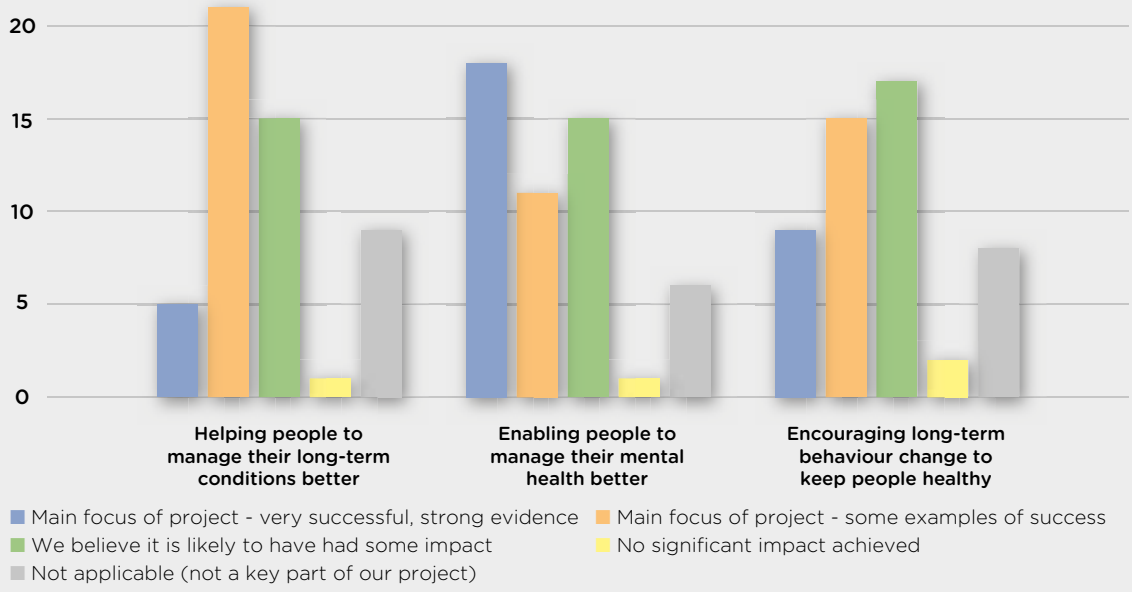


Fig.3.4: Self-Management and Self-Care of LT Conditions and Mental Health (e-survey – 51 responses)

[4]See https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/ for an explanation of this approach and links to further information

> "The main focus of the project is learning new ways of coping and self-management techniques. There were many benefits socially, physically and mentally from people's attendance at the group as we look at the person as a whole."
>
> "Green Gym is known to improve both physical and mental health across a range of participants. TCV encourages individuals to take more control of their lives but this is through signposting to other services as appropriate not by delivering specialist non-environmental services."
>
> "This was a project based around low level alcohol dependency and had a number of participants who were able to change their lifestyles and reengage with both community groups and their own families."

Secondary Care, Urgent Care and Rapid Response

This covers projects which have an immediate or short-term impact on emergency and acute care services, including crisis services and hospital admissions/discharges. It is intended to match the two Leeds Health and Care Plan priorities of Optimising Secondary Care (this can include reducing the number of missed or unnecessary appointments) and Urgent Care and Rapid Response. The chart below show e-survey results on these areas.

This feedback confirms the information in Fig.3.1, in that fewer projects focussed on this area. Hence, the great majority of responses show either that projects were not linked to these services, or that outcomes were possible but could not be evidenced over the short time period of funding.

This does not mean that TSOs cannot support this priority. Rather, it indicates that TSOs are less likely to put forward projects in this area for short-term grant funding. Other TSOs are already commissioned to support aspects such as hospital discharge (Age UK Leeds' Hospital to Home service) and managing crisis (Leeds Survivor-Led Crisis Service).

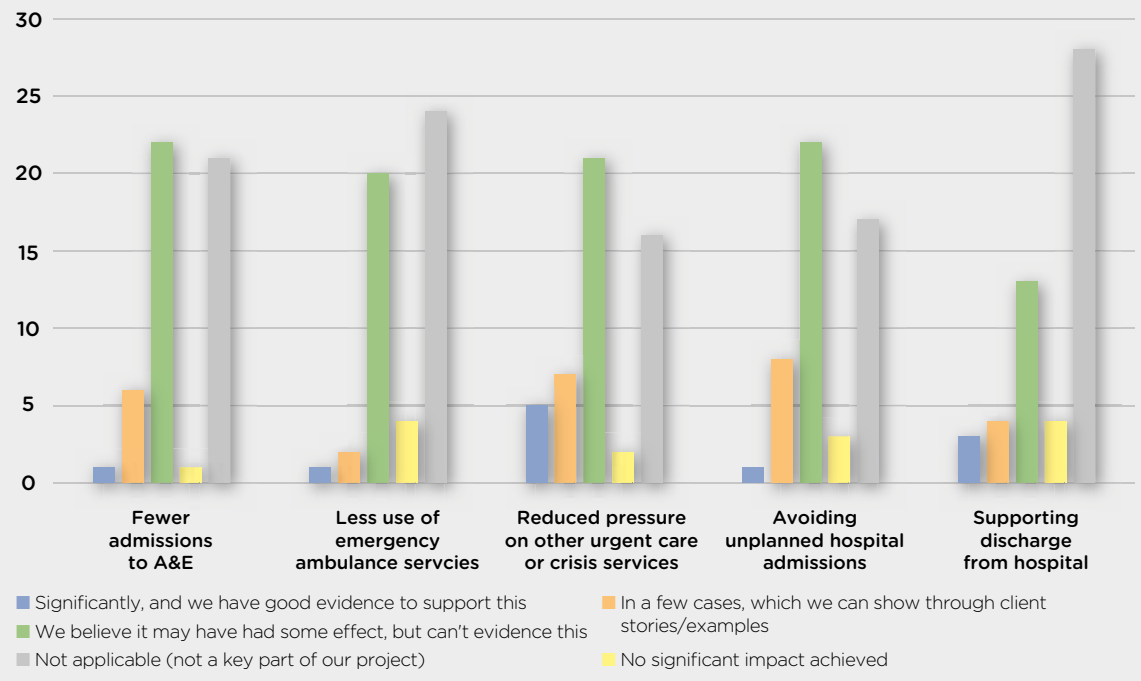


Fig. 3.5: Urgent and Acute Services (e-survey – 51 responses)

> "I think the above responses reflect the focus of TCV, our role is after the secondary (e.g. third sector MH) services have played their part and individuals are continuing their recovery within community settings."
>
> "The programme wasn't really long enough to measure this although on previous longer courses this outcome has been significantly reduced."

3.4 Most Disadvantaged Groups and Communities

This subsection relates to the Leeds Health and Wellbeing Strategy's and NHS Leeds CCG Strategic Plan's aim of "those with the poorest health improve fastest". Seven projects aimed specifically to support the most disadvantaged groups. These included sex workers, Gypsies and Travellers, homeless, ex-prisoners, and refugees and asylum seekers. All these projects involved either 1:1 support or small group sessions with those they worked with. Several projects supported other disadvantaged groups such as BME communities, people with learning or physical disabilities, and autism.

Fourteen projects targeted people specifically from the most deprived areas of Leeds as identified by the government Index of Multiple Deprivation (IMD)[5]. Others (including some Neighbourhood Networks) were based in these areas and will certainly have included some people living there, although may have drawn people from a wider catchment area as well. The majority of these projects were in the former NHS Leeds South & East CCG area (most areas of high deprivation are in this part of Leeds).

When asked as part of the e-survey, a high proportion of projects saw themselves as tackling health inequalities for disadvantaged communities/groups, as the chart below shows. This strongly suggests that, even where projects did not specifically target disadvantaged groups or areas, projects saw their work as including people in these categories. The quote highlighted comes from Health for All, whose project worked to increase the capacity of local voluntary groups.

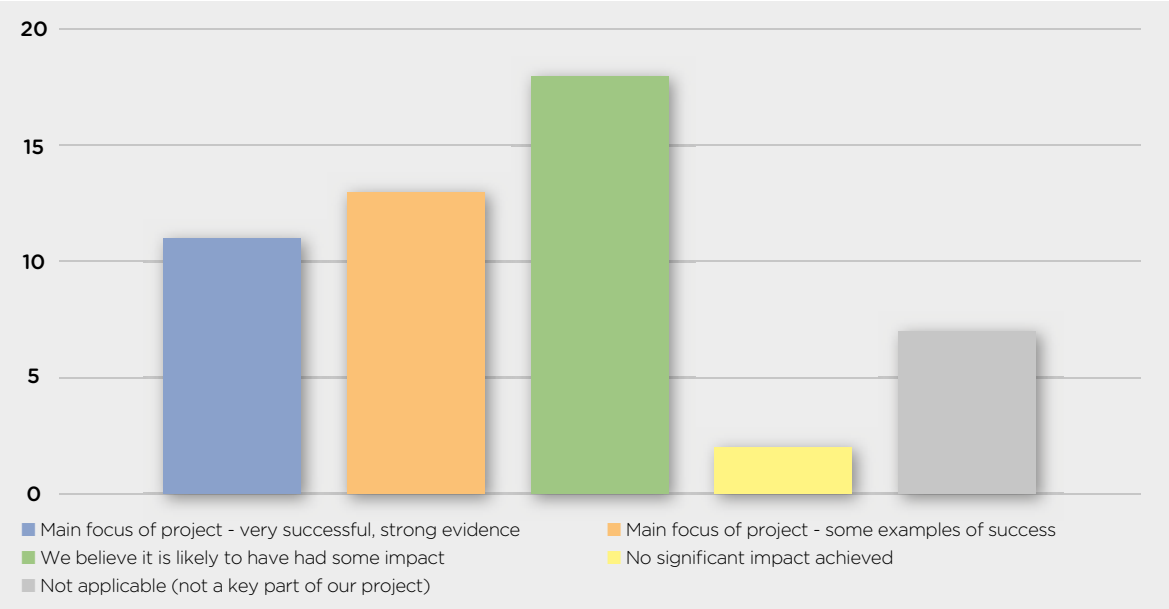


Fig 3.6: Tackling Health Inequalities (e-survey – 51 responses)

[5] **Data source: Leeds Observatory https://observatory.leeds.gov.uk/deprivation/report/view/36d34b574b6c4d6f-9ba3e408146faa82/E08000035**

"The project focused on building the capacity and resilience of volunteer-led community groups who help with health and wellbeing in their communities. We know that groups supported during the project with things like attracting funding and governance have been better able to support people who take part in their activities and therefore address the issues ticked above."

3.5 Other Factors Influencing Health

Fig.3.2. shows that just six projects set out explicitly to address other wider social factors that affect health – such as debt and financial issues, domestic abuse, and immigration/ asylum applications. When asked as part of the e-survey however, a much higher proportion of projects believed they added value in this area, with 26 of them seeing it as at least part of their main focus.

It is evident from case study examples that many projects which set out to support individuals' health in practice worked with individuals to tackle some of the root causes of their poor health. 'Strong evidence' will include instances where empirical evidence shows improvements in people's wellbeing, and this may also be linked to reduced social isolation. This often goes beyond what primary care or other NHS services can provide, and illustrates how TSOs are sometimes able to work with people more holistically, either through direct advocacy or more informal advice and support.

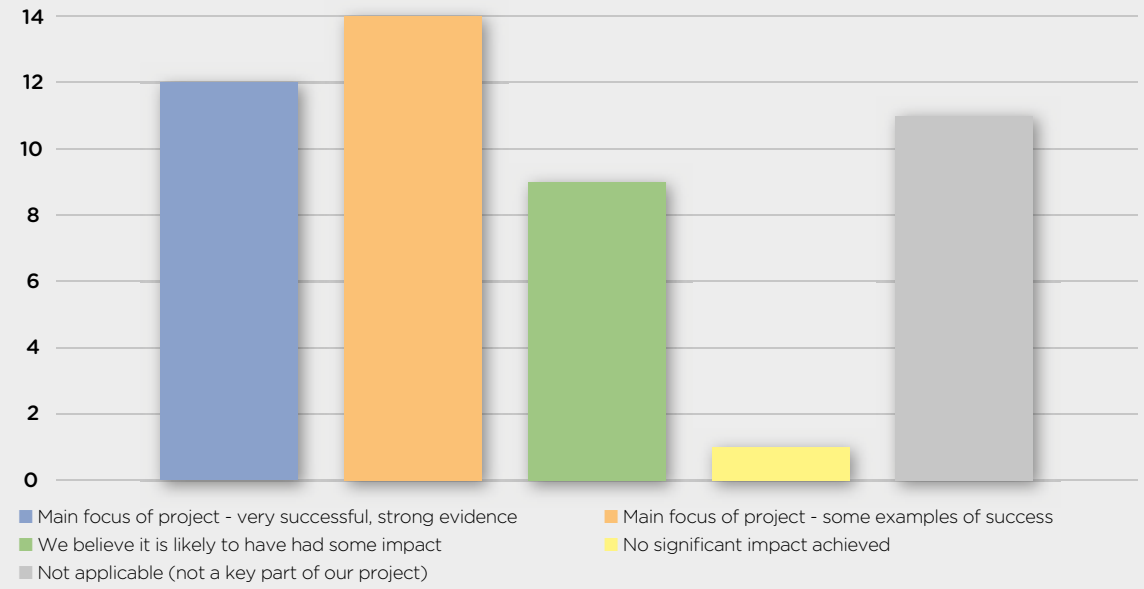


Fig. 3.7: Addressing Other Issues that Affect Health (e-survey – 51 responses)

"Safety regarding domestic violence and abuse was the main focus of the work and with the people we worked with we believe this was effective."

"Our impact was more significant on addressing other issues that may affect people's health, improved strategies to manage their condition (autism and low level mental health), improved access to other services/support and decreased isolation."

Section 4: Project Sustainability

This section considers the sustainability of projects in two contexts:

(i) Projects which continued to operate or were sustained in other ways after grant funding ceased

(ii) The extent to which projects' outcomes are likely to be sustained by people themselves (e.g. whether learning on exercise and healthy lifestyles is likely to be retained)

4.1 Projects which Continued to Operate

In their final reports to Leeds Community Foundation, projects were asked whether they would continue. The chart in Figure 4.1 summarises their responses, and updates the chart that appeared in the December 2017 final report to cover all 77 projects, and shows that just over half expected to continue in some way.

However, these responses are a 'snapshot' at a point in time – which varied for different projects because they completed at different times. At the time, some projects were pursuing continued funding they had not yet secured

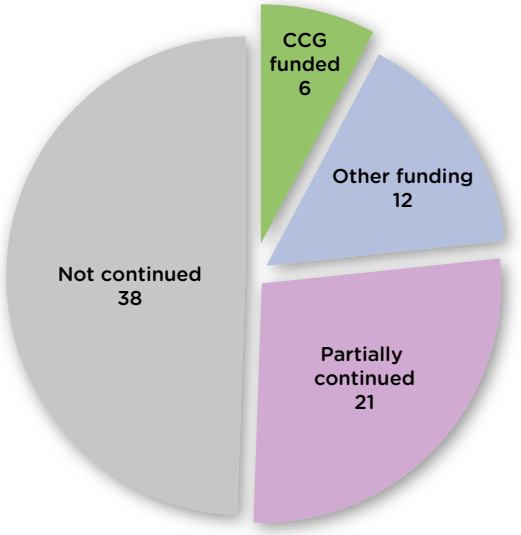


Fig. 4.1: Project Continuation
(based on original end-of-grant reports)

(counted as 'not continued' on the chart), and may now have found such funding. Conversely, some projects may have received further CCG or other funding which has since ceased. To update the picture, the e-survey conducted for this report asked grantees to what extent their projects had continued through a range of possible resource options. The chart below summarises their responses.

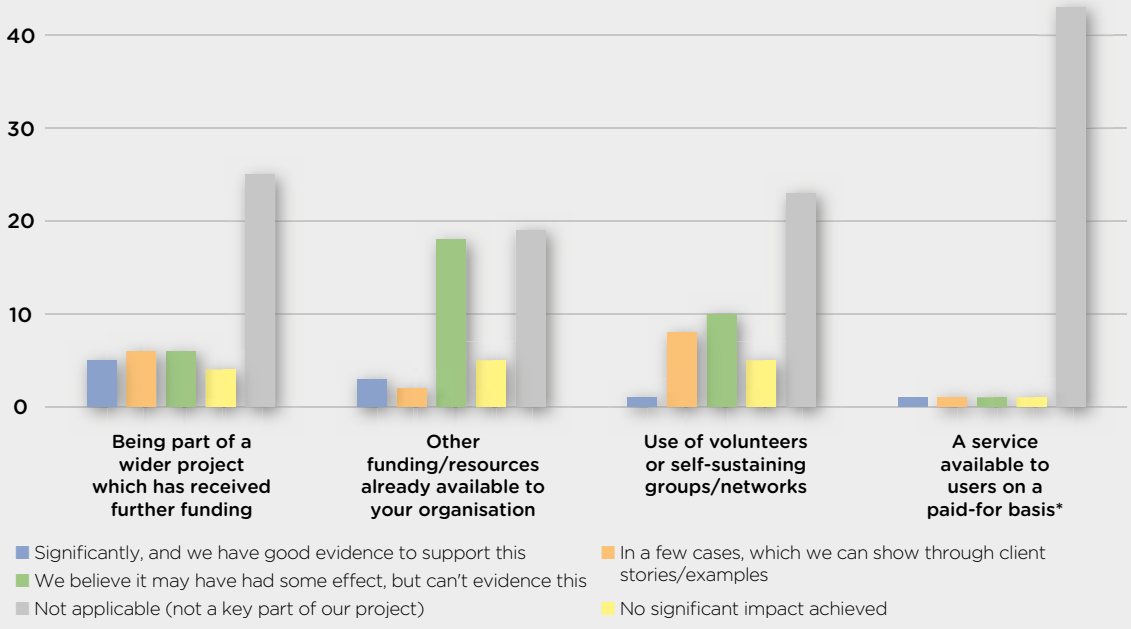


Fig 4.2: Project Continuation (e-survey – 51 responses)

*The actual figure for 'Not at all' here is 43, which shows that service users paying for services is not a realistic option for the great majority of these projects.

Cross Gates & District Good Neighbours' Scheme – Stepping Out Group

Whilst this data shows that few projects were able to continue in their entirety, many were able to use a range of methods to ensure some continuity. Of the 47 responses to this question, just 6 indicated that their project had not continued at all through any of these methods (we are also aware that one grantee has ceased operations since its grant was made).

This represents a substantial increase on the number of projects that expected to continue at the time of their final report. The fact that so many projects have been able to continue, at least in part, reflects the commitment and determination of TSOs to continue supporting those they work with. It is also an indication of the ongoing, and sometime complex, way that many TSOs are funded at different time from different sources – see below.

This question attracted a large number of comments in the e-survey. Many of these explained how they had managed to continue, whilst some also pointed out the drawbacks of grant-based funding – particularly in terms of its impact on service users.

"Leeds OHAS have funded (from reserves) continued support for a small number of patients originally referred during the grant period as it felt it had an obligation to ensure their health and wellbeing was not impacted detrimentally due to a withdrawal of the service/grant expiry."

"We managed to secure some funds from Big Lottery and Rayne Foundation toward generalist and mental health advocacy which allowed us to continue some themes of this work although not in the form of a dedicated worker. We then received continuation funding a year after this project finished for another year. This has allowed us to begin health advocacy again, however, learning from last time we are delivering these outcomes across a team of advocates via additional hours, so we don't end up with 1 year funded posts that build trust and then disappear."

"As our core funding is provided by Leeds City Council we have been able to continue some of the work identified by the Healthy Together project. The volunteers recruited and the connections made still exist ensuring the legacy continues."

"The Oakwood Hall group has become part of Outdoor Active and Well TCV, St Mary's part of Outdoor Active and Well HPS and TCV is using iBetter Care funding to do other things in the former north (and south and east) plus west (not relevant) areas."

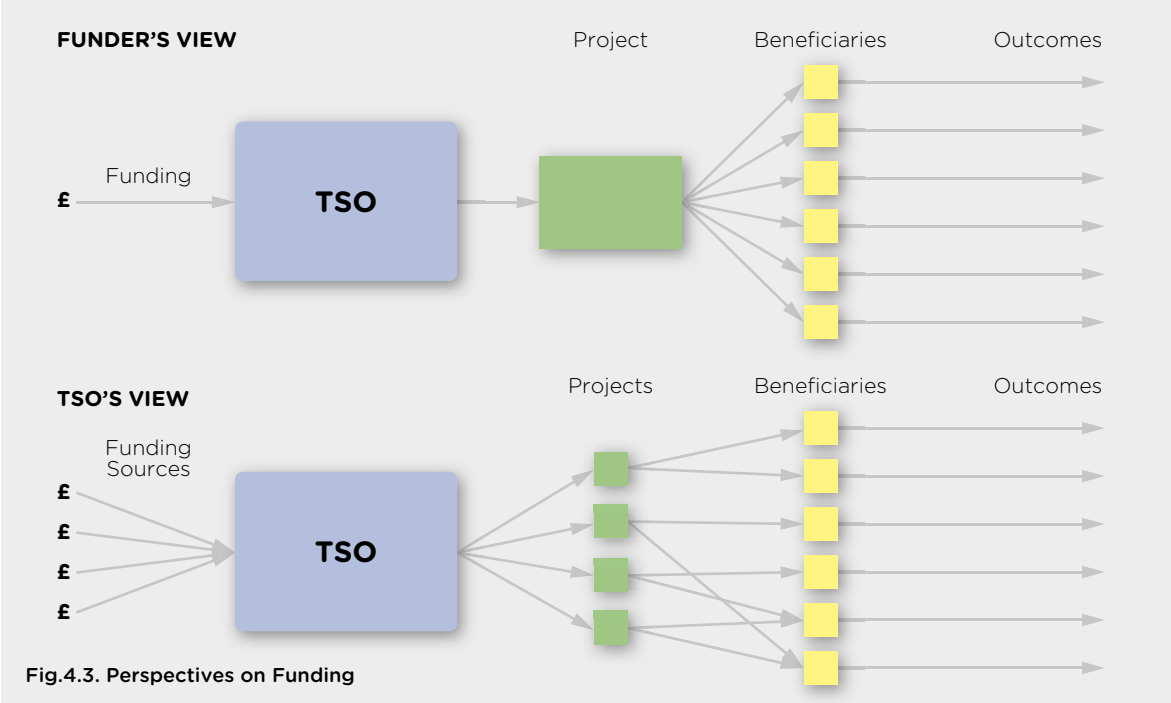


Fig.4.3. Perspectives on Funding

A few respondents mentioned that they were still pursuing funding bids to enable their projects to continue. This, together with some of the comments above, illustrates the way that many TSOs continually pursue funding from different sources to sustain their work. Theirs is potentially a different perspective from that of funders themselves, who tend to focus on outcomes based on the projects or programmes which they fund. The diagram above illustrates these different perspectives, and is based on the consultant's wider experience with many TSOs as well as the Health Grants Programme.

This makes the point that, while funders (all funders, not just CCGs) will seek to identify what their funding has achieved, the situation is not always as clear-cut for TSOs. Many TSOs sustain their activities through a range of simultaneous funding from different sources and, whilst projects and budgets are normally maintained separately, service users may move between them. (For example, a single organisation could receive funding for similar work from the NHS, from Leeds City Council, from the Big Lottery, from other Trusts, and possibly from private donations as well). This makes it more difficult to separate specific project outcomes – particularly as many other external factors might affect service users' progress at the same time.

However, this should not be viewed negatively: as Fig.4.2. shows, many projects have managed to continue – at least in part – as part of wider work the organisation does. It also means that service users often gain an element of choice, able to find the type of support they feel most comfortable with. A conclusion from this is that CCG funding should recognise other funding that TSOs may have, although should not attempt to influence this 'mixed economy' landscape or rely on TSOs being able to find funding from elsewhere. This is picked up in Section 6 (Recommendation 4).

4.2 Sustainability of Outcomes

The question here is whether the outcomes that projects achieved (both for service users themselves and for other services) ceased as soon as these projects ended, or whether they created a lasting benefit. Not surprisingly, this is a complex issue, and one this report cannot fully answer because it is not generally feasible to follow up individual service users beyond their engagement with projects.

Broadly speaking though, the longevity of outcomes will depend on the nature of the project:

- Projects based on courses, for learning and personal development (for example, LS14 Trust's EAT Project, Fun@Family Tea's cooking courses, Race Equality Foundation's 'Strengthening Families, Strengthening Communities' work, and Touchstone's Positive Care Programme), could potentially have a lifelong impact – although the effect will vary for different individuals and the effect of such learning can fade over time.

- Projects which provide information on health or other services (for example, St Luke's Cares' information stand, Advonet's Autism Hub and Hamara's 5 Ways to Healthy Heart workshops) can reach a large number of people, and may influence their future behaviours related to health. However, evidence suggests that one-off interventions have limited impact and that a sustained and linked interventions are needed to produce a significant effect[6].

- Projects which work with groups are partly about learning and partly about mutual support – Leeds Mind 'Next Steps' peer support and Feel Good Factor's social and wellbeing activities are examples. The test here is whether service users are able to use this support to sustain health improvements for themselves, or whether they come to rely on the groups simply to remain at the same level.

- Some group-based initiatives can have a longer-term impact both on self-management and on reducing social isolation if volunteers or participants themselves continue the groups. For example, some participants from Oblong's 'Make an Impact' programme have remained in touch and continued activities together after the programme itself ended. This is not easy to achieve however, and data in Section 4.1 indicates that only one project (LS14 Trust) has been fully maintained through continuing networks and volunteer support.

- Projects which provide 1:1 support work more intensively with individuals. Here, benefits could cease as soon as the project ends, although outcomes will be sustained if (a) permanent health improvements have been achieved during the project and/or (b) the person has become more able to manage their own health as a result of this support – case studies from Leeds GATE's evaluation include examples where this has been achieved.

More detailed evaluation of these aspects is beyond the scope of this report, but is the subject of much wider discussion, usefully referenced in a recent Public Health England blog[7]. (This also highlights other PHE tools and resources about return on investment).

A recent King's Fund report[8] also concludes that pursuing better value services is not a short-term fix but requires a sustained focus, staff engagement and a commitment to invest in building capacity and capability to deliver change.

[6] Research examples: (i) Health behaviour: Current issues and challenges, Mark Conner & Paul Norman published in Psychology and Health, June 2017; (ii) Using Information to Promote Healthy Behaviours, Ruth Robertson, published by The King's Fund, April 2008

[7] https://publichealthmatters.blog.gov.uk/2018/04/09/cost-savings-and-the-economic-case-for-investing-in-public-health/

[8] Approaches to Better Value in the NHS, Joni Jabbal & Matthew Lewis, published by The Kings Fund, October 2018

Section 5: Further Outcomes and Learning

5.1 Evidence of Costs and Benefits

Any assessment of 'value for money' for short-term projects of this kind is extremely difficult, because it depends on many factors, including:

- 'Cost per service user' – the number of people reached compared with the size of the budget
- The extent of change or improvement achieved by their engagement with the project (as distinct from other things that might have helped them at the same time)
- How long that change or improvement is sustained
- What impact these changes or improvements may have on NHS or other statutory services
- The sustainability of the project itself, e.g. through alternative funding sources, continuing volunteers or self-sustaining groups

Projects were asked to develop their own evaluation methods, and only four of the 77 elected to use quantified cost-benefit analysis as part of this. This is not surprising given the small amount of most grants and the potential cost of this type of analysis. Some conclusions can be drawn however, from these and other evaluations:

- Two of these projects (Leeds GATE and St George's Crypt) involved 1:1 support of people with complex needs, so the 'cost per service user' is relatively high compared with many other projects. In both cases however, analysis showed that savings to NHS and social care services exceeded the amount of the grant awarded (even before benefits to service users themselves are considered). This indicates that intensive support projects of this kind, targeted at the most disadvantaged groups, can be a good investment.
- A third project (Garforth Neighourhood Elders Team) showed that its members spent substantially less on medical and home care services (including NHS Costs) than comparable older people outside its network. This matches feedback from other projects on the benefits of reducing social isolation and corresponding reductions in demands on the NHS. External research also supports this assessment[9], and it is reasonable to suppose that group-based projects of this kind deliver value for money, provided that they are targeted at those groups who are most in need.
- Because of their short-term nature, projects which involved courses or group learning could not evaluate how long this learning was retained and utilised. Clearly however, learning around healthy behaviours and improved self-management can have a long-term impact, both on the learners themselves and on their use of NHS services[10].

"The programme wasn't really long enough to measure this although on previous longer courses this outcome (pressure on NHS services) has been significantly reduced."

- Outreach and health information projects can reach large numbers of people, and hence have a relatively low 'cost per service user'. However, as Section 4.2. highlights, behaviour change normally comes about through a series of connected messages and influences, so it is difficult to value the single interventions of such projects in this context.
- Finally, two projects (Better Leeds Communities and DIAL Leeds) worked on poverty and debt management, helping people to resolve financial problems. In both cases, the projects' analysis included figures for increased income and debts written off. Whilst this is not a direct indicator of health, poverty and health are widely recognised as connected , causing anxiety, poor nutrition and increased isolation. Both projects identified improvements in the health and wellbeing of those they worked with, as well as financial benefits.

[9] Example: Investing to Tackle Loneliness, published by Social Finance with Cabinet Office, Calouste Gulbenkian Foundation and Nesta, 2015. [10] Example: Supporting People to Manage their Health, published by The King's Fund, May 2014

5.2 Learning from Grantees

The e-survey invited respondents to add further narrative comments on the impact of their project and other work of their organisation. For some, this gave the opportunity to reflect on work they had completed one or two years back. 51 respondents offered their views, and the main themes of these responses, together with some illustrative quotes, are shown here:

- The great majority of TSOs believed their projects had been highly successful, a view supported by their project evaluations. In many cases, this success had led them either to seek further funding or to continue the project in some other way since the grant ended. (This matches the feedback reported in Section 4.1).

"This I believe was an extremely successful project. Much needed in the area. Provided a safe space for men to talk about issues personal to them and challenges they have been facing. It was a space where they were equal to everyone."

"HEA has continued in the best way possible to carry out the work we did in the project. We continue to support individuals with long-term health conditions, social isolation and provide important health information for the Holbeck Community."

- Several respondents commented that the need was still there however, and remained unmet since project funding ceased.

Orion Partnership – Chapeltown Men's Club

"The Positive Care programme still gets weekly calls to make referrals, however with no major funding source has been unable to continue. Many other agencies have contacted us wanting us to run something specific to them. The need is very much still there, and missed."

"Sustainability is a significant issue as clients referred cannot afford to pay for services themselves and it's hard to determine how such a project could be self-funding into the future without grant support or support from CCG or NHS."

- As noted from their original evaluations, some grantees found that they and their staff/volunteers gained new knowledge and experience, which is a significant benefit for the sector.

"The project had a cascade effect in that the staff and volunteers within the Leeds branches are more aware of the effect of low level alcohol dependency and its impact and this has remained a part of our training to new staff and volunteers."

"Funding stream changes meant we needed to change the focus of the triage service from our original intention. We have learned a lot about what worked really well, and we have missed that! We hope to reinvigorate this service with new funding."

- There is good evidence that some projects reached people who do not access health services through normal routes, and that this can avert more serious problems.

"The project has laid a strong foundation for our strategic ambitions to pursue a community led health and wellbeing offer that brings support to our clients where they attend. Because of the evaluation element we were able to prove that by hosting such a service we were able to engage with and support individuals who were not accessing health services via the traditional primary healthcare routes and would chaotically present at A&E."

[11] See for example: UK Poverty 2017, Joseph Rowntree Foundation, December 2017

"We have shown that we have engaged with a group that others have found hard to reach and reduced barriers of access across services."

"The other part of the project (1-2-1 support either in the home or in a community setting) identified some extremely high need households where timely support means people are much less likely to be using health services."

- Testing new ideas and ways of working also identified opportunities to expand services further

"NET is working to continue attracting the 'younger old' in terms of sustainability for volunteering. It is also further developing its social prescribing offer to support clinician referrals of local people aged 60+, an age group where low mood linked to life stage changes can often impact negatively on their wellbeing and who stand to benefit from involvement with NET services."

- Several projects used community development and peer support approaches to health improvement, with some success. Some comments suggest these still need continuing support and not entirely self-sustaining – consistent with the feedback reported in Section 4.1.

"We are now working following the principles of Asset Based Community Development, are part of the new LCC community mental health tender and have a range of self-supporting groups run by local people all as a result of the EAT project."

"The project was real success in linking with the north Leeds social prescribing service and reaching socially isolated individuals and groups in this area. Specific social groups were created and have to some extent been maintained, with ongoing work to look into the longevity of this continuing."

- Again consistent with feedback from earlier evaluations, the value of partnerships with other TSOs was also mentioned.

"The project enabled us to greatly increase the number of communities we work with. We educated and encouraged people regarding the aims of the project. We developed good working relationships with organisation and communities who we continue to engage with when supporting people. This provides us a good opportunity to work in partnership when the opportunity arises."

5.3 Role of the Third Sector in Leeds Health and Care

The e-survey also asked for any comments that respondents wished to make on the future role of TSOs in Leeds health and care. 30 responses were received, from which the following key themes were evident:

- TSOs have a strong belief in the value they can add, and are keen to work more closely with NHS organisations and other providers.
- They believe that in many cases the support they can provide is more suited to those they work with than alternatives that the NHS might offer. This is because they are closer to communities and can reach people who do not access health services through normal routes, including some of the most vulnerable individuals and disadvantaged groups in our society. In many cases TSOs can also provide more holistic support which tackles the problems that cause ill-health as well as the symptoms.
- They also believe that a substantial need for support exists within communities, and that some of this need remains unidentified because people do not access mainstream health services.
- TSOs strongly believe that a longer-term and more stable basis for funding is needed for them to operate effectively. Whilst recognising that Health Grants Programme funding was time-limited, their feedback still highlights the problems of developing and offering services which subsequently have to be withdrawn if funding ceases.

The three quotes below reflect views expressed by many others.

"The TS have an integral role to play in reaching local people who find it hard to engage with mainstream services. We have the local knowledge and trust/support of local people to be able to affect change at an engagement, prevention and self-efficacy level. However, commissioning and funding needs to be reviewed to ensure that it is local, that small organisations on the ground are not squeezed out, as we are the ones with the genuine connections and local trust and that there is a shift to long-term organisational funding away from short term project funding to ensure the small organisations are not lost. I recognise that this isn't easy for the commissioners but working with the poorest, most disenfranchised people to affect change takes significant time and resource."

"It's crucial – the third sector can and does reach people who statutory providers are often unable to reach or engage – the Third sector is often flexible and responsive and proactive – moving quickly where possible identify and address/ meet unmet needs – it's often cheaper – in cost rather than quality!!! – but it does need that initial investment to actually do the work e.g. recruit volunteers/establish activities or groups in the first place – these things don't happen by themselves or miraculously, they take a lot of hard, intensive work. We in the third sector are also more likely to have the trust built up over many years of people least likely to use and benefit from services so can provide useful channels of information two way– between services and communities."

"The Third Sector has a huge wealth of experience in engaging with "harder to reach" or less well served populations. It can offer innovation, compassion and reach. Third Sector needs the recognition it deserves in terms of service delivery and requires funding that improves its sustainability rather than short term funding and one off smaller investments. Not that any sort of funding isn't welcome. All resources are gratefully received but Third Sector organisations cannot provide reliable longer-term provision alongside Statutory Sector with current funding landscape being the way it is."

These views are recognised by NHS Leeds CCG and its partners, as evidenced by the role envisaged for the Third Sector in the Leeds Health and Care Plan (see Section 1). Further evidence of the value of the Health Grants Programme comes from the recent extra funding made available from a contingency held by the NHS at regional level: £250k has been made available to Leeds and committed to supporting Leeds TSOs through the Power of Communities programme.

Oblong – Make An Impact

Section 6: Conclusions and Recommendations

6.1 Conclusions

The overall success of the Health Grants Programme, demonstrated in the December 2017 report, has been sustained through Round 3 projects. Evaluation feedback from Round 3 has reinforced themes similar to earlier projects, including:

- Evidence of positive health and wellbeing outcomes – quantitative as well as qualitative for the majority of projects
- Case study examples which show how projects have helped individuals
- Indications of how some projects have reduced pressure on NHS services
- Improved links and relationships between TSOs and NHS services – particularly primary care and social prescribing
- Strengthened experience and knowledge for TSOs themselves.

'Feel Good Factor – 'Out of Hours' social activities

This report has sought to explore further outcomes from the Health Grants Programme as a whole, in the context of Leeds Health and Care Plan and the future role of TSOs in healthcare partnerships and delivery. It should be emphasised though that this is not the only source of such information; liaison already takes place, for example through Forum Central and through other programmes already commissioned by NHS Leeds CCG. External information is also available, for example through Public Health England guidance on return on investment in commissioning . This report aims to use the experience of the Third Sector Health Grants Programme to add to this knowledge base.

> Improved links and relationships between TSOs and NHS services – particularly primary care and social prescribing.

The great majority of projects funded by the Third Sector Health Grants programme focused mainly on the first two Leeds Health and Care Plan priorities: (i) prevention at scale and (ii) self-care/self-management of long-term conditions. Slightly more projects focused on the first of these, although there is a significant cross-over between the two. Fewer projects addressed the other two priorities: (iii) optimising secondary care and (iv) urgent and rapid response.

This balance is not surprising given that projects were given an open brief which asked simply for new and innovative approaches. They were not asked to focus on any of these current priorities, and in any case many TSOs see their role as supporting health needs within their communities rather than linked directly to secondary or urgent care. Moreover, this does not mean that TSOs are not involved with

[12] E.g. Health economics: a guide for public health teams https://www.gov.uk/guidance/health-economics-a-guide-for-public-health-teams

Space 2/Orion Partnership – Men's cooking group

the latter two priorities. As Section 1 notes, some already receive funding from the CCG or Leeds City Council, with services specifically commissioned to address these areas.

In terms of value for money, it is virtually impossible to be definitive about which projects have given the best return. However, feedback (together with some relevant external research) indicates that the projects with potential to deliver the best long-term value are those which:

- Specifically target Leeds' most disadvantaged groups and communities – those whose health is poorest
- Can demonstrate significant improvements for their service users (including better use of NHS and other health/social care services)
- Enable their service users to sustain those improvements for themselves, either through learning or through continuing volunteer-led activities

6.2 Recommendations

The recommendations in this subsection draw on the conclusions above and other issues highlighted earlier in this report.

Recommendation 1: The role of the Third Sector in future Leeds health and care delivery, as envisaged by the Leeds Health and Care Plan, is fully endorsed by this report. The CCG and other local partners should continue, and where possible expand, its current dialogue with TSOs to explore the most practical and effective ways to secure this involvement.

This recommendation notes the success of the Health Grants Programme as a whole, and the evaluation evidence gathered on the value of TSOs' work. This is already widely recognised, and the more this understanding can be shared, developed and expanded the better.

Recommendation 2: Third Sector links with social prescribing, and where appropriate direct with other primary care services, should continue and be strengthened further.

This particularly applies in the context of the new social prescribing arrangements being introduced to combine those of the three former CCGs. Good communications and relationships between social prescribing and TSOs have already been developed by many projects, and will be essential to successfully implementing the Leeds Health and Care Plan and Local Care Partnerships.

Recommendation 3: Grant funding is valuable means of testing new ideas and building evidence, but longer-term funding (three years or more) should be considered wherever possible when sustained involvement of TSOs is envisaged.

This picks up clear messages from all three rounds of the Health Grants Programme. Grant funding can help to build evidence that can lead to longer-term investment in the third sector, and in this respect the programme has been very successful. Where TSO projects involve long-term support however, the "stop-start" nature of grant funding is both undesirable and inefficient, and longer-term funding must be the preferred option.

Recommendation 4: NHS Leeds CCG and other statutory organisations should recognise that TSOs working in health and social care can receive funding from a range of different sources, but should not rely on these alternative funding sources to sustain them. Rather, CCG and wider NHS funding should help to ensure that TSOs retain sufficient long-term capacity to fully achieve their role in Leeds' Health and Care Plan.

Data shows that many projects have been able to continue, at least in part, through funding from elsewhere. However, not all have managed this, and the aim of this recommendation is to avoid a situation where TSO support is the most cost-effective option for patients but cannot be provided due to lack of funding. NHS funding should not need to support every TSO that the NHS works with in Leeds, but should be prepared to step in to maintain those it considers essential.

Recommendation 5: When prioritising funding support (bearing in mind Recommendation 4 above), the CCG and other partners should consider giving priority to TSO support which:

- **Specifically target Leeds' most disadvantaged groups and communities**
- **Can demonstrate significant improvements for their service users**
- **Enable their service users to sustain those improvements for themselves**

This recommendation is intended to align with Leeds' Health and Wellbeing Strategy, and emphasises the importance of sustained and measurable improvement – as demonstrated by many Health Grants Programme projects – rather than purely the number of people reached.

Recommendation 6: NHS Leeds CCG (in partnership with others) should continue to support and encourage TSOs to develop their understanding of evaluation methods further.

The recommendation follows on from the previous one in that TSOs need to be able to demonstrate the value of their work. Some of this has already been achieved through the Health Grants Programme, and this should be developed further, for example in helping TSOs demonstrate the sustainability of their outcomes, or their ability to motivate service users (using PAMs).

Appendix: Brief overview of Projects

Organisation	NHS Leeds CCG North; South & East; West	Brief Project Description
Small Grants (of around £5,000)		
Community Links	N	Development of a Peer Support Volunteer Scheme.
DIAL (Leeds)	N + SE	Trialling weekly advice sessions at food banks for disabled people and those living with long-term conditions, to support alleviating poverty.
Fun @ Family Tea	SE	Weekly family cooking courses for children and their parents on how to cook healthy, nutritious meals.
Hyde Park Source	N	Improving local people's skills and knowledge in preserving locally grown, nutritious food.
Middleton Bosom Buddies	SE	Breastfeeding peer support group – training women as Bosom Buddies, supervised and supported by a trained breastfeeding tutor.
National Child-birth Trust	N + SE	Professionalising and evaluating an existing programme of weekly postnatal support for refugee and asylum seeking women.
Oblong	SE	Piloting a 'mindfulness gardening' programme to teach mindfulness skills to people experiencing mild to moderate mental health difficulties.
Rags to Riches	SE	Expansion of women's sewing group, focused on people with mental health difficulties.
Richmond Hill Elderly Action	SE	Qualitative community research project to explore perceptions of isolated older people's needs, awareness of RHEA's services, barriers and ways to overcome them.
RJC Dance	N	Promoting health & fitness for BME young people through dance sessions, as well as nutrition sessions for parents.
St Luke's Cares -About Health	SE	Engaging people in health awareness and signposting health campaigns at charity shops.
Solace	N	Family Therapy based approach for Refugees and Asylum Seekers.
Solace	SE	Extending the rapid assessment and triage process to reduce waiting for Refugees and Asylum Seekers; offering simple case work to address housing or legal needs or a brief therapeutic intervention.
Voluntary Action Leeds	SE	Purchase a one year licence to pilot the 'Quality for Health' quality assurance system with Third Sector Organisations deliv-ering health services.
Women's Health Matters	SE	Volunteer training and support programme for women seeking asylum, working with them to identify key health issues that affect them and their families.
Zest Health for Life	SE	Piloting 'How's Your Health?', a health and self-esteem pro-gramme for young people.

Large grants		
Advonet	SE	New South Leeds Vales Circle autism hub, focusing on using innovative ways to meet the unmet needs of autistic adults who lack support.
Advonet	SE	'Speaking for Yourself' courses to enable people with mental health issues to advocate for themselves and peers on issues that matter to them; creation of self-advocacy peer support groups.
Advonet	N	'Supporting Community Voices and Conversations' – Improving access to healthcare services for BME patients, including increasing effective support for people with LT conditions.
Age UK Leeds	SE	'Resilience in later life' – working with frail older people with complex needs who are overly frequent users of health care services.
Basis Yorkshire	SE	Improving health outcomes for women involved in sex work.
Behind Closed Doors	SE	Immediate support for adults suffering domestic violence and abuse; linking with IAPT (Improving Access to Psychological Therapies).
Better Leeds Communities	N	Providing a debt outreach advice service for those with the most complex debts and health needs, working closely with social prescribing.
Black Health Initiative	N	Fusion Xtra – 12 week programme for people with dementia and their carers.
Carers Leeds	N + SE	'Carers Health and Wellbeing Project' – providing low intensity health support for unpaid carers through 1:1 and group work.
Carers Leeds	SE	Support for older carers in outlying areas, offering home visits and building community capacity through setting up support-ive activities.
Carers Leeds	N	Fast-track training and toolkit to increase use of the Yellow Card referral scheme by GP practices, social prescribing, integrated Neighbourhood Teams and Leeds Community Healthcare.
Community Links Northern Limited	SE	Preventative holistic care approach to address inequalities in physical health outcomes for adults with mental health problems.
Community Matters Yorkshire	N + SE	Specialist children's worker with a health focus engaging with parents at toddler groups through 1:1 work and signposting.
Community Matters Yorkshire	N	'Creative Wellbeing' – building and strengthening social prescribing capacity in outer north Leeds, and promoting healthier lifestyles and wellbeing through activities, particularly targeting under 55s.
Cross Gates & District Good Neighbours' Scheme	SE	Piloting an outreach approach to identify older people more at risk of isolation, through partnership working with two GP practices.
Feel Good Factor	N	Out of hours social and wellbeing activities, primarily for people who have primarily over 50, have become isolated as a result of a long-term condition, caring responsibilities or lack of family and social networks.
GIPSIL	N	Outreach wellbeing support, focused on both practical and emotional support, to improve outcomes for young people through transitions, including parenthood.

Large grants		
Groundwork Leeds – Green for Go	SE	'Green for Go' – providing outdoor opportunities for adults with long-term health conditions to gain and develop practical skills, share knowledge and positively impact health and wellbeing.
Hamara Healthy Living Centre	SE	'5 Ways to Healthy Hearts' – peer-led community approach to raise awareness of Cardiovascular Disease and its prevention within local BME communities.
Health for All	SE	'Aiming High' – pilot supporting and developing capacity of small, grassroots volunteer-led community groups.
Holbeck Elderly Aid	SE	Wellness clinic and out of hours helpline/call out service for older people; new Development worker reaching out further into the community and offering more individual person centred 1:1 support.
Home-Start Leeds – learning difficulties	SE	Developing volunteer home visiting family service to support parents who have a Learning Disability and are expecting a baby.
Home-Start Leeds – perinatal mental health	N	Developing a volunteer home visiting service for mothers/ parents experiencing low/medium level of perinatal mental health, including piloting support for young women with Getaway Girls.
Leeds 14 Trust	SE	'EAT Project' – community food research project aimed at improving eating and lifestyle behaviours locally, through group spaces based around cooking, eating, socialising and learning.
Leeds GATE Gypsy and Traveller Exchange	N	Health Advocate delivering 1:1 advocacy support (face-to-face and telephone appointments) around health and health related issues for the Gypsy / Traveller community.
Leeds Mind	N	'Friends of the North' befriending service; peer-support weekly skills group to give people self-management tools and coping strategies to better manage their own mental health, and monthly social activities.
Leeds Occupation-al Health Advisory Service	N	Occupational health advice and support (face to face or telephone) to promote the continued employment of individuals with occupational ill-health conditions, implementing rehabilitation plans between employees and employers. Working with social prescribing and GP surgeries.
Leeds Older People's Forum	N	'Dementia Friendly Communities Leeds North' – supporting communities, businesses, organisations, places of worship and groups to become dementia friendly, with intensive support to Chapeltown and Roundhay.
Leeds West Indian Centre Charitable Trust	SE	'Boyz to Men Health Project' – promoting health and wellbeing among local BME men through liaising with local GPs and clinical stakeholders, community advocates and leaders from targeted Indian, Pakistani, Bangladeshi, African and African-Caribbean communities.
Leeds Women's Aid	SE	Piloting appointment based drop-in surgeries at GP practices for women affected by domestic violence.
Middleton Elderly Aid	N	Befriending scheme pilot for people over 60 to alleviate the effects of loneliness and social isolation and support independent living.
Moor Allerton Elderly Care	SE	Developing and evaluating 'Circles of Support', a programme to improve the wellbeing of people with Dementia by increasing their social network.

Large grants		
Neighbourhood Elders Team	S	Delivering and evaluating an outreach approach to identify older people at increased risk of loneliness and isolation and improve/maintain wellbeing via partnership working with health professionals.
Northpoint Wellbeing Limited	N + SE	New approach to address the needs of patients with complex histories, co-morbidity & severe functional impairment, who are not benefitting from NHS IAPT and are not eligible to access secondary care NHS mental health services.
Oblong	SE	'Make an Impact ' programme improving the health and wellbeing of people with ongoing mental or physical health conditions through starting new healthy activities together in Chapeltown, Harehills and Otley.
Orion Partnership / Space2 Leeds	SE	'Health Gateway' project – four men's groups in deprived areas of inner east Leeds to support men with their physical and emotional health and wellbeing.
Orion Partnership / Space2 Leeds	N	'Chapeltown Men's Club' – Under 50s men's health and wellbeing support group – health by stealth approach with men-led health campaigns.
Otley Action for Older people	N	'Healthy Together project' – holistic support for older, isolated people with LT health conditions. Working with local GP surgeries, community healthcare and social prescribing teams and strengthening community involvement and the volunteer car scheme.
Purple Patch Arts	SE	'Feel Good' – independently assessed pilot identifying how accessible and effective health education can be delivered to people with Learning Disabilities.
Race Equality Foundation	SE	'Strengthening Families, Strengthening Communities' – parenting and violence prevention programme for parents from a range of ethnic groups, partnership with Behind Closed Doors and the Jess Cluster.
Relate Mid-Yorkshire	N	'Time to Talk' – relationship counselling for people living with long-term conditions and their carers.
Relate Mid-Yorkshire	N	'Time to Talk 2' – piloting a webcam counselling service for individuals, families or couples with relationship difficulties.
Royal Voluntary Service	N	'Resilient not Reliant' – increasing community resilience by encouraging older people at risk of harmful drinking into pursuing new activities, including volunteering.
St George's Crypt	SE	Providing occupational therapy assessment and intervention for people who are homeless and vulnerable.
St Gemma's Hospice	N	Working with Leeds Involving People to ensure the services provided by St Gemma's Hospice are accessible and culturally appropriate for the BME community.
St Vincent's Support Centre	SE	Developing and coordinating new services, including peer support groups, group therapy and self-help sessions, to improve mental wellbeing and family life.
SignHealth	N	'Supporting Deaf people in crisis' – mental health crisis support facility for deaf people to effectively manage crises, lessen distress and prevent issues escalating.
Sue Ryder Care -Wheatfields	SE	Pilot to develop bespoke training for TSOs to increase knowledge, skills and confidence around working with people approaching their end of life, and their families and carers.

Large grants		
TCV Hollybush Conservation Centre	N + SE	Pilot to demonstrate the potential of outdoor practical activity to improve the physical and mental wellbeing of priority groups.
The Market Place	N + SE + W	Piloting fast access short-term crisis counselling for young people aged 13-25 as an alternative to, or to complement, the longer wait for General Counselling and support.
Touchstone	N	'Positive Care Programme pilot ' – trialling shorter (4 weeks) support offer from qualified therapists and facilitators, with ongoing Peer support sessions post-course for individuals with Long-term Health Conditions who are vulnerable and extremely isolated.
West Yorkshire Community Chaplaincy	SE	Supporting male ex- prisoners to engage with health services when resettling within the community, according to their needs; study commissioned to identify the particular barriers ex-prisoners face when engaging with health services.
Women's Counselling and Therapy Services	SE	Piloting psychological therapies specialised for women in the perinatal period, focusing on gaps in provision/unmet need, particularly for those with moderate – severe mental health difficulties.

Leeds Older People's Forum – Dementia Friendly Roundhay

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