

Exploring the Third Sector Health and Social Care Offer in Leeds



Forum Central

A collective voice
for the health and care
third sector



The Learning Disability
Forum for Leeds



Physical and
Sensory
Impairment
Network



volition

The voice of Leeds mental
health voluntary sector



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About Forum Central

Forum Central is the collective voice for the health and social care Third Sector in Leeds, established in April 2016. It is a partnership bringing together the members of Leeds Older People's Forum, PSI Network (Physical and Sensory Impairment), Tenfold (Learning Disability Forum) and Volition (Mental Health Forum). Our combined membership stands at almost 300 organisations – large and small.

We work with the Third Sector to influence strategic developments across health and social care. Members are supported through sharing good practice, networking and partnership opportunities, and are kept informed about what is happening across mental health, older people, learning disabilities and physical and sensory impairment and wider health and care services.

Forum Central has recruited a representative to the Leeds Health and Wellbeing Board and co-ordinated the Third Sector's input to the development of the West Yorkshire Sustainability and Transformation Plan (STP) and Leeds Plan by leading a series of information and consultative sessions with our members. This briefing is the result of those discussions.



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Introduction

This resource should enable Third Sector health and social care organisations in Leeds to:

- Have a collective voice when acting in representative roles on behalf of the sector;
- Develop shared understanding of the Leeds Plan and the West Yorkshire & Harrogate Sustainability and Transformation Plan (STP)
- Learn about examples of opportunities for the sector to take leadership roles, strengthen partnerships with statutory bodies and advocate for a continued role for the sector in the health and social care system;
- Learn about examples of services provided by the sector that support the delivery of the STP and Leeds Plan and demonstrate how the sector's values fit with the vision for the future delivery of health and social care;
- Promote greater understanding of the role of the Third Sector with public sector colleagues.

This briefing will also be useful for colleagues in partner organisations, including Leeds City Council and NHS. It will support their understanding of the scope and potential of the Third Sector, promote partnership working and demonstrate that the Third Sector in Leeds are system leaders in health and social care.



Background

In December 2015, the NHS published the Five Year Forward View which outlined a new approach to help ensure that health and care services are built around the needs of local populations. Sustainability and Transformation Plans (STPs) were introduced as a means for delivering this new vision. Locally Leeds was required to collaborate with: Bradford; Harrogate; Wakefield; Kirklees and Calderdale to submit a West Yorkshire and Harrogate STP plan. The STP is very broad in its scope, with all areas asked to address three gaps:

- Health and Wellbeing
- Care Quality
- Finance and Efficiency

The West Yorkshire and Harrogate STP is built on six individual local plans including the Leeds Plan and covers all NHS spending to March 2021.



The Leeds Plan

Forum Central is keen to ensure a definitive position for the Third Sector in Leeds. The Third Sector already has an offer to make in each of the six key drivers identified in the Leeds Plan:

1. Working with service users and the public
2. Prevention and Proactive Care
3. Rapid Response in Time of Crisis
4. Efficient and Effective Secondary Care
5. Children's Services
6. Education, Innovation and Research

Examples under each of these drivers follow.

1. Working with service users and the public

Changing Behaviours: People will take greater responsibility for their own health; supported by their families, friends and communities and thereby reducing the involvement of paid staff and organisations.

The Third Sector takes a holistic, person-centred approach to the way it supports people's health needs. Championing co-produced outcomes based on people's assets and working with people is intrinsic to the constitutions and values of many Third Sector organisations. Embedded and trusted within communities in Leeds, the Third Sector can harness and mobilise local assets.

Examples of services include:

All delivery partners for the recently commissioned healthy living service: **Connect for Health**, use a Health Coaching approach which staff are trained in. This service supports adults living in deprived areas to adopt healthy lifestyles including smoking cessation, nutrition, increased physical activity, sexual health, and drugs and alcohol awareness.



Leeds GATE (Leeds Gypsy and Traveller Exchange) are nationally recognised for their work with **ABCD (Asset Based Community Development)** approaches to working with local communities.

Touchstone have embedded co-production across all their services and champion co-production across the city with an annual conference showcasing best practice.

Funded by the Big Lottery, **WiFi** project is working with the most excluded people in the city, and across West Yorkshire, enabling them to access mainstream services using a co-productive approach.

Leeds has keenly adopted 'friendly cities' approaches. This extends beyond health and social care to include all aspects of what makes a good life for people. Leeds has a 'this is everybody's business' ethos, and as such the Third Sector is often a key partner along with public and private sectors and citizens. **Age Friendly Leeds** is a partnership between Leeds Older People's Forum and Leeds City Council and **Dementia Friendly Leeds** campaigns are led as a partnership between Leeds Older People's Forum and Leeds City Council.

A number of Children and Young People's Third Sector organisations have adopted a **Restorative Practice** approach for example Home-Start Leeds use Restorative Practice with all the families they work with, working with them to develop solutions.

Connect in the North support people with learning disabilities to make a plan for when they want to make changes in their life. They support people to have more control and to plan the support they need and how it might be organised. Connect in the North is a user-led organisation that uses a person centred approach to sign post people to the best services for them.



2. Prevention and Proactive Care

Preventing health conditions from escalating, supporting people to manage their long-term conditions and improving response to mental health. As a result, use of health and social care services is decreased.

Digital tools will be increasingly utilised as a health management tool. Third Sector organisations deliver hundreds of prevention based interventions on a daily basis throughout Leeds.

There are a number of examples of this in action including:

Neighbourhood Networks are a safety net for older people, providing support such as falls prevention and winter warmth to enable older people to live independently in their own communities.

Many Third Sector organisations, such as Leeds Mind, Arthritis Care and Stroke Association, run peer support initiatives to help people manage long-term conditions. This takes the form of regular facilitated group sessions, drop-in or befriending by peers. Leeds Mind was successful in attracting national Mind funding to support a **Peer Support Network** in Leeds, designed to share best practice. NHS England's Five Year Forward View refers to peer support as one of the 'slow burn, high impact' interventions that should be seen as 'essential' to the future of the NHS.

The **Safe Places scheme** has been designed to enable vulnerable people such as people with a learning disability to find their closest Safe Place, which is a place they can go and ask for help if they are lost, frightened or in difficulty. In Leeds Safe Places is managed by Aspire CBS and an app is available as part of the scheme.

The **Winter Wellbeing Cafe** run by Health for All ensures that those in greatest need have at least one hot meal in the week with staff at the project on hand to provide information and signposting about services.



Education and awareness programmes such as Black Health Initiative's **Hear Me Now** aim to improve early detection of conditions such as cancer. Hear Me Now is focussed on tackling the disproportionate prevalence of Prostate Cancer amongst Black African/Black African Caribbean and Dual Heritage men.

Shared Well is run by OPAL, one of the cities 35 Neighbourhood Network Schemes, and is jointly funded by Leeds City Council and two Clinical Commissioning Groups (CCG). It is a digital tablet based scheme focusing on providing a personalised service with greater joined up working between agencies. The scheme targets those who have more complex health needs, giving them the opportunity for them and their families to take more ownership of their health and social care needs.

SEEN (seen, empowered, enabled, noticed) at Women's Health Matters works with groups of disabled women across Leeds providing support and promoting good health including offering information and advice on issues such as breast awareness, cervical screening and the menopause.

The Conservation Volunteers (TCV), provide inclusive outdoor and environmental activities for people across Leeds.

Social prescribing projects across the city: Connect for Health; Patient Empowerment Programme (PEP); and Connect Well, are all working in partnership with primary care to support people to signpost to and navigate relevant services and support groups within the community, decreasing the pressures on GP surgeries and increasing knowledge and resilience in localities. In addition **Memory Support Workers** provide a social prescribing city-wide for those living with dementia. These programmes are all led by Third Sector organisations.



3. Rapid Response in Time of Crisis

Ensuring rapid access to urgent care and support, including alternatives to hospital, when the health or independence of a person rapidly deteriorates.

Dial House managed by the **Leeds Survivor Led Crisis Service** is a place of sanctuary open between 6pm and 2am on Friday, Saturday, Sunday, Monday and Wednesday. Visitors can access Dial House when they are in crisis, where they can relax in a homely environment and can also have an hour of one to one support from the team of Crisis Support Workers.

The Market Place offers short-term and crisis counselling to young people aged 13-25 years and can be accessed via their drop-in service. This is complimented by their longer term counselling. **Touchstone** and **Leeds Survivor Led Crisis Service** have recently launched the mental health Well-Bean Café which provides drop in support for people feeling unwell with their mental health out of GP hours.

The **Hospital to Home** service, based at St James Hospital is led by Age UK Leeds. Hospital to Home can help people avoid hospital admission if they can be supported in the community – and if they do go into hospital, it can efficiently help them get settled back home after discharge.



4. Efficient and Effective Secondary Care

Support more people to remain in community settings at the end of life, reducing unnecessary emergency and repeat admissions to hospital with high quality palliative and end of life care services.

Leeds has a number of highly respected hospices providing excellent end of life care for people living in Leeds. St Gemma's Hospice was recently being rated as an "Outstanding" provider by CQC (Care Quality Commission).

5. Children's Services

The **Family in Mind** support group works with parents who are experiencing mental health difficulties to help them understand their mental health and how to manage it.

Forward Leeds is a specialist drug and alcohol service educating young people under the age of 18 about substance use and gives them a chance to address any identified issues.

BHI Teenage Health and Wellbeing offers schools, local authority and community groups the opportunity to commission bespoke courses that are designed to engage young people who are at risk or are already disaffected.

6. Education, Innovation and Research

Increasingly Third Sector interventions are externally evaluated on their health outcomes.

Forum Central has established a **Third Sector Health Leaders Network** to cultivate leadership within the sector and provide opportunities to develop innovative health and social care solutions.



St Gemma's Hospice Academic Unit of Palliative Care, run in partnership with the University of Leeds, has secured significant national research funding and is a leading programme of palliative care research which places Leeds at the forefront nationally.

Age UK Leeds, Hospital to Home service was evaluated by the **Leeds Intelligence Unit** and the Connect Well social prescribing service is also being evaluated.

Time to Shine Leeds, managed by Leeds Older People's Forum working with a range of delivery partners is a test and learn research project. Funded by the National Lottery Ageing Better programme set up to explore and evaluate which interventions are successful in reducing social isolation.

A number of Third Sector organisations deliver educational training to staff and volunteers, health and social care providers as well as patients. Examples include:

Mental Health First Aid is an internationally recognised, accredited two-day course that teaches people how to recognise and respond appropriately to signs of mental ill health. It is delivered in Leeds by Community Links Training, providers of a range of high quality mental health courses.

Basic Bereavement Skills training is provided by **Leeds Bereavement Forum** to those working with the bereaved, in a range of different settings.

Hospices in Leeds provide education and training around palliative and end of life care to medical and nursing students, Leeds GPs, community based nurses, care home staff and other professional groups, as well as hospital based staff.



The Third Sector in Leeds

The Third Sector in Leeds has a long and successful history of delivering essential health and care interventions, both commissioned and non-commissioned across the city. The sector benefits from being well established and managed with a good spread of different sized organisations, geographically spread across the city in every community of Leeds. Currently the sector offers a wide range of services from prevention to crisis and secondary care.

Of the 1,642 charities in Leeds, 338 work in the area of “advancement of health”. In terms of their size by income, information from the Charity Commission shows that compared to the wider sector, the organisations operating in the health and social care sector are operating at a larger and wider scale.

Third Sector organisations operate right across the city, some with a city-wide remit, many at a very localised, neighbourhood level. Together they weave a net of support in the places people live and choose to spend their time. Often delivery takes place in the evenings or at weekends when statutory services are closed and in buildings associated with belonging. So, in this way, the Third Sector operates on a 24/7 basis, providing ‘out of hours’ services which is the time when many people need them most.

There has also been long term investment in Third Sector infrastructure and the Third Sector is recognised as a key strategic partner on many health and care boards throughout Leeds.

The sector is increasingly taking on the role of commissioner. Leeds Community Foundation’s management of the Third Sector Health Grants and Leeds Older People’s Forum’s Time to Shine programme being two examples. Since 2015 to date Time to Shine has distributed over £2,000,000 to organisations in Leeds and £2,300,000 has been distributed as Third Sector Health Grants via Leeds Community Foundation, this funding reaches communities through local organisations



Filling the Gaps

There are three gaps identified in the Leeds Plan:

1. Health and Wellbeing
2. Care Quality
3. Finance and Efficiency

Focusing on reducing health inequalities and preventing ill health, the Third Sector can offer provision to fill some of the gaps

1. Health and Wellbeing Gap

Low level interventions in the home environment. Social care staff who are already going into people's homes can be trained to undertake specific tasks such as medicine prompts or blood pressure checks providing an early warning alert if there are changes in a person's physical health.

Community development approaches which build on local strengths and knowledge to meet the health needs of the community. Strong networks run through the sector making it easier to have a holistic approach which can 'knit' together the strands of a person's life to increase their emotional and physical resilience.

Suicide prevention such as the pilots developed from the BARCA Insight research into preventing male suicide in LS12. This project took account of local views before piloting trial interventions. It builds on the work of men's groups supported by organisations such as Space 2 and Groundwork as well as BARCA.

Health trainers who encourage people to make behaviour changes which include diet, physical activity, emotional wellbeing and access to educational opportunities as a step towards achieving better health outcomes. Health Trainers are recruited from the communities they work with, understand the day-to-day experiences of the individuals



who live there and so are in a good position to offer support and advice that communities will respond to positively, strengthening communities by taking action on the causes of poor health.

Cancer screening awareness sessions in community settings and GP surgeries. Community Health Educators provide a trusted link building up individuals' knowledge and confidence to attend screening sessions and be proactive in their self care.

Many larger Third Sector organisations own or manage **community buildings**. Because these known to people in a local area they tend to be more inviting and less stressful environments for people to access health care, leading to higher attendance for services such as health checks and screening.

Third Sector organisations take a holistic, person-centred approach, championing co-produced outcomes driven by our values.

2. Care Quality Gap

Delivering care to better meet people's needs is something Third Sector organisations are well placed to offer. For example:

Mental health interventions. The Third Sector provides support at all stages of the mental health pathway from community-based preventative services to support to people experiencing mental health crisis. The sector is at the forefront of developing new and innovative approaches to mental health and wellbeing, such as peer support, employment support, crisis cafes, community development. The sector is therefore in an ideal position to scale up or expand current services as an alternative to statutory services, tailored to meet people's needs.

Expanded **liaison with patient groups**. Third Sector organisations typically involve people who use services throughout their structures on a regular basis and support a range of co-production and peer



support activities. In addition, **Leeds Involving People** and **Healthwatch Leeds** are organisations with the specific remit of giving people a say and involving them in the services they use.

Advonet is the single point of access for **advocacy** in Leeds. They offer a range of high standard services, including: independent advocacy for adults experiencing mental distress and for people with learning disabilities; Statutory Independent Mental Health and Statutory Independent Mental Capacity Act advocacy; Statutory Care Act services; culturally sensitive, bilingual advocacy; mentoring and support for people with autism.

Targeted interventions to **socially isolated** people. Offering person centred approaches which build up confidence and skills using community assets and universal services. Projects such as Men in Sheds and Time to Shine are successfully reaching into communities that have a high levels of social isolation such as men, carers, BAME (black, Asian, and minority ethnic), LGBT+ (Lesbian, Gay, Bisexual, Transgender+) and frail older people.

Hospital to Home services which supports safe and timely discharges and decreases **Delayed Transfers of Care**. In the first twelve months, the Hospital to Home scheme operated by Age UK Leeds and Red Cross supported over 1600 older people to avoid admission or to get settled back home after a hospital stay. Additional services targeted at people with mental health problems and learning disabilities could increase the impact of the initiatives.

Low level preventative support to people most likely to be admitted into hospital. For example, the 37 Neighbourhood Network schemes, Care and Repair and the Green Doctor scheme run by Groundwork Leeds.

A qualified, values driven, highly motivated workforce. The Third Sector is increasingly professional in its approach and benefits from a robust yet flexible governance structure. As a sector, we can be agile in our recruitment practices and haven't been constrained by



recruitment freezes. A strong emphasis is placed on living the values of our organisations through our delivery. The Sunday Times' list of the 100 best not for profit organisations to work for (which included public sector bodies) shows that the three Leeds organisations included are all in the Third Sector. As a sector, we are privileged to connect with our 2,000 volunteers to enrich the relationships developed with local groups and individuals.

Access to **out of hours' services** through a combination of community buildings, a workforce employed on flexible contracts and delivery based on the understanding that people want to live their lives, meet with people and may need support to do this outside of the Monday to Friday working week. The development of "friendly" communities (e.g. for children and families, people with learning disabilities, people with dementia) offers strengthened local frameworks.

3. Finance and Efficiency Gap

To deliver care cost effectively, but without compromising on quality, Third Sector organisations are well placed to offer:

Efficiencies through enabling **collaboration and partnership** in the planning of services and between communities and statutory organisations

Additional **investment** which can be drawn down from trusts, grants, fundraising, trading and other funding streams not open to statutory organisations.

Flexibility in commissioning of services. Experience has shown that the Third Sector can commission services in a more flexible, timely and cost effective way. Working in partnership with statutory partners to ensure desired outcomes are achieved.



Realising the Offer

To achieve the change and enable the Third Sector to deliver on the offer there is work to be done.

Forum Central work with the Health and Care Third Sector to:

- Support local leaders;
- Identify and communicate gaps;
- Develop pilot projects, illustrating what can be achieved;
- Communicate our knowledge of communities;
- Develop our systems and approaches to monitoring and evaluation to better evidence impact and outcomes;
- Embrace digital technologies to connect communities and enable change.
- Regularly provide information on our health and social care provision and contribution to the cities' priorities
- Clearly identify new roles for Third Sector providers
- Work in partnership with our statutory partners
- Provide constructive challenge to the system

Our 'ask' from our statutory partners is:

- To recognise the Third Sector as an equal partner
- To offer leadership roles to the Third Sector in key strategic developments such as the STP, the Leeds Plan and the Partnership Executive Group
- To reaffirm their commitment to the Compact and to continue to offer a mixture of grant and contract funding;
- To recognise that outcomes can take longer with communities with complex health needs. Longer term funding (no less than two years) is needed to evidence real, sustainable change;
- Consider where the sector can take on the role of commissioner to maximise the flexibility of distributing funds.
- Share with us opportunities to strengthen and develop our strategic leadership;



- Engage the sector in the implementation of Joined up Leeds recognising the difference in systems and technology between the sectors and the digital divide in some of our communities;
- Share workforce development opportunities and support the development of workplace shadowing to increase the respect and understanding between the staffing and volunteer resources available;
- Support the use of community buildings and assets when considering where locality based services will be delivered.
- Consider the wider benefits of Third Sector provision when commissioning and decommissioning services – the wider community impact, non-statutory funding, volunteering benefits for health and wellbeing.



Conclusion

Forum Central members are well placed and committed to meeting the challenges and opportunities brought about through the Leeds Plan.

The sector has an ambition to deliver services beyond the current remit and invites statutory colleagues to enter into discussions to explore how, together we can achieve the desired health and wellbeing outcomes for all communities across Leeds.



Appendix 1

Context and Background

Leeds is a city of innovation, drive and ambition which aims to be acknowledged as the best city to live in the UK by 2030. It is a large, modern and diverse city with a population of an estimated 774,000 people. The population is projected to grow to 819,000 by 2024. 75 different Black, Asian and Minority Ethnic (BAME) communities make up 18.9% of the population.

General health and deprivation are worse than the national average with 150,000 people living in the most deprived neighbourhoods and with large gaps in life expectancy for both men and women (12.4 years for men some 8.2 years for women).

Obesity and smoking-related deaths in the city are also worse than the national average. Leeds is a city with demographic pressures at the youngest and eldest end of the spectrum, and has a transient and large student population, which brings further challenges for health and care. We are also a city rich with culture, heritage and great pride in our people and places. Many Third Sector organisations in Leeds have grown from and are rooted within these people and places.



Appendix 2

The Third Sector in Leeds

The term “Third Sector” encompasses not-for-profit voluntary organisations, community groups and charities, as well as the community activities undertaken by faith groups. Also included are social enterprises and community interest companies where there is a wider accountability to the public via a board or a membership and where profits are re-invested in their social purpose. The term encompasses frontline organisations delivering services, as well as infrastructure organisations, whose main purpose is to support the work of their frontline members.

The Third Sector is responsible for much of the everyday community infrastructure in Leeds that supports people through the different stages in their life: parenting classes, child care, support for families, specialist palliative care and end of life care, play schemes, community meals and cafes, respite for carers, bereavement support, therapy and counselling, benefits advice, crime prevention, health promotion, community facilities, providing housing, mediating disputes and building good community relations. The sector is widely recognised for its’ vibrancy and innovation, its’ passion for making a difference to the lives of people in Leeds and its’ ability to engage with people other sectors may struggle to reach to help them increase their capacity to do things for themselves, their families and communities.

The sector is organised primarily around social purpose so when it trades, it does so in order to advance that social purpose. The objective of the Third Sector is not to make a profit for personal gain or for shareholders, nevertheless the contribution to the local economy is significant.

It is estimated that over 463,000 people are employed in the Leeds economy. Figures from the Leeds Third Sector Partnership state that the third sector is driven by 17,000 staff and approximately 200,000 volunteers contributing to both the social and financial capital in the city.

According to research carried out by Voluntary Action Leeds, accurately quantifying the contribution made by volunteers is extremely complex, but it is likely to be more than 13 million hours a year. If each volunteer was paid the minimum wage of £7.20 per hour, this would equate to £93,600,000



each year, even more if on-costs were included. It should be remembered that this body of volunteers does not recruit, organise and support itself and that any erosion in the funding of the infrastructure of the sector eats into the resource.

In addition to the financial 'saving' generated through volunteering, are the positive impacts on health and wellbeing and the resultant reduction in costs to the statutory Sector as well as the ongoing community empowerment. Research into working patterns across different sectors shows that Third Sector organisations are a vital source of flexible employment, with a higher proportion of the workforce employed on part-time contracts than in public and private sectors.

The Charity Commission website shows that there are 1,642 charities registered in Leeds, this figure increases to almost 3,000 when social enterprises and community interest companies are included. Information from the Charity Commission website shows the breakdown of charities in Leeds by income.

- 84 have an income between 0-£1
- 117 have an income between £2-£1,000
- 187 have an income between £1,001-£5,000
- 208 have an income between £5,001-£10,000
- 280 have an income between £10,001-£25,000
- 307 have an income between £25,001-£100,000
- 306 have an income between £100,001-£500,000
- 69 have an income between £500,001-£1,000,000
- 71 have an income between £1,000,001-£10,000,000
- 13 have an income of £10 million

The NCVO UK Civil Society Almanac divides charities into Micro (less than £10,000), Small (£10,000-£100,000), Medium (£100,000-£1 million), Large (£1 million- £10 million) or Major (more than £10 million) According to these income brackets 72% of the sector is considered micro or small, 23% medium, 4% large and 0.8% major.

Comparison with the national picture reveals the sector in Leeds to be more mature and established than in other areas. We have a diverse range of micro grassroots organisations but we also have a higher proportion of medium to large organisations than elsewhere.



Organisations with established staffing, systems and infrastructure, many of whom are already successfully delivering health and social care interventions, are well placed to effectively contribute to the planning, and manage the delivery of larger scale and more complex interventions.

In some areas, the sector raises considerable funds for health and care delivery through fundraising and other charitable activities, using this to commission services over and above those funded by statutory services – for example hospice services.

Additionally, the sector is relishing the emerging opportunities to take on, and support, the role of commissioner in the city attracting external funding which is being distributed to impact on communities and groups cross Leeds.



Appendix 3

Statutory investment in the Third Sector

It is acknowledged, and welcomed, that local statutory funders have continued their support to the Third Sector despite cuts in their own financial settlements. Where other areas have seen the investment in health and social care organisations slashed the report to the Corporate Commissioning Board in July 2016 showed that, although Leeds City's Council spend with the wider Third Sector fell from a peak of £123m in 2009-10 the Council's overall spend with the sector has remained very stable for the last five years despite further funding cuts and challenging budgetary pressures.

24 of the 25 largest Third Sector recipients of payments from the Council in 2015/16 were health and social care related organisations. The totality of business with the Top 25 in 2015/16 amounted to £73m. The 'spinning out' of Aspire to become a Community Benefit Society skewed the figures when considering the investment made by the Council to the sector, however, leaving Aspire aside, the other 23 delivered services worth a total of £53.4m.

Investment in the Leeds hospices remains at £4 million per annum. Funding for large scale residential home placements has reduced over the past six years, whilst payments to organisations working in the field of drug and alcohol has doubled in a period of just twelve months. This reflects the changes in both models of care and the emerging priorities of need across our communities. Although not easy for Third Sector health and social care organisations in terms of stability and sustainability they are better placed due to flatter structures, smaller organisations and constitutional flexibility to adapt to these changes faster than statutory partners.

Since 2015, through the Third Sector Health Grant Programme, NHS Leeds North CCG and NHS Leeds South and East CCG have invested a combined funding of £2 million to help reduce health inequalities between the most deprived and the most affluent communities in the city and increase community capacity. To date 62 projects have been funded with grants ranging from £5,000 up to £75,000. The interim report by Leeds Community Foundation in November 2016 linked on data available to date showed the positive impact the grant funded projects have had including:



For service users, benefits such as healthier lifestyles, better mental health and reduced social isolation are evidenced by some hard data, and by narrative case studies that demonstrate some striking results. Benefits for other stakeholders include children and other family members, and several projects have been able to evidence better use of NHS services.

Further, there are clear benefits to Third Sector organisations, in terms of building the sector's capabilities for the future. These include:

- Increased organisational capacity in terms of reach and ability to change the existing service model
- Improved links with social prescribing
- Enhanced flexibility and capacity, including increased use of volunteers, that has enabled some organisations to try new and innovative schemes
- Greater understanding of the groups they serve and of 'what works', enabling them to improve their working methods
- Strengthened partnerships and collaborations with other health services, Third Sector organisations and academia (for evaluation)
- A higher profile for some Third Sector organisations
- Greater understanding of evaluation, and the ability to use that information to further improve the way they work.