



Third Sector Strategy

2020-2023

Foreword

I am delighted to welcome you to the Leeds Community Healthcare NHS Trust Third Sector Strategy, 2020 – 2023. This is the first Third Sector Strategy for the organisation and it has been co-produced with Forum Central, the umbrella organisation for the third sector in Leeds. We greatly value their input and their expertise and we look forward to working with them on the implementation of this strategy. We also value the views of those LCH staff and third sector organisations who have informed this strategy through sharing views and experience at engagement events and responding to consultation about the objectives.



We aim to deliver outstanding care to the people we serve by developing productive and effective partnerships with the third sector that maximise and value their expertise.

Our Strategy is launched at a time when partnership working across statutory health and care providers and the third sector is at the heart of policies and plans for creating a sustainable model for health and care provision.

LCH is proud of the partnerships we already have with third sector organisations but we recognise that there is much more that we can achieve to better meet people's health and care needs and to reduce health inequalities through working together on shared agendas and developing infrastructure, systems and processes that enable partnerships to thrive.

It is important to note that this is a strategy and not a detailed implementation plan; however our priorities are:

- Developing integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift
- Utilising the third sector expertise in understanding and tackling health inequalities to help improve the health of the poorest the fastest
- Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes
- Developing an LCH offer that helps develop a thriving and successful third sector
- Championing a 'one health and care system' where infrastructure is aligned to enable all partners including the third sector to contribute successfully
- Designing a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector
- LCH and the third sector working with other system partners to improve how we enable clear navigation of the health system in Leeds

hello my name is...

Brodie Clark CBE, LCH Chair

We are very pleased to launch our first joint strategy with Leeds Community Healthcare. It will see us increase our impact on our shared priority to reduce inequalities among our communities in Leeds. It builds on existing examples of co-delivery and shows an intent to extend those partnerships to a greater number and diversity of third sector organisations, identifying more opportunities to work together and developing the infrastructure to do so.

Leeds Community Healthcare is making a commitment to the resilience of the third sector at a time when it is never more needed, and we welcome that.

This strategy presents an opportunity for Forum Central's 300+ strong membership and beyond to achieve a healthcare system that is:

- co-produced and shaped by the voices of our communities - delivered locally
- person centred
- integrated
- built on strengths and assets with a third sector that:
- achieves social value
- increases opportunities for small and emerging groups
- increases resilience
- provides opportunities for longer term sustainable investment

We look forward to delivering this strategy together.

hello my name is...

Alison Lowe and Andy Rawnsley (Volition Co-Chairs),
Bill Rollinson (Leeds Older People's Forum Chair) - Forum Central Partnership Board

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1. Vision, values and behaviours

The LCH Vision, Values and Behaviours, “**Our Eleven**”, permeate this Strategy. The objectives identified have each been tested against them; making sure that each contributes to our **one vision** and operates in line with our **three values** and our **magnificent seven behaviours**.

We have used the **magnificent seven behaviours** icons in **Section 5** to indicate which behaviours will be key to helping to deliver this Strategy’s 7 objectives.



11 Our Eleven

1 vision: We provide the best possible care to every community we serve

3 values:

- We are open and honest and do what we say we will
- We treat everyone as an individual
- We are continuously listening, learning and improving

7 magnificent behaviours (how we work):

 <p>Caring for our patients</p> <ul style="list-style-type: none"> Seeing things from their point of view Acting on individual needs in the best way we can Treating people with respect, dignity, kindness Ensuring we keep high quality and complete patient records 	 <p>Making the best decisions</p> <ul style="list-style-type: none"> Being willing to take a decision Gathering sufficient information from the right sources Making decisions which are logical and evidence-based Taking a long-term view about what is best for the future of our patients and the Trust 	 <p>Leading by example</p> <ul style="list-style-type: none"> Being clear about what needs to be done Helping others to develop their abilities Acting as a role model by taking responsibility Keeping our promises and being prepared to say what we think Setting high standards for ourselves and others 	 <p>Caring for one another</p> <ul style="list-style-type: none"> Being thoughtful in the way we treat one another Keeping our emotions under control Listening to one another Being sensitive to other people's situations Treating them with kindness Being flexible in the way we work with others 	 <p>Adapting to change and delivering improvements</p> <ul style="list-style-type: none"> Looking at the way things are done now and suggesting new ways of working Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust Being able to adapt to new ways of working and to changes in the ways in which we deliver care 	 <p>Working together</p> <ul style="list-style-type: none"> Being supportive of colleagues Building relationships both inside and outside the Trust Communicating clearly and persuasively Being open to others' ideas Finding out what is important to others in order to get things done 	 <p>Finding solutions</p> <ul style="list-style-type: none"> Adopting a positive approach to problems Looking for ways to solve them Showing a sense of enjoyment and commitment to what we do 
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2. Context

The aim of this strategy is **to deliver outstanding care to the people we serve by developing effective partnership working with the third sector, maximising use of their expertise and contribution, achieve a culture change in LCH where our people fully recognise their value and support third sector resilience.**

When we talk about the 'third sector' we mean voluntary organisations, charities, community groups, informal self-help groups, and the community work of faith groups. We also include social enterprises and community interest companies where there is a wider accountability to the public through a governance board or a membership. The third sector is that part of society and the economy which is organised primarily around social purpose. When it trades it does so in order to advance that social purpose. The third sector has previously been known by other terms including: the 'Voluntary Sector'; and the 'Voluntary, Community and Faith Sector'.

In designing this strategy, we have considered in detail the context, internal and external, within which LCH works now and will work in the future. **This context is summarised below:**

2.1. National context:

The *NHS Long Term Plan* was published in January 2019. It set out a roadmap to achieve sustainable health and care delivery which centres on a shift in focus and funding from acute services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community – also known as 'left shift'. **Key elements of left shift are:**

- Establishment of Primary Care Networks to direct the development of extended community teams, comprising GP practices, NHS community and mental health providers working alongside social care and the third sector to provide sustainable joined up care
- tailoring provision to meet local needs and reduce health inequalities
- providing the right care at the right time in the right place through a greater focus on providing early intervention, pro-active care and supporting self-management
- providing personalised care by listening to people to understand what matters most and 'working with' people to find solutions rather than doing things 'to' or 'for' them

This is within the context of continuing workforce supply shortages for registered nurses, therapists and medics and a call to NHS providers and commissioners to develop the workforce to be representative of the population it serves. £4.6 billion additional funding has been committed to support delivery of the NHS Long Term Plan.

The NHS Long Term Plan recognises the key role of the third sector in delivering left shift e.g.

- addressing health inequalities – trust, reach and expertise to connect with, advocate for and meet the needs of vulnerable and under-represented communities

- establishing new roles mandated in the NHS Long Term Plan e.g. social prescribers who provide strengths based self management support and connect people to support and activity in the local community to support their wider physical, mental and emotional health and well-being
- delivery of new models of care - third sector organisations have registered clinical / professional expertise combined with strengths based approach e.g. Leeds Mental Well-Being Service LCH and third sector collaboration – see case study, pg 11
- expansion of peer supported / led structured education and rehab e.g. cardiac rehab, COPD and diabetes structured education

LCH CASE STUDY: Best Start Peer Support

Best Start Peer Support was a service led by local charities Touchstone and Women’s Health Matters. It offered peer support and was aimed at working with both Mums and Dads who wanted to meet others, felt lonely, isolated, or wanted to boost their self-confidence; people who felt stressed; and people who wanted to learn new skills or were looking to return to work or education. The sector led a peer support approach to engaging with people around shared personal experiences to provide knowledge, social interaction, emotional assistance or practical help that was mutually beneficial. As a subcontractor to the sector LCH provided a 0-7 Public Health Integrated Nurse to share public health messages, offer parenting support, ensure parents were aware of the wider community level support and developed links with other service providers delivering support to potentially marginalised groups of parents. This was a great example of the third sector and LCH co-delivering and utilising their respective skills to collectively better meet the needs of some of Leeds’ most vulnerable communities who were potentially reluctant to engage and access mainstream services.

2.2. Local context

The West Yorkshire & Harrogate Health and Care Partnership (also known as the ICS – Integrated Care System) and Leeds, as a city, have already embarked on programmes of change that align with the key elements of the NHS Long Term Plan’s roadmap for achieving left shift and reflect a strong commitment to reducing health inequalities. Despite Leeds consistently having the highest increase in employment rate among comparable cities, health inequalities persist: 1 in 5 of our children in Leeds lives in poverty and there is a 10 year difference in life expectancy between those living in the least and most deprived areas.

The overarching framework guiding improvement and delivery of health care in Leeds is our Health and Wellbeing Strategy. The strategy’s overall vision is:

‘Leeds will be a healthy, compassionate, climate conscious city, with a strong economy, where people who are the poorest improve their health the fastest.’

This is echoed in the Leeds Clinical Commissioning Group's Strategic Plan, which focuses on achieving value and addressing health inequalities through commissioning integrated services across providers, including the third sector, and supporting the development and implementation of a Population Health Management approach to tailor provision to meet local need and reduce health inequalities.

The Leeds CCG Health Inequalities Framework (March 2020) states

'As more collaborative approaches emerge across providers, with more provider led service re-design undertaken across organisations, there will be a growing emphasis for providers to not just respond to the people who present, but to ensure that services reach out and meet the needs of all people. CCGs will need to ensure this proactive approach is strengthened, setting outcomes which result in improved health and services for the most disadvantaged communities and groups.'

We need to take a stronger approach to service design, access and delivery to tackle health inequalities, in particular for those conditions which people from vulnerable groups or the poorest parts of the city are dying of earlier, including cancer, CVD, respiratory disease, etc'

For new services: We will start with the question how does this reduce health inequalities when commissioning or redesigning services (rather than just thinking about how a new services doesn't increase health inequalities). In all cases we will consider disproportionate funding services targeted in specific areas and at specific groups where appropriate.'

A partnership approach across commissioners, the third sector, NHS providers, the Local Authority, patients and the public is fundamental to, and at the heart of development and delivery of the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan. The West Yorkshire and Harrogate ICS, Leeds Local Authority and CCG are committed to strengthening the capacity and capability of the third sector e.g. through 'Harnessing the Power of Communities' funding.

The development of Local Care Partnerships (LCPs) in Leeds is central to our plans for identifying new ways to connect with local communities and tailor services to improve health and wellbeing and reduce inequalities through partnership working across primary and community care, the third sector, social care and other agencies. This includes working together to deliver support differently, building on the assets in local communities and the strengths of individuals – which the third sector has considerable experience, expertise in and established networks.

Leeds is recognised for the strength of its third sector. There are over 1,700 third sector organisations in Leeds, ranging from large national organisations to very small local ones, working within communities to make a real difference. Leeds is recognised for having responded rapidly and flexibly to the needs of people and communities during the COVID-19 emergency, and the third sector has been at the centre of this response, working in partnership with strategic partners, including establishing and managing the Community Care Volunteers scheme in conjunction with Leeds City Council. Partnership working with the third sector has further developed in response to the pandemic.

However, recent analysis indicated that 60% of third sector organisations believe they may not be able to continue in business beyond the end of 2020. Partners across health and social care, through the Partnership Executive Group (PEG), are focussing on how to support third sector resilience individually and as a system.

Engagement with the third sector identified significant barriers to partnership working between statutory agencies and the third sector, including:

- **It is hard for the third sector to navigate the NHS and vice versa** – knowing who does what, how to influence, who to contact and how to access services.
- **The third sector cannot generally access NHS patient information systems** - creating a barrier to providing seamless, joined up care. The city's Digital Strategy includes extending access to Leeds Care Record to third sector partners, prioritising third sector partners who are co-delivering critical services
- **It is often challenging for third sector organisations to meet NHS governance, contractual and reporting requirements and meetings convened by statutory agencies can be intimidating & / or inaccessible** – due to limited central / corporate resource other than in the largest third sector organisations, and the formality and scale of statutory agency's meetings
- **Insecurity of third sector funding** – short term and not supporting full cost recovery, resulting in organisational financial insecurity and risk of losing staff with significant skills, knowledge and expertise from the Leeds health and care system

LCH CASE STUDY: Leeds Mental Wellbeing Service

The recent retention and development of the Leeds Mental Wellbeing service is a fantastic example of bringing the LCH third sector strategy to life. Firstly, as lead provider, LCH committed to all service growth being devolved to the third sector, to help ensure a thriving and sustainable sector. Secondly, co-production and peer support elements of the model were seen as vital to engage better with underrepresented groups, tackle health inequalities and ensure the patient voice was an equal voice in the development of the service. These elements are now led by the third sector in recognition of the fact that they are better placed to lead these specialist elements of service delivery, have more meaningful dialogue with communities and have a greater impact on health outcomes, whilst realising left shift.

2.3. Internal context

LCH's vision is **to deliver the best possible care to the communities we serve**. LCH is the largest provider of NHS community services in Leeds and provides some services on a wider geographical footprint. LCH spends approx. £150m each year, employs approx. 3,000 people across 58 services and 120 sites. We receive 215,000 referrals and deliver 2 million patient contacts every year.

We work in all parts of the city. We are privileged to work with many thousands of people in their own homes, as well as in the full range of other health and care settings as well as in schools and Further Education colleges, police custody suites and young offender institutes. We deliver services through partnership working with other NHS providers, social care and other Local Authority agencies, the third sector, education, the police and justice institutions. We have a strong commitment to being an inclusive employer that values its staff as its greatest asset.

LCH has an established track record of partnership, joint and close working with the third sector across many services and corporate teams, in:

- **co-delivery, interdependent or integrated service and pathway delivery supporting left shift and reduction of health inequalities** – see Leeds Mental Wellbeing service, Best Start Peer Support, Gypsy and Traveller Outreach case studies.
- **patient and public engagement, involvement and co-production** e.g. Leeds Involving People managed patient representation within the solution design and strategy elements of the recent IAPT retender. LCH now participates in the Inclusion Group, a citywide initiative led by Healthwatch Leeds to drive inclusion and adherence to the Accessible Information Standards (AIS). HealthWatch, who manage patient and public engagement across the city and advocate for the patient voice in many forums, are members of our Quality Committee (monthly Board sub-committee), informed development of our Engagement Strategy and have a key role in agreeing our annual quality priorities.
- **delivering services in third sector bases and facilities** e.g. Leeds Mental Well-Being service and Best Start Peer Support delivered in third sector venues; Leg Clubs and drop-in clinics delivered in Neighbourhood Network premises – see case study. Third sector venues hired for meeting space, includes SHINE, Stanningley Rugby club, Hillside and the Old Fire Station
- **creating a diverse and inclusive workforce where every member of the workforce is treated as an individual and advancing equality for staff with a protected characteristic** e.g. partnership working with Stonewall Diversity Champions programme

as well as responding to national, regional and local policy and plans, indicated in sections 2.1 and 2.2 above.

LCH CASE STUDY: Neighbourhood Team and Neighbourhood Network collaboration

Traditionally patients with lower leg problems, such as ulcers, have attended leg clinics in hospitals and GP practices or have been visited at home by community nursing staff. Leeds Community Healthcare NHS Trust, Chevin and Westgate Surgeries, Otley Action for Older People and Leeds CCG worked in partnership to develop the Otley Leg Club, to treat individuals (known as members) on a drop-in basis in a community social, non-medical setting with a focus on supporting individuals' psychosocial needs, de-stigmatising the condition and involving patients in their care.

Kippax Neighbourhood Team and Garforth NET have developed strong links. The Neighbourhood Team runs several weekly clinics from Garforth NET: Leg Club, Talking Point and a Physiotherapy drop-in clinic that targets Frailty and falls prevention. A recent development has been the introduction of an Elderly MOT - a pro-active approach that aims to provide early intervention, support avoidance of crisis situations and enable local elderly people to get to know their community healthcare team and services. Support and advice has included Falls assessments, exercise prescription and signposting, small aids advice, wheelchair referrals, walking aid provision, Obs checks, skin advice, weight management, oral hygiene, advice on bowel management, memory impairment and COPD management.

However, there is, significant opportunity to further develop third sector partnerships, including through

1. Integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift
2. Utilising the expertise of the third sector in addressing wider determinants of health to tackle health inequalities and support the poorest to improve their health the fastest
3. Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes
4. Developing an LCH offer that helps develop a resilient, thriving and successful third sector
5. Championing a 'one health system' where infrastructure is aligned to enable all partners to successfully contribute, including the third sector
6. Designing a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector with a diverse range of organisations
7. LCH and the third sector working with other system partners to improve how we enable clear navigation of the health system in Leeds

LCH CASE STUDY: Gypsy and Traveller Community Outreach

Within Leeds, Gypsies and Travellers have an average life expectancy of about 50 years of age, compared with 78 in the settled population. They also experience poorer health outcomes, including higher rates of infant mortality, long-term conditions and suicide among young men. In response to this LCH, Leeds Clinical Commissioning Group and Leeds GATE (Gypsy and Traveller advocacy group) devised a community outreach nurse in partnership with Gypsy and Traveller people. The role successfully forged trusting relationships and supported people to access mainstream health and care services, helping to boost health and wellbeing among this marginalised group of people. The joint project is a great example of LCH and the third sector working with other system partners, including service users, to tackle health inequalities. The service is now developing into a homeless and health inclusion service to have an even bigger impact.

The further development of partnership working to support the Leeds system response to the COVID pandemic and our reset and recovery programme's focus on reducing health inequalities (1 of the 8 golden threads), has created the opportunity to implement elements of the strategy at faster pace.

3. Making the Connections

As is evident, this Third Sector Strategy supports LCH in delivering our vision and our four strategic goals:

1. Ensure LCH's workforce is able to deliver best possible care in all our communities
2. Deliver outstanding care
3. Work in partnership to deliver integrated care and care closer to home
4. Use our resources wisely and efficiently

and our 2020/21 Trust priorities, which were developed before the impact of the COVID pandemic became evident. This strategy complements and supports other key organisational strategies:

Workforce Strategy

helps mitigate workforce supply pressures and potential to create a more diverse and representative workforce through recruiting from priority neighbourhoods and / or other disadvantaged communities , supports effective skill mix, potential to devolve some service delivery to the third sector; supports staff development which may also aid retention: third sector providing training, opportunity for LCH staff to undertake volunteering;

Research Strategy

this strategy fully aligns with the partnership aim of the research strategy and will probably also support the patient and public engagement aim

Digital Strategy

aligns with focus on advocating for and developing interoperability of or common patient and workforce information and reporting system wide

Engagement Strategy

aligns with focus on working in partnership with the third sector for engagement, coproduction, volunteer and peer support programmes, including for underrepresented and vulnerable communities

Quality Strategy

supports delivery of better patient outcomes and experience through left shift, integration, localism, prevention, self-management, reducing health inequalities

Business Development Strategy

improves quality, enables left shift and integration, supports viable growth in partnerships

Estates strategy

supports localism agenda through common focus on PCNs – enables delivery and co-delivery in community/ third sector venues, sharing of estate with enabling systems

LCH CASE STUDY: Liaison and Diversion (L & D) service - integrated delivery with Community Links

LCH and Community Links developed and jointly deliver the L & D service in Humberside. Community Links is subcontracted by LCH to provide additional Liaison and Diversion support in the community, where a need is identified, for up to 12 weeks which may involve peer support. Community Links brings considerable expertise and experience in using strengths based approaches to work with, support and connect marginalised and disadvantaged people within the local community.

Community Links has been empowered to be an equal partner through joined up use of LCH systems which enables more effective communication and seamless care whilst maintaining CL's organisational identity. Community Links staff are equipped with LCH laptops, nhs.net email accounts to allow secure sharing of information and have access to LCH corporate IT support. Community Links and LCH use the same local drives on the LCH network and all new starters are provided with ESR profiles which allows access to LCH statutory and mandatory training. The teams also both work from the same SystemOne unit to ensure seamless care and access to service user information. Community Links staff also use the LCH Datix system to record incidents or near misses.

4. Priorities for Delivery

This strategy sets the aim: to deliver outstanding care to the people we serve by developing effective partnership working with the third sector that maximises their expertise and reflects a culture change in LCH where staff fully recognise their value, and to support third sector resilience.

The following pages set out the priority areas – objectives – which will enable this strategy's aim to be achieved, and the initiatives identified through engagement, to enable delivery of each objective.

Key:

1. The following icons are used to show how each objective aligns with the LCH Values and Behaviours;



Caring for our patients



Adapting to change and delivering improvements



Making the best decisions



Working together



Leading by example



Finding solutions



Caring for one another

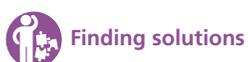
<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>1. Integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift</p>	<ul style="list-style-type: none"> • Mapping of current strengths, enablers, barriers and gaps across LCH and third sector partnership working • Culture change in LCH where the third sector is always considered as a delivery partner in services • Scope joint visits and interim service offer from third sector while people are waiting for NHS services • Develop third sector case coordination on behalf of the NHS, particularly for people with Long Term Conditions • Utilising the third sector's specific expertise and networks - third sector delivery of coaching, rehab, behaviour change, peer support, self-management, prevention – helping achieve ambition of left shift • third sector supporting people with mental health, crisis prevention, dementia support • third sector provision of infrastructure enablers such as transport, venues, training • third sector enabling patient and public involvement and coproduction for the NHS • third sector facilitation of volunteer schemes, or acting as a mentor for volunteer projects • Working in partnership with the third sector to deliver population health management projects 	<ul style="list-style-type: none"> • Mapping complete • All of LCH considering role of third sector when developing and improving services • Diversity of provider within left shift provision • Number of pathways developed together • Increase in patient and public involvement and co-production • Increase in third sector partnerships/ subcontracts with LCH • Level of funding devolved to third sector • Impact on health inequalities/ health outcomes 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Finance and Contracting support • Training for staff • Awareness campaign for staff • Funding pots to be devolved • Patient involvement 	<ul style="list-style-type: none"> • Increase in integrated working and co-delivery with the third sector supporting prevention, self-management and rehab • Co-production with service users embedded as part of organisational culture • Elements of service devolved to third sector to deliver • Service offer more holistic and wrapped around the individual needs of the patient • Third sector more resilient and sustainably funded

This aligns with the following organisational behaviours



<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>2. LCH to utilise the health inequalities expertise of the third sector to support the poorest to improve their health the fastest</p>	<ul style="list-style-type: none"> • Reset and recovery programme - raise awareness and encourage collaboration to reduce health inequalities (golden thread). Showcase successful collaboration • Develop pathways together – to address health inequalities and engage specific communities including children, young people and families • Working collaboratively to identify unmet need such as through population health management and LCC's Priority Neighbourhood initiatives • LCH to procure third sector to provide training and expertise to help raise awareness of health inequalities and vulnerable groups e.g. implementing Accessible Information Standards • third sector engaging with and designing bespoke/ tailor-made services for underrepresented and vulnerable groups 	<ul style="list-style-type: none"> • Impact on health inequalities/ health outcomes • Numbers of training programmes and outcomes of training • Numbers of services designed for specific groups and subsequent outcomes of these 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Finance and Contracting support • Training for staff • Funding pots to be devolved • Joint bids for funding e.g. to charitable trusts 	<ul style="list-style-type: none"> • All services aware of what their impact on health inequalities is and can measure an improvement • Increase in partnership working with the third sector supporting reduction in health inequalities resulting from further developing bilateral and systemwide engagement with the third sector

This aligns with the following organisational behaviours



<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>3. Developing shared agendas between LCH and the third sector to maximise effort and impact on improving health outcomes</p>	<ul style="list-style-type: none"> • Use Local Care Partnerships (LCPs) and Population Health Management (PHM) data and projects as vehicles for developing shared agendas • Develop range of forums and mechanisms to engage with local third sector and identify issues, starting with Forum Central • Developing opportunities for joint research • Shared agendas could include: <ul style="list-style-type: none"> - Climate crisis - Transport - Employability - Housing - Ageing population/ demographic change - Home first - Urgent community response - Health inequalities - Homelessness and inclusion health - Food poverty - Community development - Staff health and wellbeing - Black and Minority Ethnic (BAME) and wider Diversity and Inclusion 	<ul style="list-style-type: none"> • Number of shared agendas developed/ prioritised • third sector engaged through LCPs and PHM • Engagement mechanisms established • Number of joint research bids • Impact on health inequalities/ health outcomes 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Access to data sets and analyst support • LCH Research team • Forum Central 	<ul style="list-style-type: none"> • LCH routinely connecting with the third sector about shared agendas and advocating for and enabling system / cross-provider approach to optimising impact and reach

This aligns with the following organisational behaviours



<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>4. Developing an LCH offer that helps develop a resilient, thriving and successful third sector</p>	<ul style="list-style-type: none"> • Scoping mutual sharing of infrastructure which from LCH could include corporate functions such as policies, systems, business development support, contracting, HR, estates, clinical governance, project support • Fulfilling corporate social responsibility by LCH staff volunteering in third sector • Providing LCH staff as trustees on third sector boards • LCH providing third sector with supervision, mentoring, training, job swaps, shadowing, leadership support • LCH providing funding for specific elements of service delivery that can be devolved to third sector • Offering visible support to the third sector such as use of LCH logo and endorse third sector partners' funding bids • Hosting an annual event with third sector partners to showcase learning across the organisation about successful partnerships and to develop future potential • Developing a communications strategy/ campaign about positive working with the third sector 	<ul style="list-style-type: none"> • Numbers of LCH staff volunteering or acting as trustees in third sector • Plan developed for mutual sharing of infrastructure • Level of funding devolved to third sector • Number of third sector organisations being supported by LCH 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Funding pots identified • Corporate support – workforce, governance, project management, business team, ODI 	<ul style="list-style-type: none"> • Third sector recognised across LCH as a key delivery partner in the community • Increase in sharing of infrastructure • Third sector more resilient and sustainably funded

This aligns with the following organisational behaviours



Finding solutions



Working together



Making the best decisions

<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>5. LCH to champion a 'one health system' where infrastructure is aligned to enable all partners to successfully contribute, including the third sector</p>	<ul style="list-style-type: none"> • Champion Leeds operating as one health system • Being a proactive partner within Local Care Partnerships • Sharing what works both within the organisation and across partners • LCH supporting the third sector in having better visibility and support in the Leeds health system • LCH advocating for the third sector in the system such as calling for sustainable funding • Enabling access to Leeds Care Record (LCR) and other patient information systems, IT and communication systems/ channels • Unlocking barriers to accessing estate within the system • Aligning outcome measurement to show we're collectively meeting need • Support flexible movement of staff across system to retain talent in Leeds • Enabling third sector to access leadership development and talent management initiatives • Scope future workforce planning as a system that includes third sector workforce • Sharing of good practice, research and learning from each other within the system • Creating a welcoming culture for partnership working with the third sector - avoid jargon, recognise imbalance in numbers of staff attending 	<ul style="list-style-type: none"> • Positive feedback from third sector • LCR available to third sector organisations • Policies/ agreements in place to share infrastructure across system • Mechanism in place to realise talent management and workforce planning system-wide • internal / system comms to promote creating a welcoming culture and effective engagement with third sector, patients, public 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units and wider system • Corporate support – workforce, governance, project management, business team, ODI • Support from the wider health system 	<ul style="list-style-type: none"> • Third sector resilience improved across the Leeds system • The barriers identified are turned into enablers that support joined up working, improved patient experience and outcomes, and equity

This aligns with the following organisational behaviours



Finding solutions



Working together



Making the best decisions

<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>6. LCH to design a fair and equal approach to business development, contracting and partnership working that supports growth, sustainability and viability in the third sector with a diverse range of organisations</p>	<ul style="list-style-type: none"> • To scope development of a partnership scheme between LCH and the third sector that will proactively develop fairer and more robust relationships • Ensure sustainable, viable and longer term funding of subcontracts that LCH facilitate with third sector on specialist areas of service • LCH to scope establishment of procurement framework with third sector to create a level playing field • Scope small grant schemes to engage smaller third sector organisations – such as an innovation fund • Commitment to joint bid development between LCH and third sector • Supporting third sector with their own bids for services • LCH to lead by example – full cost recovery funding • Create a welcoming, more informal meeting culture, avoiding use of jargon and job titles 	<ul style="list-style-type: none"> • Procurement/ partnership framework in place • Increase in third sector partnerships/ subcontracts with LCH • Level of funding devolved to third sector • Increase in joint bids • Positive feedback from third sector 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Finance, Contracting and Procurement support • Funding pots to be devolved • Business Team support for partnerships/ grants schemes 	<ul style="list-style-type: none"> • Third sector are sustainably funded to be more resilient • LCH working in partnership with a wider range of third sector partners

This aligns with the following organisational behaviours



Caring for one another



Finding solutions



Leading by example



Working together



Making the best decisions

<i>What do we plan to achieve?</i>	<i>How this could be delivered / achieved?</i>	<i>How will we know that we've achieved it?</i>		
Objective	Initiatives	Outcomes	Resources	What good could look like
<p>7. LCH and the third sector to work with other system partners to improve how we enable clear navigation of the health system in Leeds</p>	<ul style="list-style-type: none"> • LCH and third sector to map provision and assets to help with navigating the health system, using existing enablers such as Leeds Directory • LCH to develop clear communications about its services, to offer clarity of provision to public and third sector • LCH to develop more planned engagement with third sector, working in partnership with Forum Central • Through assets like the Neighbourhood Team coordinators, LCH to improve staff awareness of potential in the third sector • third sector to help LCH understand what is available in the sector, including building relationships with smaller unconstituted groups • To scope navigating the health system across all health system partners • Support the development of a third sector working protocol 	<ul style="list-style-type: none"> • Leeds Directory up to date • Communications plan developed and implemented • Develop NT coordinator roles • Improved awareness in LCH/ third sector • Improved patient feedback • Impact on health inequalities/ health outcomes 	<ul style="list-style-type: none"> • third sector strategy implementation group with representatives for third sector and business units • Support from LCC in relation to Leeds Directory • Communications support • Neighbourhood Team support • Forum Central 	<ul style="list-style-type: none"> • Services are more accessible and so health outcomes improve • All LCH staff recognise the role of the third sector, enabling care to be more holistic • LCH working in partnership with a wider range of third sector partners
<p>This aligns with the following organisational behaviours</p>				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Finding solutions</p> </div> <div style="text-align: center;">  <p>Working together</p> </div> <div style="text-align: center;">  <p>Making the best decisions</p> </div> </div>				

5. Delivering the Strategy

The range of initiatives presented in Section 4 is very wide and most likely beyond what is achievable in the short to medium term. It is also important to ensure that we align with system approaches. Delivery of this strategy will be directed by a Steering Group with joint LCH and third sector representation, to be chaired by the LCH Director of Operations.

Year 1 high level roadmap:

Objective	Q2	Q3	Q4	Q1 21/22
Strategy Launch				
Establish Third Sector Partnership Steering Group				
Develop Communications Plan				
Reset stakeholder engagement (including third sector) – started June '20				
Reset and recovery programme comms to encourage collaboration with third sector to support impact on health inequalities - showcase successful collaboration				
Restart priority service areas September 2020				
Longer term embedding of innovations, including partnership working with third sector				

Objective	Q2	Q3	Q4	Q1 21/22
LCH / system discussions with third sector partners that we co-deliver services with to understand the impact of COVID on their resilience and explore opportunities to support				
Implement Accessible Information Standards, explore third sector training				
Develop Year 1 Implementation Plan				
Cross BU discussions with third sector organisations who work with specific communities of interest to identify opportunities for collaboration				
Explore with LTHT and the third sector partnership working to support recruitment from disadvantaged communities of interest and / or priority neighbourhoods and in the Armley locality for the CAMHS T4 service				
Quarterly progress report to Business Committee				
Sharing learning event				

As indicated in the roadmap, the Steering Group will be responsible for developing and implementing a Year 1 Implementation Plan by the end of quarter 2. LCH Business Committee will have oversight, will sign off the Implementation Plan and receive quarterly progress reports.

6. Risks to delivery

Risk	Likelihood	Severity	Risk score (RAG)	Risk
Slower pace of implementation as LCH services and third sector focussed on responding to COVID	3	3	9	<ul style="list-style-type: none"> • Incorporate in reset and recovery programme comms, showcase good practice. • identify opportunities for partnership working to reduce health inequalities through cross BU discussions with third sector organisations who work with specific communities of interest
Impact of COVID on third sector resilience impacts the sector's capacity to engage	3	3	9	<ul style="list-style-type: none"> • Discussion with third sector partners to understand the impact of COVID on resilience and explore how LCH can support
So many third sector organisations – cannot map all	3	2	6	<ul style="list-style-type: none"> • Advocated for system support to do this • Engage with sector more widely than just through Forum Central
Procurement/ partnership framework might still only attract the usual suspects	3	2	6	<ul style="list-style-type: none"> • Engage with sector through Forum Central and more widely • Offer a range of opportunities of different financial sizes to ensure diverse organisations can get involved
The implementation of the strategy would require input from corporate support functions and business teams which could be a drain on capacity	3	3	9	<ul style="list-style-type: none"> • To prioritise this within organisational plan • To be realistic about what to implement incrementally so that we're not trying to achieve everything at the same time – Steering Group to agree priority areas to start with • Early engagement with stakeholders • Scope additional investment for delivery

Risk	Likelihood	Severity	Risk score (RAG)	Risk
How do we make this ambition a reality and not just a paper exercise	2	2	4	<ul style="list-style-type: none"> Establish implementation group with director sponsorship and delivery plan
Some of the ambition is only achievable by engaging with system partners, it can't be done in isolation	2	2	4	<ul style="list-style-type: none"> Engage with system partners about delivery Recognise what our own limitations are
Staff might be fatigued by change, may not have capacity or may not see value in working with third sector more closely	3	3	9	<ul style="list-style-type: none"> Communications campaign to sell the benefits of working with the sector, including case studies to bring it to life Regular news items on intranet/ community talk to sell the benefits A thank you award for partnership working/ left shift

Appendix 1. Glossary

Forum Central

the umbrella organisation for the third sector in Leeds

Health inequalities

differences in health experienced by different people / communities. It should be estimated that only 10% of health results from direct clinical health care - 90% is driven by healthy lifestyle factors and wider determinants of health such as demographics (who you are – age, gender, disability, ethnicity, sexuality, religion and faith beliefs), socio-economic factors (where you live, poverty, your local environment, social networks, education and employment) and how you are treated (stigma and discrimination)

Healthwatch Leeds

independent watchdog whose purpose is to ensure people's views and experience shapes health and care services in Leeds.

Leeds Clinical Commissioning Group (CCG)

plans and funds health care for the population of Leeds including hospital services, mental health, community care including some delivery by the third sector

Left shift

relates to a shift in focus of healthcare policy, plans and funding from hospital services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community

Local Care Partnerships (LCPs)

the long term vision in Leeds for creating integrated community services through building local partnerships that include health, social care, local third sector organisations and local people to design services that are responsive to local needs.

NHS Long Term Plan

national 10 year plan to achieve sustainable health and care delivery which centres on a shift in NHS focus and funding from acute services to prevention and better meeting people's physical, mental and emotional health and well-being health and care needs in the community

Neighbourhood Team

LCH team that provides community nursing and therapy services for patients aged 16 and over whose health needs are best met by community based nursing and therapy services.

Population Health Management (PHM)

an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities through locally designing better ways of meeting healthcare needs informed by analysis of data about health outcomes.

Primary Care Networks (PCNs)

PCNs, formed in July 2019, bring together general practices to develop and provide a wider range of services to patients and more easily integrate with other health and care providers.

Third sector

previously known by other terms including the 'Voluntary, Community and Faith Sector'. Includes voluntary organisations, charities, community groups, informal self-help groups, the community work of faith groups, social enterprises and community interest companies where there is a wider accountability to the public through a governance board or a membership.

Appendix 2.

Mapping of third sector involvement in LCH (past 3 years)

Business unit	Service	third Sector involvement	Nature of involvement
Specialist	HALP	St Georges Crypt	Subcontractor
	Liaison and Diversion	Community Links	Subcontractor
	IAPT	Touchstone, Northpoint, Community Links	Partnership
	Gypsy and Traveller Nurse	GATE	Integrated working, pathway development
	Leeds Sexual Health	Yorkshire Mesmac	Subcontractor
Adults	Neighbourhood Teams	Neighbourhood networks such as Armley Helping Hands, Age UK	Subcontractor
	Community Care Beds	Kissing it Better	Subcontractor
Children's	0-19 PHINS	Women's Health Matters, Touchstone, Health for all, the Marketplace	Contractual relationships and pathway development
	Watch It	DAZL, Health for All	Integrated working, pathway development
	CAMHS	Advonet – Advocacy Services for Children & Young People	Subcontractor
	Audiology	National Deaf Children's Society	Pathway improvement, multiagency working
	Children's occupational therapy, physiotherapy, community paed	Sunshine and Smiles, Leeds Mencap	Coproduce service improvements, pathway development
	Mindmate SPA	Northpoint Wellbeing, Sunshine and Smiles	Subcontractor
	CAMHS	Community Links	Joint working
Children's	QPD	Healthwatch	Public involvement in agreeing quality priorities and Quality Account development
	QPD	Stonewall, Black Health Initiative, Forum Central, Carers Leeds	Inclusion work
	QPD	Healthwatch	Involvement and public accountability
	Business Development	Leeds Involving People	Patient involvement to bids
	Operations	Carers Leeds	Developing LCH Carer's Strategy
	Estates/ facilities	SHINE, Thackray medical Museum, Stanningley Rugby Club, Old Fire Station, Hillside	Regular use of third sector venues

Appendix 3.

Summary of workshop discussions at Third Sector Strategy workshop – 27.08.19

Blue text = staff views

Black = views from third sector workshop

Workshop 1:

Opportunities for LCH & third sector in working together to improve health and well-being in Leeds

- Opportunities to input to individual cases, could be part of multidisciplinary teams (MDTs), opportunities to share information to enable this and create more holistic care (want to see Leeds Care Record (LCR) and input to it)
- Sector could help prevent crisis, e.g. with dementia
- Employ support workers in Neighbourhood Networks to enable people to engage in what's available, pilots etc
- **Otley Leg Club – delivered in Otley Action premises who provide transport: NTs**
- **Opportunity to deliver more clinics and falls/ exercise classes in third sector venues.**
Coincide with sessions they attend e.g. lunch clubs. Em: always consider this as part of winter planning, barrier is capacity eg if 1 therapist off sick struggle to get to Otley Leg Club
- **NTs: more patients could be seen in clinics if transport provided. third sector able to provide?**
- Opportunities for sector to provide ongoing and longer term rehab
- Providing interim service whilst people waiting e.g. therapeutic opportunities for suicidal person.
- LCH to attend services to provide health/ clinical input and could sector take some of this delivery on, does it need to be statutory? third sector as bridge to mainstream services
- Cynical referrals to the third sector – dumping people – not working in partnership third sector impact on broader outcomes – providing a safe space, advocating e.g. support around mental health leading to impact on crime reduction
- Enabler of personal health budgets, navigating the system

- Partnership of agencies – function of Local Care Partnerships (LCPs) in future
 - Shared demand management
 - Referrals could go to partnership to decide best place – like an MDT
 - We have the systems for partnerships – it's the relationships we need to develop
- More creativity around how situations are managed to ensure they are more patient/ person centred
- Working together to help meet needs of marginalised groups such as asylum seekers and refugees
 - third sector providing training e.g. re why refugees find it hard to access healthcare. Lesbian, Gay, Bisexual, Trans (LGBT) – universal training to support access to services. Opportunity to link training offers, co-deliver, build social capital. Society for Deaf and Blind deliver free training – including LGBT?

Contract arrangements & delivery - enabling working with third sector

- Contract arrangements e.g. Improving Access to Psychological Therapies (IAPT) – risk and reward- this is comparable to the stake that each organisation has in the contracts.
Larger organisation's funding is dependent on results, smaller organisations are contracted to block funding
- Consortium – big contract – changing contract every 3 months to benefit group / young people. Competition and challenge of survival for the third sector is eroding partnerships – down and upsides of consortiums
- Capacity and resource- smaller organisations cannot always contribute the time/resource to attend meetings, etc.
- Partnering with the private sector
- Opportunity to learn from good examples/best practice
- Proportionate reporting - consider
 - how we measure within each partner organisation and who takes responsibility for this
 - how we evidence outcomes across all third sector organisations
- Capacity is a challenge e.g. weekly meetings
- Promote working with good will, outside of agreements –not necessarily sustainable
- LCH supporting and enabling procurement from the third sector e.g. enabling third sector partners to come together to bid for work – spend the Leeds £ in, and invest in Leeds

- Communication- there needs to be a shared and common ground for how we communicate. Align language more – quite technical in NHS
- Information sharing – patient records
- Increase promotion of ‘what’s going on’, baseline knowledge, shared opportunities.
- Continuity of funding within the network and strategy
- Leeds Plan implementation-present a great opportunity

Building effective working relationships with each other – overlap with navigating health systems below

- Neighbourhood Networks attend case management meetings in some areas (Opel & Horsforth). No longer do in some areas because of GDPR. Solution: practitioners always asking if OK to share with other organisations?
- Re whether NT Coordinators able to support other services to link with third sector organisations. Felt could do some if tel calls but not capacity to do more active follow-up. M: some NT clinicians investigating / linking with third sector. Could pass it on to NTCS to do
- NTS: think about potential to share information about third sector organisations in innovative ways / ways that people will remember
- Building trusting relationships - expertise of the third sector is recognised but there is not always trust to deliver
- Establish shared values
- Focus on person and the system working for them – if not can be counter-productive
- Non-medical model
- Where there are good examples of outstanding partnership working – can these be used as case studies to influence citywide partnership working
- Coproduction from all partners, coproduce needs, specific role to manage partnerships -
- Live Well Leeds as good model
- Valuing local knowledge - community groups, Neighbourhood network model, working with community based assets, ABCD approach
- Right way to co-commission
- Work together on shared agendas – stronger voice together e.g. transport, climate change
- Recognition that this is a way of working and conversation that’s been developing for many years and which we can build on

- Forum Central and other third sector networks act as a good point of contact for much wider networks and relationships and are a good example for how to engage with the sector
- To improve how we work together we should identify the commonalities between us – e.g the need to provide value for money, to be business like, our focus on health and our community values
- We should create more opportunities to enable organisations to link together, to get to know and support each other, to increase awareness of each other and to dispel myths
- Run 'speed dating' events for the NHS to meet a wider range of third sector partners
- LCH could increase visibility of the third sector among our staff and this will have a positive ripple effect across the organisation and NHS about the value of the sector
- Better use of technology can enable better communication and building of relationships
- We should think about the third sector's contribution in all NHS services
- LCH could act as broker with smaller/ unconstituted groups
- Flexibility across all organisations
- We should help find ways to ensure different partners have the capacity to engage with the NHS – e.g. time, funding, physical support
- We need to be careful of unintended consequences of new ways of working – e.g. risk of re-inventing the wheel and be careful that as a system we could be creating confusion through changes
- Corporate social responsibility: LCH resources could support the third sector e.g. staff being trustees, providing skills, supporting people development, volunteers

Navigating Health systems

- Navigating the system is difficult, particularly for smaller organisations & difficult to break into the system (get a profile, referrals).
- Be clearer re who does what, how works, share information, lots of acronyms, how everything fits together (social prescribing, LCPs, Primary Care Networks (PCNs), Neighbourhood Teams). Difficult for smaller third sector organisations
- Creating relationships and understanding of each other so that we know proactively who to link with - support local organisation in understanding LCH services and structures
- Mapping services, resources across city to include third sector
- Increase communication/ awareness of services that LCH provides and vice versa

- Develop narratives on pathways and patient journeys
- Creating central resources; should these be provided by commissioners?
- Build on resources, not duplicate
- The role that Forum Central/ Voluntary Action Leeds play in bringing third sector and LCH closer together
- LCH could help GP practices to reinforce messages – people registering and using the service
- How does an organisation become an LCH partner? Could there be a partnership scheme?
- Creating route to raise issues.
- Considering networks wider than the third sector
- Dedicated roles are working well in the NHS – such as Clinical Care Coordinators who have knowledge of the local area and the third sector
- We could develop dedicated roles to building relationships such as partnership managers
- What also works well is information sharing through forums and in GP surgeries
- We need to promote more 1:1 face to face contact, as this builds meaningful relationships
- Thinking needs to start locally and then move up to wider and city levels
- We need to ensure there's an up to date directory of services
- Can a central care record include the third sector? GDPR currently acting as a barrier
- We need to be careful that the digitisation of services does not exclude certain communities
- The system can sometimes act as a barrier for joined up working

Volunteering

- Huge potential for LCH to support users to become volunteers – giving something back to users. Needs to be funded to be sustainable. Not integrated into each service / provide. Need volunteer co-ordinators. Share expertise
- Could help LCH achieve its aims
- LCH could promote to staff opportunities to become a trustee in third sector or volunteering
- Students are often keen to volunteer and are a community that should be targeted

- Can be a huge resource to support – requires ongoing support and training for volunteers and volunteer managers including social support and opportunities, also needs governance, policies, structure
- Volunteers could be used to support people to access medical appointments, self-advocacy in a restorative way
- As a system we could encourage volunteering as a route to well-being
- LCH/ NHS could be used a route in for service users into volunteering in the third sector
- Volunteers could be used as experts by experience, tapping into people’s lived experience
- LCH work with volunteer managers network to explore opportunities, best practice
- Could NHS staff be given time to volunteer as part of corporate social responsibility?
- Could NHS staff be trustees in the third sector – encouraging personal & professional development
- Third sector not always aware what LCH does so it’s difficult to know how volunteers could contribute to the organisation

Utilising specialist expertise of the third sector

- The sector has specialist expertise around peer support which could be utilised
- Specialist expertise of communities and client groups
- Sector can provide training around how to work with different communities – but this should be resourced and not one off
- Need a system for knowing what expertise is out there and how to access it
- **lack of support for MH preventing discharge – third sector filling need?**

Third sector enabling engagement with services, ensuring information/services are accessible - people can’t or won’t engage. Working together to achieve this and creating consistency

- Engagement at grassroots level – build on what’s been started as there’s lots more opportunity
- Difference in engagement with local and national organisations
- Have more planned and coordinated engagement with sector
- Communication with and support for people with a disability to access services - getting this wrong impacts significantly on engagement.

- buddies who know service / setting / expectations - taxi takes you, to support once inside.
- Provide transport to access community services (Lions International – Rothwell Rollers). Publicise better dial-a-ride
- The profoundly deaf have significantly worse health outcomes often as they cannot access public health / health prevention work
- Diabetes and self-care – third sector partners have routes for engaging deaf and blind community with referrals and access to services
- Often not support / poorer support in small local services e.g. loop systems not working / hard to use. Risk of not attending if don't know what support is available.
- Communications standards not checked / used. Significant hearing impairment: phone overused, letters not the answer as British Sign Language (BSL) users may not read English - patients may not feel able to say if they don't understand the information. Written information can seem too blunt for hearing impaired
- Free training available for staff in deaf blind hearing / sight impairment awareness sessions - 2 hours / 1 day. Will come to us.
- Need different ways to let deaf/blind community know about services. What worked well - communication from Live Well Leeds went out city- wide through partners, hub.
- Appointment access / booking for the profoundly deaf. Staff not always knowing the process for working with interpreters. General Data Protection Regulation (GDPR) an issue.
- Lions involved in dementia, diabetes, providing eye cameras in schools nationally
- third sector leading consultations
- third sector skill set in impact assessment – evidencing impact: qualitative, telling stories
- Starting relationships with a view to maintain and joining up existing relationships

Peer support, buddying, self-management

- We could implement multidisciplinary joint visits/ assessment, such as for frailty work - Neighbourhood Networks attending initial and / or subsequent visits with NTs. [NT manager & coordinators supported this: staff workshop. Would third sector organisations only attend if patient already known to them? If so, would need to find that out](#)
- [LCH services providing advice & / or training to third sector organisations e.g. OTs or TIs re balance, walking with confidence. Staff workshop](#)
- [Also services delivering / co-delivering sessions to third sector groups e.g. during chair based exercise classes; TIs delivering relaxation, anxiety management, adjusting ferals in Neighbourhood Networks \(rubber on the end of a walking stick\); self management facilitators](#)

supporting MH&WB. Staff workshop.

- Delivering services together in different ways. Fund sector to do future work for Leeds Community Healthcare NHS Trust (LCH) – third sector could support NHS interventions more.
- Sector could provide workshops around self-management and prevention
- Partnership working to support individuals to implement care plans, adherence to treatment
- Clearer communications about what a service is for, how to access and what an appointment is for could help people self-manage more

Peer support

- LCH could tap into and develop relationships with existing peer groups in third sector
- In future service designs LCH could fund third sector to be involved in to help develop peer elements of model
- LCH provide clinical support to existing peer support groups
- Peer support groups are not always the answer and can be poorly attended – should be more embedded as an approach
- Care coordination could be undertaken by peers who understand the person more
- Personal links (through peers) can help people engage in services where they wouldn't have engaged before
- Could service delivery be broken down and shared with third sector – so whilst people are on a waiting list to be seen by a clinical service the third sector could be working with them on other needs

Business Development and Contracting

- Contract arrangements e.g. Improving Access to Psychological Therapies (IAPT) – risk and reward- this is comparable to the stake that each organisation has in the contracts. Larger organisation's funding is dependent on results, smaller organisations are contracted to block funding
- Consortium – big contract – changing contract every 3 months to benefit group / young people. Competition and challenge of survival for the third sector is eroding partnerships – down and upsides of consortiums
- Capacity and resource- smaller organisations cannot always contribute the time/resource to attend meetings, etc.
- Partnering with the private sector
- Opportunity to learn from good examples/best practice

- Proportionate reporting - consider
 - how we measure within each partner organisation and who takes responsibility for this
 - how we evidence outcomes across all third sector organisations
- Capacity is a challenge e.g. weekly meetings
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- LCH supporting and enabling procurement from the third sector e.g. enabling third sector partners to come together to bid for work – spend the Leeds £ in, and invest in Leeds
- Communication- there needs to be a shared and common ground for how we communicate. Align language more – quite technical in NHS
- Information sharing – patient records
- Increase promotion of ‘what’s going on’, baseline knowledge, shared opportunities.
- Leeds Plan implementation-present a great opportunity
- If contracting with a third sector partner, consider who else they could bring – could it be stipulated that they bring with them smaller third sector organisations, so that they’re not left behind or excluded
- LCH can play a role in ensuring third sector is adequately funded by acting as a ‘big brother’ in the system - challenging unviable commissioning/ short contracts
- Strategically pre-think opportunities for partnership working for bids before they come out – this could be done through a procurement framework
- Does the NHS always need to lead bids or could the sector lead the bids instead
- Provide more proactive support for smaller organisations who may not have resources/ infrastructure to bid or take part in bids
- Avoid tokenistic use of sector in bids

Funding

- Joint bids for services and funding – needs planning ahead – can smaller groups access our business development expertise and infrastructure?
- Continuity of funding within the network and strategy

- Improve funding to smaller organisations - help challenge short term funding
- can lose third sector providers when funded from elsewhere
- potential negatively impact third sector when people referred but reliant on third party funding
- Funding guidelines are generally too restrictive
- Unpaid opportunities- Peer support, Volunteering - how do we celebrate this?

Accessibility, communications, marketing of services

- There's a good culture in Leeds and willingness to share information
- Need to utilise existing city assets such as Leeds Directory, libraries, Community Hubs, Social Media
- Larger organisations to commit to introduce smaller organisations – could LCPs help with this? Tendency to refer to larger organisations as we don't know about smaller ones
- Being clearer on process for developing communication materials – making sure they meet different needs
- Don't assume people have someone to read materials to them and make current information more accessible in multiple formats
- Ensure there is a system-wide approach to communications across the city that is consistent – e.g. agreed pictorial symbols used across Leeds
- Process to learn from feedback where communication hasn't worked and make sure this learning is cross organisation
- Can we develop accessible documents/ shortened versions – does someone always need full details in a letter?
- Can we stop the reliance on letters and use Skype, text etc
- Can we help people know how to access a service quickly – people shouldn't need to know who provides a service just to be able to access it
- Could we offer outreach to where people are based and take the services to them rather than expecting them to come to us?

Using Leeds Resources

- The third sector is receptive to and wanting to work better together
- Lots of examples in the sector of joined up services under one roof and examples of sharing resources such as training and expertise

- We could unlock barriers to accessing each other's estate assets
- Create a culture in the system that breaks down silos
- Use talent management better when services change – flexibly share staff across organisations to keep the talent in the city when contracts are lost
- Facilitate cross organisation training – learn from each other's specialist expertise and cultural expertise
- How do we ensure the community influences the health and wellbeing strategy?
- Policies and politics often a barrier to integrated working
- How can citywide services / organisations who work citywide engage and work with LCPs and PCNs? They can't be split 18 ways
- We should use a community development approach to use and strengthen local assets
- Can we do some robust provision mapping so that we know who provides what and where
- Good intentions for joint working are not good enough on their own – we need to see it in practice
- Can we have aligned mechanisms for measuring outcomes so that we can show that collectively we are meeting a need
- One centralised care record that everyone can access

Summary of attendees at engagement event – 27.08.19

Canal Connections CIC

Leeds Involving People

Leeds Clinical Commissioning Group

Healthwatch

Touchstone

Leeds CIL

Deafblind UK

Solace

TSL Leadership Group

Inspire North

Special Needs and Parent Support Yorkshire CIO

The Cardigan centre

Feel Good Factor

Cross Gates & District Good Neighbours' Scheme CIO

William Merritt Centre

Outside The Box- Ilkley community Enterprise LTD

Oblong Ltd

Inspire North

Aspire - Community Links

Together We Can

Voluntary Action Leeds

Touchstone Leeds

Leeds Mind

Forum Central
St Vincent's Support Centre
Home-Start Leeds
The Leeds Society for Deaf and Blind People
Leeds Hearing and Sight Loss Services (Age UK Leeds)
Behind Closed Doors
Barca-Leeds
Barnardo's
Forum Central
Leeds Hearing & Sight Loss Service
Leeds Mencap
Keep Real
The Cardigan Centre
Specialist Autism Services
PSI-Volition/Forum Central
TCV
Shantona Women and family centre
Touchstone Leeds
Together women
Live Well Leeds
Rothwell District Lions Club
Forum Central
Leeds Jewish Welfare Board
Diabetes UK

Leeds Older People's Forum
People in Action
Health for All (Leeds)
Refugee Council
HARP
MHA
AVSED
Forum Central
Hamara
BHA Leeds Skyline
Refugee council
LCC
Refugee Council Leeds
Leeds Mindfulness Cooperative CIC
Carers Leeds
The Leeds Society for Deaf and Blind People

Appendix 4.

Results from third Sector Strategy Consultation – Jan/Feb 2020

Referring to priority #1 -

Integrated working and co-delivery - does this seem the right priority and is anything missing?

Prevention and encouraging self-management are the right principles, however does this focus risk missing people who are living with LTCs (particularly the older population) and those who require on-going community based treatment/support that is managed in conjunction with services provided by/in the acute trust?

Right priority

Priority is good. From my perspective I'd like to see a more explicit commitment to consider subcontracting elements of traditional NHS delivery to Third Sector partners (eg IAPT, CAMHS, allied health services).

I love the idea of this - some of which we are doing already. I especially like the idea of third sector involvement whilst individuals are waiting on an NHS waiting list to optimise the patient experience. - Also love the idea of using non clinical settings eg cafes, community halls etc. Maybe adding in something on: - scoping out current services, gaps - Exploring the role for LCH staff to dovetail the above existing services and new services. - using population management to actively identify potential gaps and prevention opportunities. - Being a mentor to volunteer and service user led schemes/services eg offering supervision/mentor /project lead scheme.

Yes, as long as there is recognition that capacity within the third sector can only be created through funding it properly

Right priority but lacks of examples from Children & Families Services perspective.

Yes, we have to address that before we can jointly address any inequalities. There could be one, two or three sectors involved with a person but because of separate records, we don't jointly understand their life.

Priority seems acceptable and unable to offer anything further for consideration.

Looks good and is workable/achievable

to recognise and value the experience and expertise of the third sector as equal partners

I don't know what this means in real terms, sorry. There is a lot of jargon here.

yes, also need to remove barriers preventing integrated working

Yes - whilst it references volunteering, is this priority also related to secondments/workforce opportunities?

Really important - lots of opportunities to benefit both LCH and third sector organisations. Need to be really careful co-delivery is never about the larger organisation pushing smaller third sector organisations into delivering the work that is not financially viable or rewarding for staff to deliver.

Referring to priority #2 -

What LCH could offer the third sector - does this seem the right priority and is anything missing?

No reference to joint working, developing innovative ways of working where the Third Sector may be commissioned by LCHT to provide services that supplement those delivered within the NTs. Helpful to have the offer of corporate support and LCHT staff being encouraged to volunteer as part of CSR but no reference to the Third Sector being recognised as a delivery partner- part of the solution to making the 'left shift' and 'Home First' a reality

Right priority

Good priority. Generally smaller Third Sector organisations lack visibility, which is something LCH BD team could assist with potentially and which would be valued.

As per previous answer above:- -Dove tail third party services, -create and co run community groups, workshops and services to cover current gaps and areas of needs. - Supervision, upskilling and mentoring third sector staff .

Again, yes as long as there is recognition that the third sector needs to be resourced to operate e.g. even having volunteers can be problematic if there is not a paid staff member to ensure they are properly managed and supported

appropriate priority and examples

Potentially yes as there is a gap with hundreds of potentials for solid opportunity to work together, have access to each others resource and expertise etc and perhaps funding.

We concur with the priorities outlined but feel liaising with third sector should be paramount. Often unaware of what is available and how things can be accessed.

Visible support - use of LCH logo on approved projects. Job swaps/shares

full cost recovery funding for all services bought in from the third sector to enable us to fully fund our own infrastructure. support to get community led groups off the ground - e.g. project support

yes

Yes - again as above, could this extend beyond volunteering and incorporate more formal collaboration within the workforce e.g employment

It would be great to offer other support / coaching / mentoring functions to current or aspiring leaders in the third sector

Referring to priority #3 - Working on shared agendas - does this seem the right priority and is anything missing?

Ageing population, home first, UCR

Include housing

This priority seemed the vaguest, so it was hard for me to identify gaps.

-Pro-actively using data and clinical need eg population health data to anticipate and identify areas for input. - Work collaboratively with partners to identify need and current assets and resources. - Based around LCPs and local needs for local people. Meetings/networks held locally to ease access for all to participate/contribute/engage with. - Use a range of forums and mechanisms through which to identify and engage with the local community to identify agenda issues/priorities.

Addressing inequality needs to be included: financial, digital, race, gender etc - all these contribute significantly to health inequalities could mention Leeds plan on a page

Partly yes as we are all working for the same objective but time is always precious.

Agree the priorities as shown, but the opportunity to share needs to be fully communicated to all parties.

Homelessness Food poverty

think this should be re-named to improving health outcomes as I think that is the shared agenda

Yes

be good to understand more about what this could look like to make an informed decision - is this about Leeds System as well as LCH and Third Sector? Are other providers/CCG looking at their strategy too and does this align?

Homelessness and inclusion / community development would be 2 other areas that could be shared agendas

Referring to priority #4 - Enablers and aligning system infrastructure - does this seem the right priority and is anything missing?

I would add enabling the Third Sector to access management development, and talent management initiatives, this will add to ensuring

that Leeds operates as one system

right priority

Right priority. Nothing missing that I could see.

-Removing barriers to sharing info including shared IT/networks and communication channels. -Having info held centrally eg on a central portal for individuals to access (as appropriate). - Creating a staff data base and contact list which can be accessed by all relevant parties.

Ok

Seems appropriate

I'd potentially put this as number 3 as enablers would have to be in place to work on shared agendas before, not after. Aligning infrastructure is vital for people to understand it, in plain text without the jargon and confusion fo "another" way of working together.

Agree the priority. However need to recognise third sector may require assistance with sustainable resources.

Looks about right

needs to be about valuing us as equals and LCH covering full costs of services bought from third sector. Digital agenda

Thanks

Yes

Yes

This might be harder to have as a separate priority, unless we can be clear about how much of the other priorities can be achieved without these. Also, I think the third sector must be accessible by all third sector and the terminology in this title isn't necessarily understandable by all

Referring to priority #5 - Business Development/ contracting - does this the right priority and is anything missing?

Nothing to add

right priority

This seems fine.

- A commitment to securing long term and permanent staff contracts where able to ensure consistency for the service, the patients and the local community. Provides and aids staff wellbeing and job security for staff. - Identifying what can be contracted for centrally across

Leeds for all and which need to be more locally contracted and funded to meet local Leeds depending on the population it serves.

Yes

Nothing to add

Priority fine. Need to show a clear pathway for contracting that enables all a level playing field when contracts being considered

Could add: capacity building / stimulating the local economy for small VCS providers to become engaged with services through small grants programmes. The contracting proposal elsewhere is a good one, but likely to be for large amounts. There are a lot of smaller providers who could deliver bespoke or one off projects and joint initiatives for a few hundred / few thousand pounds that would make a significant difference.

Good

Joint bid development

Yes

is there something in here about supporting the third sector with their bids for funding / evaluation of outcomes?

I really like the values embedded in this, it makes a refreshing change from many statutory approaches to sub-contracting

Referring to priority #6 -

Navigating the health system - does this seem the right priority and is anything missing?

Navigation and clarity of services offered by LCHT to the general public is vital, not sure that this is explicitly stated? Older people in particular find health and social care system challenging to navigate as such will default to what they are familiar with rather than what is most appropriate/effective to address their needs.

right priority

I think this priority is something that could generate a lot of activity and noise, and good works, but not result in anything particularly tangible for the Third Sector in terms of new income streams.

Make further use of and LCH and third sector staff more aware of and actively using a central forum to map services eg the existing Leeds Directory. Mechanisms to keep this up to date as staff and services change/develop.

Yes as long as it is kept up to date

comprehensive

As above.

Feel very comprehensive particularly with reference to knowing small groups.

Fine

Yes

needs tidying up! doesn't read well, duplication of issues needs to identify system integration and how this will include the third sector would be good to have specific reference to Leeds Health system partners - system leadership etc

Rather than emphasising the 'us and them' parts of the health system, could this instead be about how we all navigate it together, being part of the same system (and overlapping with community systems, not just health)

Considering all of the draft priorities is there anything else you would add and include as a priority area?

Nothing to add

Working with the third sector to improve the health and wellbeing of older people - including working with Leeds Older People's Forum

No. It seems pretty comprehensive.

Priority on - Staff health and wellbeing within all this to ensure we secure and retain the best staff for Leeds. Priority on - staff development and training to fulfil these roles across the city. Also in terms of future staffing so liaising with education organisations eg Leeds Beckett. - Encouraging and facilitating staff to have a wider and more holistic skills set which is likely to be required to attain the left shift more fully. - Hear about current practice to learn what worked well and what didn't - so we can learn lessons and avoid pitfalls.

Supporting growth and sustainability in the third sector, recognising their ability to provide tailored support, time, and space to the most vulnerable in society

I'd like to see where public perception is involved and properly listened to.

Nothing to add.

As above - a range of small to medium grants programmes

Some sort of understanding of when it's appropriate to work third sector and a simple protocol for getting approval. Understanding of how to approach third sector - single point of contact or direct to most likely organisation? It has to be clear and simple or it won't work.

No where does it say you are going to measure outcomes. There is a lot of good stuff here but it is necessary to measure the success or

failures of these changes.

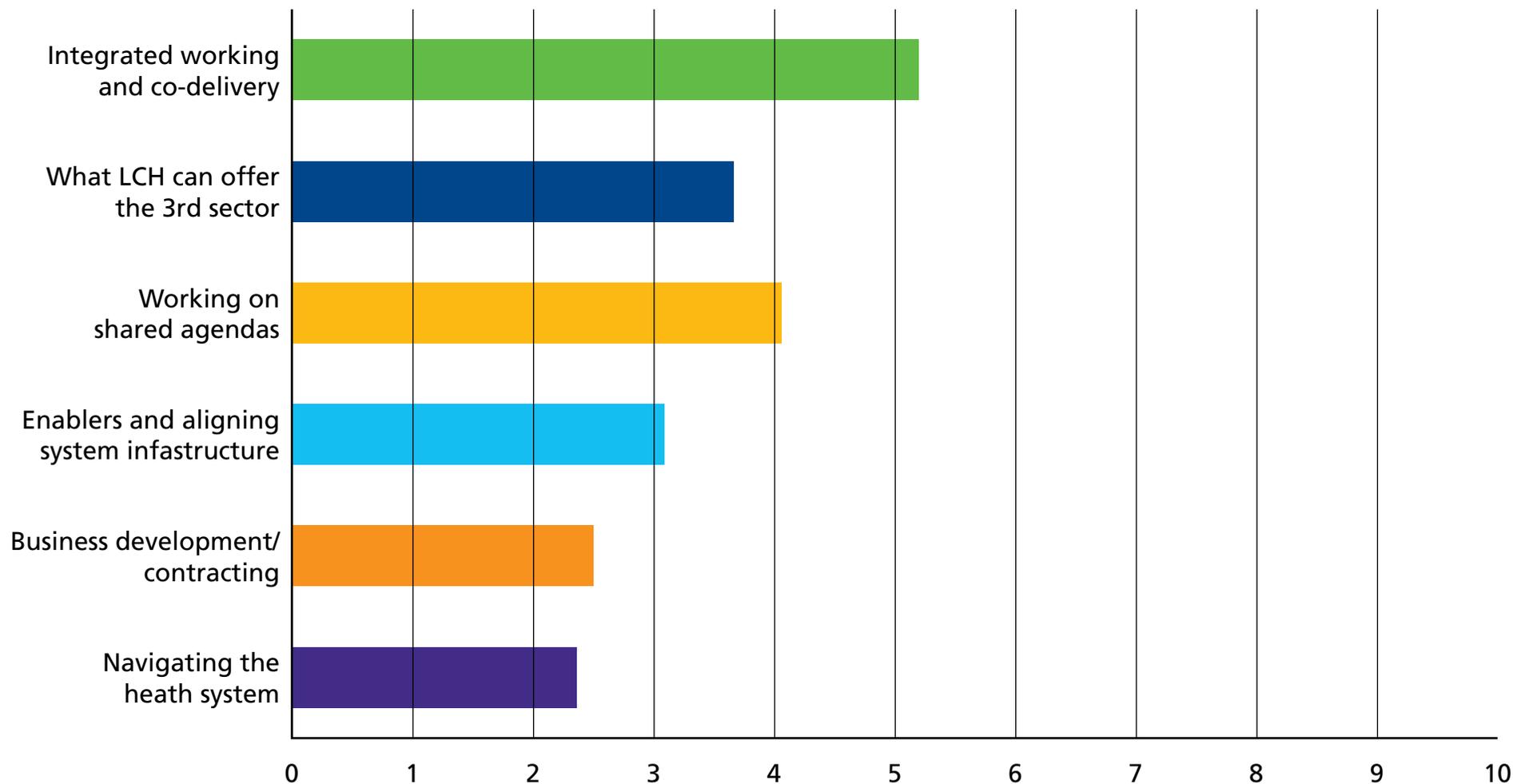
Health outcomes, joint ambition, being the healthiest city etc - link to Leeds plan stated commitment from LCH to the sector? Diversity and BAME focus? including excluded groups - only vague mention of this in community/unconstituted groups. Does the left shift include a left shift of resources from LCH something broader about supporting leadership and workforce development

better communication between different organisations

No necessarily a priority in its own right, but assuming that good practice and learning from the sectors as partners will be intrinsic as there is a wealth of expertise - aligns with priority 1

If you could prioritise the draft priorities in order of importance how would you order them?

Answered: 15 / Skipped: 2



	1	2	3	4	5	6	TOTAL	SCORE
Integrated working and co-delivery	57.14% 8	21.43% 3	7.14% 1	14.29% 2	0.00% 0	0.00% 0	14	5.21
What LCH can offer the 3rd sector	6.67% 1	26.67% 4	13.33% 2	33.33% 5	20.00% 3	0.00% 0	15	3.67
Working on shared agendas	14.29% 2	28.57% 4	28.57% 4	14.29% 2	7.14% 1	7.14% 1	14	4.07
Enablers and aligning system infrastructure	0.00% 0	14.29% 2	28.57% 4	28.57% 4	14.29% 2	14.29% 2	14	3.14
Business development/contracting	7.14% 1	7.14% 1	14.29% 2	7.14% 1	28.57% 4	35.71% 5	14	2.50
Navigating the health system	15.38% 2	0.00% 0	7.69% 1	7.69% 1	23.08% 3	46.15% 6	13	2.38

Do you have any ideas about how the strategy could be implemented successfully?

Active broad Third sector engagement, participation, development, happy to assist where I can

By involving the third sector from the beginning.

It would probably benefit from an implementation steering group, with some clear goals and measures of success, comprising reps from LCH and third sector partners.

-As above. Learn, listen and hear from examples of this work already happening so we can learn lessons and avoid pitfalls. -Need a good project management lead and cross reference which things need to be done and which order as likely one thing cant be done until something else has been completed etc. - Begin to involve staff and service users now - hold listening events, consultation events, to ensure staff and service user engagement at an early stage (not later). - Harness key champions and existing advocates ie those who embrace and champion this way of working (assets). Of which im one!

To make it actually work, please let's not be looking at another new strategy in a few years time.

Do LCH require a mapping exercise of where the third sector organisations are If already in place then are the third sector aware of what NCH might be able to offer their specific group. All groups should be asked to nominate a contact with a view to providing information for possible resource sharing.

Keep it clear and simple. Show where projects have succeeded/failed to create learning.

needs driving from leaders in LCH embedded via LCPs etc

Use less jargon

Ambassadors within respective organisations supporting colleagues across all levels to have an appreciation of the contribution they can make. Be great to get service users involved about the difference this would make.