

Widening the Net of the Local Care Partnerships

**A report looking at the journey needed to make LCPs
more inclusive of the diverse third sector in Leeds**



July 2022

Contents

Acknowledgements	3
1. Background and Context.....	4
2. Details About the Work	7
a. Aims & Objectives	7
b. Scope/Focus	7
c. Methods	8
3. Summary of Findings	9
a. Who was involved?	9
b. What did people tell us?	10
Point 1: Knowledge and Understanding	10
Point 2: Perceived Value of the Local Care Partnerships	11
Point 3: Barriers to Working in Partnership.....	12
Point 4: Making the Local Care Partnerships Work Better for the Diverse Third Sector	15
Point 5: Understanding of the Third Sector.....	16
Point 6: Providing an Inclusive and Accessible Spaces to Work Together.....	17
Point 7: Working Better Together	18
Point 8: Access to Funding	20
Point 9: Access to Data, Tools and Resources	21
4. Discussion	23
5. Widening the Net of the LCPs - A Theory of Change	25
6. Recommendations	26
7. Appendices	27
Appendix 1:	27

Acknowledgements

Thank you to the individuals, organisations and system partners who contributed to this project; through the completion of surveys, interviews and being part of the project steering group. Your time, support and kindness has been very much recognised and appreciated.

1. Background and Context

Drawing upon information and opinion shared by representatives of the Third Sector in Leeds, this paper provides a case for a more inclusive and accessible offer from the Local Care Partnerships, as a means of promoting stronger connections with the diverse Third Sector.

Local Care Partnerships (LCPs) is the term adopted in Leeds to describe the model of joined-up team working intended to improve health and care delivery to local people. LCPs provide an opportunity for localised health and care planning and delivery which is in sync with the needs of local communities.

While all 15 of the LCPs have developed a strong presence and involvement of the Third Sector, through online and face to face meetings, the involvement of smaller, local organisations is more limited. There is also a recognition that citywide organisations that have a remit to work with a specific group or community may struggle to have a consistent presence, voice, and influence across the LCPs; despite the LCPs strategic focus on tackling health inequalities.

While these two groups of organisations are incredibly diverse, they can experience common barriers to engaging, being heard, and involved within the local care partnerships and other structures in the city which aim to promote integrated working. Despite the growing appreciation of the added value smaller Third Sector organisations offer to the health and care system, smaller organisations, while often showing significant resilience, experience disproportionate levels of financial volatility and uncertainty¹.

Furthermore, the move towards collaborative cross-system working including the Third Sector, the search for long term economic efficiencies, and development of collaborative provision, can impose additional challenges upon smaller organisations. With the disconnect between a recognition of the social, economic, and added value smaller Third Sector organisations offer, and their fragile sustainability, there have been ongoing calls for improvements to how we as a system fund and support the work of these organisations and the broader, diverse Third Sector. Calls include, the reform of funding arrangements, including a mix of grants and contracts to help maintain the breadth and diversity of the Third Sector; collaborative commissioning which places trust in the skills and expertise of the sector to meet shared objectives in line with the needs of communities; simpler contracting and commissioning arrangements and monitoring requirements²; utilising the Public Services

¹ NCVO, 2016. http://www.ncvo.org.uk/images/documents/policy_and_research/funding/financial-trends-for-small-and-medium-sized-charities-ncvo-lloyds-bank-foundation-2016.pdf

² Voluntary Action Leeds, 2020. <https://doinggoodleeds.org.uk/wp-content/uploads/2020/12/16-December-Leeds-Third-Sector-Resilience-Survey.pdf>

(Social Value) Act, 2010 as a stimulus for implementation of social value which recognises the role of the diverse Third Sector².

Recent work within the Third Sector in Leeds, such as the [evaluation of the Communities of Interest Network](#), and work seeking to understand [small and micro groups](#) and their involvement in the Place Based Partnership has identified barriers experienced by these organisations in developing work and integrating organisational offers into the local and citywide systems, these include:

- Capacity to get involved
- Lack of capacity building support
- Disparate priorities and a lack of partner recognition
- Power dynamics between professionals
- Culture, language, and communication barriers
- Access to data and information

Currently, each LCP is at a different stage in the development journey, with differing structures, members, priorities, and ways of working. While there is a consistent presence of Third Sector organisations across the LCPs, there is a significant variation in the role and voice of the Third Sector within each area, and within the context of this piece of work, some LCPs provide a stronger offer to the diverse Third Sector than others.

LCPs have experienced periodic shifts in development and change, particularly over the course of the Covid-19 pandemic, which demanded different ways of working and re-prioritisation.

Within the context of this piece of work, smaller organisations provide a strong means of bringing the voices of people closer to decision makers through their compact organisational structures, within which senior staff may also be involved in service delivery. Moreover, this flat structure can also promote an asset-based philosophy where the community gains a sense of ownership around service provision.

“Having fewer paid staff members is not simply a question of finance. Heavily dependent on unpaid local energy and initiative, small and micro-organisations often have less of a divide between workers and ‘beneficiaries’, so there is less of a fetish around formal ‘volunteer’ roles and the world isn’t so divided into helper and helped.”³

³ Frost, N. <https://civilsocietyfutures.org/power-little-6-things-need-know-small-micro-community-organisations/> (Accessed 22-02-2022)

Leeds has a rich and diverse Third Sector with 1,533 registered charities/non-profits contributing to the wider determinants of health, 170 of which are directly funded to provide physical and mental healthcare services.

State of the Sector Report

2. Details About the Work

a. Aims & Objectives

This project seeks to gain further understanding of these barriers for Third Sector organisations within the context of the LCPs, but more crucially puts forth potential actions and develops a theory of change aiming to enhance the reach and inclusivity of LCPs for the diverse Third Sector.

With the aforementioned in mind, the primary aim of this work is to:

Develop a theory of change, which articulates the journey needed to make LCPs more inclusive of smaller Third Sector organisations, and organisations whose work is focused on a specific community of interest; through a shared learning approach.

In developing the theory of change we seek to:

- Better understand and overcome the barriers organisations face in engaging with the LCPs.
- Better understand how the LCPs can work for and with the diverse Third Sector.
- Have a clear path of action to support organisations across the Third Sector to better utilise the LCP framework.

b. Scope/Focus

There is some debate over how we define small charities⁴ but there is broad recognition that smaller Third Sector organisations bring significant value to the health and care eco-system; providing a distinct support offer, approach and position within communities⁵.

“Small and micro-organisations (SMOs) grounded within specific communities have very good cultural specific understanding, which can be helpful to design an effective structure based on real life experiences which have a person-centred approach.”⁶

⁴ NCVO, 2019. <https://blogs.ncvo.org.uk/2019/01/21/small-charities-key-findings-from-our-data/>

⁵ Centre for Regional Economic & Social Research, 2019. <https://www.vonne.org.uk/sites/default/files/files/resources/value-of-small-final.pdf>

⁶ Rasool, R. 2021. Understanding small and micro group and their involvement for future ICP development <https://docs.google.com/document/d/1R33FB3i8e-MUG3bqdYONOkN7ZZrvsEfl/edit>

The primary focus of the project will be upon:

- Organisations with annual turnover under £100k
- Organisations whose work is focused on a specific group or community of interest

Consideration will also be made around the needs of organisations who work across multiple LCP geographies or on a citywide basis.

For convenience, the term 'The diverse Third Sector' will be used throughout this report as an overarching label for the organisations within scope.

c. Methods

The theory of change was developed using the following methods:

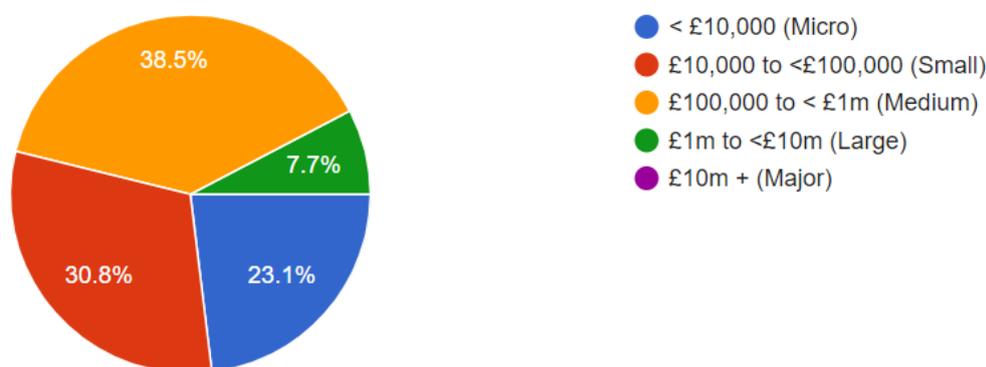
- A rapid review of current publications
- A stakeholder workshop
- [Interviews](#) with organisational reps
- A questionnaire aimed at target organisations

3. Summary of Findings

a. Who was involved?

In total 13 people responded to the online questionnaire. Due to the sample size being low, we cannot extrapolate findings to the broader sector within Leeds, and findings should be viewed as indicative.

Of the respondents 23% (n=3) were representatives of micro-organisations with an annual income of below £10,000. 31% (n=4) were representatives of a small organisation with an income of £10-100k and 39% (n=5) were representatives of medium organisations with an income between £100k and £1m. One respondent was a representative of a large national organisation; however the regional income and capacity is much smaller.



The majority of respondents (54%, n=7) worked in organisations who operate across the city. Of the remaining organisations there was an even distribution across parts of the city. Of the 13 respondents, 62% (n=8) were not currently engaged with the LCPs. 23% (n=3) were engaged with Armley LCP and 15% (n=2) were engaged with Woodsley and Holt Park.

15% of respondents stated that they attend the majority of their LCP meetings, and 23% (n=3) stated that they attend some.

In addition, semi-structured interviews with representatives from eight different small Third Sector organisations were conducted. The work was guided by a small steering group including staff from Forum Central, Voluntary Action Leeds and Leeds City Council.

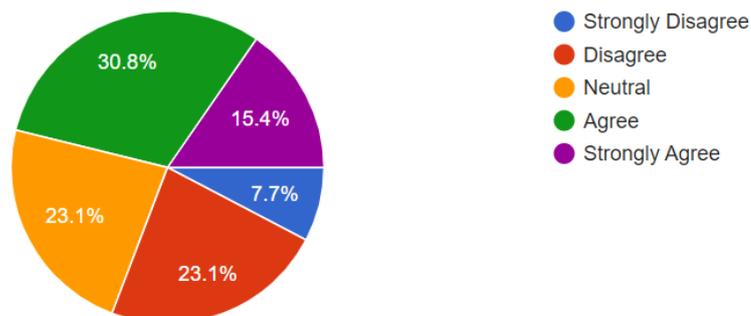
b. What did people tell us?

What follows is a summary of the information shared by questionnaire respondents and interviewees. The information is split into nine points to reflect the structure of the questionnaire, with quotes provided for deeper insight.

Point 1: Knowledge and Understanding

Respondents were asked if they had heard of the Local Care Partnerships. Most respondents to the questionnaire had heard about the LCPs (92%, n=12, had heard about the LCPs, 8%, n=1 were unsure)

Reported understanding of the LCPs varied, with 62% (n=8) of respondents agreeing or strongly agreeing with the statement, ***'I have a good understanding of what the Local Care Partnerships are'***; 31% (n=4) disagreed or strongly disagreed with the statement and 8% (n=1) were neutral.



A smaller proportion of respondents (46%, n=6) agreed or strongly agreed with the statement ***'I know which Local Care Partnership is the 'right' one for me'***. Linked to this just 38% (n=5) of the respondents agreed or strongly agreed with the statement ***'I know how to connect with the Local Care Partnerships'***.

Point 2: Perceived Value of the Local Care Partnerships

The majority of questionnaire respondents (54%, n=7) agreed with the statement, ***'I understand how the Local Care Partnerships can help improve health and care for people and communities in Leeds.'***

Interviewees highlighted the positive role of the diverse third sector within the LCPs; referencing the **close relationship between smaller organisations and the communities they serve as being a prime asset for partnership structures like the LCPs**; their role in supporting a flow of information and ongoing conversation between professionals and communities, the ability to adopt a action focused, dynamic approach, and providing opportunities for learning and development of cultural competencies.

"I think that's what the grassroots organisations can provide, the opportunity to engage with real people, real lives."

"It's easy to make decisions and there's less of a gap between the top of the organisation and the rest of the organisation."

"The voice of your staff is so closely aligned to the voice of [community members]"

While questionnaire respondents recognised the value of the LCP structures, just 23% (n=2) agreed with the statement ***'I understand how the Local Care Partnerships can support my organisation to achieve our goals.'*** Some interviewees did however highlight the opportunities for smaller organisations in engaging with the LCPs, such as access to support and potential funding.

"I think the connections between the different organisations has been key, and finding out about the key messaging directly from the PCN... I think it really helps people in the sector to stay connected and supported by each other."

Ninety-two percent (n=12) of questionnaire respondents agreed or strongly agreed with the statement, ***'My organisation would like to work more closely with the Local Care Partnerships in future'*** illustrating a commitment to the LCP vision.

Point 3: Barriers to Working in Partnership

Questionnaire respondents were asked to select “**the main barrier that prevents you/your organisation making stronger connections with the Local Care Partnerships?**” Respondents were then asked to select what other barriers prevented stronger connection.

Knowledge and understanding was identified as a barrier across both questions, with 31% (n=4) stating that the main barrier was “**Not knowing how to connect with the LCPs**” (50% identifying it as another barrier). 23% (n=3) stated that that the main barrier was “**A lack of understanding of what the LCPs are and what they do**” and 25% (n=3) identified a lack of understanding of what the LCP priorities are as a secondary barrier.

While just one person (8%) identified “**Not knowing how to connect with LCP members outside of meetings**” as a main barrier, 33% (n=4) identified this as a secondary barrier to establishing a stronger connection with the LCPs.

Capacity was also identified as a barrier for some respondents, with 23% (n=3) stating that ‘**a lack of staff time/capacity**’ was the main barrier and 17% (n=2) of respondents identifying the lack of time/capacity as a secondary barrier. This position was consistently backed up within the qualitative information provided.

“The intention is there, but if you have got a couple of members of staff, and every member of staff time is completely allocated for a whole entire week, sometimes it's very, very difficult to.”

Interviewees identified additional barriers, including a lack of knowledge of the Third Sector, and the communities served by system partners, the format and culture of meetings, and the use of digital platforms.

“Most of them will have a sort of more or less formal way of conducting a meeting with... reading minutes and approving them and so on, all that sort of stuff. If you're not used to that sort of for a meeting, it might put you off”

“I think it's a lack of experience with working with Gypsies and Travellers. I find that a lot of services [say] I've never worked with Gypsy travellers.”

A theme emerged illustrating that the LCPs don't currently work for some parts of the diverse Third Sector, this may be because the LCPs don't fit their remit of work or their operating model. For example, one organisation talked about primary care and local

engagement not providing a suitable means of connecting with their core community of interest. There was also indication that funding and commissioning arrangements, and disconnected footprints could prohibit connection.

“We are working with 10 other organisations, very, very micro, and small organisations, and one thing I've noticed is like, some of them, they don't want to be taking part, all they need is the money to continue running what they're very good at doing. So they were saying that I don't want to go into all these engagement, understand what's going on, I only understand the local... and what's important to us” WG

“So, in terms of promoting ourselves, if we did it, we did... we will potentially open up a bit of a problem for ourselves, because we might have a burst of referrals. But then, they all need speech therapists' assessments, you see, and then there's a cost to us”

There was also a recognition that the LCPs aren't appropriate for some individuals and their roles.

“If I got a representative from each [organisation], to go to every LCP half of those people would have very little interest, or probably the skills to be able to cope with those meetings.”

Coming through in both the questionnaire and interviews, the complexity of the health and care and broader Leeds system (including the Third Sector) was seen as providing an ongoing challenge for the diverse Third Sector to understand and actively engage with LCPs and other structures.

“So the fact that the Local Care Partnerships, and the Primary Care Networks are the same footprint, and obviously, there's wards in there... I think that's just a bit annoying and confusing. For what reason?”

“There seems to be a lot of forums and meetings and i'm not sure which to attend to enable my charity to work better with Leeds, and for me to fit in in the right place”

“There is not enough clarity on who does what. We say [Leeds] Community Foundation, we say Forum Central we say then, Volition and Voluntary Action Leeds...I think we've got a duty as infrastructure, working with statutory partners, to make that as uncomplicated as possible.”

There was a recognition that too much information, can in itself pose barriers to engagement.

"I'm finding it very confusing. So much information I've received, which forum should I be involved"

Point 4: Making the Local Care Partnerships Work Better for the Diverse Third Sector

Questionnaire respondents were asked to select '**What the main improvement would be that would help you work more closely with the Local Care Partnerships in future?**' as well as selecting other improvements which would help their organisations connect. This section provides a summary of the most popular suggestions.

Relationships, underpinned by good communication and rapport emerged as a dominant theme across the survey and interviews, with 31% (n=4) identifying "**Improved communications on what the LCPs are and what they are doing**" as the main improvement to help organisations work more closely with the LCPs in future and 54% (n=7) identifying it as a secondary improvement.

Exploring this point, interviewees highlighted that the most effective communication was conducted through relationships. With this in mind, everyone in the LCP was seen as having a responsibility to make connections with and share information on work conducted within the LCPs to the diverse Third Sector and also the communities they serve, using all appropriate communication channels.

"I always use the example of, you can send the leaflet out to wherever, you know, when people are personally meetings with ourselves, I'll send you a leaflet, or can you put it on, you know, whatever, and I can, but to be perfectly honest, you know, it's like, you know, it's like thrown into a black hole. In many ways. Most of that, it's got to be these things have got to be about relationships."

One interviewee also saw a role for Third Sector infrastructure in simplifying communications and making them more accessible for members.

Point 5: Understanding of the Third Sector

A *'greater understanding of the Third Sector amongst statutory partners'* was identified as the main improvement by 15% (n=2) respondents, and 46% (n=6) identified it as a secondary improvement. Linked to this, a *'stronger role of the Third Sector in meetings'* was selected as a secondary improvement by 46% (n=6) of respondents.

"When we have been in NHS spaces we don't feel very seen."

There was a recognition that no two LCP areas are the same, in terms of the Third Sector profile and with this in mind a number of interviewees talked about the need to understand the local Third Sector, the nuances between LCP areas, but also the value of embracing the unique qualities each organisation brings.

"It's very different from some of the areas if you go into South Leeds, there are a plethora of organisations that have been working there for a long time."

"If you look at it...it will look like we are doing the same. But we are not doing the same because we're targeting different communities, we only calculated 37 communities we work with at the moment, but there are a huge number of communities left to work with"

'But actually, in order to really address the inequality that the Gypsy traveller community experience, there needs to be that recognition and it's kind of finding the right balance between meeting the needs of the whole community.'

Interviewees also talked about the importance of understanding the values, remit and boundaries of their organisations, understanding what each organisation can and can't do; appreciating the added value each organisation brings and playing to each organisations and individual's strengths. In order to achieve this, interviewees talked about the importance of giving organisations from the diverse Third Sector space to talk about their offer and when it is appropriate to lead the agenda.

Point 6: Providing an Inclusive and Accessible Spaces to Work Together

Interviewees talked about the importance of making the LCPs inclusive and accessible spaces for the diverse Third Sector. Some interviewees referenced the importance of networking opportunities within the LCPs, but also the value of support which connects organisations with the LCPs outside of the meetings.

“I think the physical meeting is better because networking is so important, isn't it? It's almost the reason I used to go to meetings actually, just to network with people because, you know, before or after the meeting that was so valuable, especially when you've got new people joining or you're meeting new people.”

“It could be as simple as the LCP reaching out to them and saying, you know, you've got a quick 30 minutes to talk about your projects, what you do and any issues you face in any way you need support.”

Suggestions included, using plain English, adopting a culture of working together rather than in silos, in pursuit of achieving shared objectives. One person referenced a positive example from the Communities of Interest allyship programme as a means of promoting culture change.

“I do think we need to strip away a lot of the statutory sector speak.”

“Trying to encourage ownership of the meetings. So, bring forward issues that the community that they're working with are facing. Then we have the opportunity to say, you know, we're experiencing the same thing and is there anything we can do together? I think that what's good about the communities of interest [network]”

Point 7: Working Better Together

Interviewees also talked about the importance of working better together, avoiding duplication and making the most of the assets we have within communities and our individual organisations.

"[We need] to try to improve what we already have, rather than trying to develop something entirely new."

"We've supported people from smaller organisations with office space, for example, so that they can have a space to work"

Some interviewees illustrated this approach through an example of their work in both the LCPs and as a Community Care Hub.

"So all of that kind of wellbeing and health issues are clearly part of the hub's agenda as well, for me, they shouldn't be different. They should be working in unison more and... it needs to be one in the same, because as far as people in the community are concerned, they don't care what hubs or what an LCP."

"At the moment, we've got a sort of collaboration...which includes six or organisations and then the local church and even the schools. So quite a unique situation...where I'm able to represent that collective."

A number of interviewees talked about the importance of connecting roles for enabling joined up working with the diverse Third Sector, this included people facing roles but also roles which brokered relationships with organisations.

"One of the patient ambassadors is going to do a monthly drop in at Children's centres in the area, go into the computer club, supporting with the door knocking for a vaccination, that kind of thing. So it's just all very varied. Again, it's about looking for opportunities of how you can increase engagement and connection with things that are already going on?"

"[LCP development team lead] has always tried to attract as many different new people and organisations as she can actually, she's really well with that... I think it would be a bit more user friendly to new people."

Representation and advocacy of the diverse Third Sector within the LCPs emerged as a key theme across interviewees, and a way of bringing the voices of organisations who cannot be present in meetings to have a voice in discussions.

“[Representation] seems to be an obvious way to reduce the burden on a range of smaller organisations, but it does, again, rely upon trust and high-quality relationships and reduced competition between Third Sector organisations.”

Interviewees talked about the need to provide supportive systems to enable effective representation within the LCPs. One interviewee talked about the role their organisation could play as a community care hub.

“We always tried to [represent the diverse Third Sector], the main problem will be finding them really, and getting in touch with them...We're still really trying to understand just how effective the hub is going to be.”

“The challenge is that, you know, you have representatives of the different communities of interest, but necessarily don't listen, now there is the ground to the grassroots contacts. I mean, although I can represent the interests of the faith sector, I don't necessarily have a great handle on who the movers and shakers in Cross Gates, Morley or wherever”

Point 8: Access to Funding

Access to funding was identified as a secondary improvement by the majority of questionnaire respondents (62%, n=8) and expanded upon within qualitative data. A number of interviewees acknowledged that funding, and funding support was necessary for ensuring sustained engagement with the diverse Third Sector.

“We talk about the sector, bringing a huge amount of value, and it absolutely does, but that value doesn't come for free.”

The need for sustainable, longer-term funding which addresses the fundamental power imbalances and inequities emerged as a strong theme. Longer term, more flexible funding arrangements or support to access funding, were seen as enabling relationships to develop between LCP members, but also with communities.

“ I guess if we had three to five ear funding with some flexibility within that then such discussions would be relevant.”

“When you're trying to kind of engage with new communities, you have to kind of know are you guys here for the long term... you have to prioritise certain things.”

“[Finding funding for] a full-time job, and not every organisation has a bid writer, you know, for the smaller organisations, that's very difficult.”

One interviewee talked about funding as an enabler for organisations to attend LCP meetings. As the quote below illustrates, the interviewee felt that funding to attend meetings did not address the more fundamental barriers to engagement, such as capacity.

“Giving them some money, a bit of money to attend meetings and things like that. It doesn't help them because where are they going to find the expertise [to deliver] the vital services directly to the community.”

Point 9: Access to Data, Tools and Resources

Access to partner data was identified as a secondary improvement to the LCPs by 54% (n=7) of questionnaire respondents and tools, such as online groups and directories were seen as a secondary improvement by 39% (n=5) of respondents.

Interviewees also identified data as a key part of the conversation within Local Care Partnerships. One interviewee, whose organisation is actively engaged and involved in their LCP, talked about using system data as a starting point for a conversation with communities.

“One of the things that we've done is just being open with people, so particularly with the community and say, ‘look, this is this is what we're hearing’, but giving them the space to challenge that as well. And, and then once they have challenged that, I suppose extracting those key bits of information about what's not the reality, what is the reality. And of course, the reality is somewhere in between...it's just it really is just about those ongoing conversations and relationships and trying to assess and leaving it open as well.”

‘The data from the surgery, on their demographics, they would tell me that a large proportion are from Eastern Europe, particularly the Gypsy Roma community, but I know what really matters to Roma communities, what their main health issues are; what their main concerns are, what their barriers and challenges are. I think that's what the grassroots organisations can provide’

Interviewees talked about the challenges to joined-up partnership working around data sharing, but also provided positive examples from the pandemic, where data sharing resulted enabled more effective collaboration.

“We shared some of our database with the [system partners] they weren't able to share very much with us. So, you know, we couldn't compare our information, for example, to try and track down people that were missing from their database. So, it was a bit frustrating”

“That was quite empowering to actually have the information about those streets and those areas where we need to address and then being able to mobilise across our collaboration to do something about it.”

For some organisations, access to data was referenced as a key tool to help LCPs define their core priorities, and in turn provide a clearer offer for the diverse Third Sector.

“Maybe having less, but more focus means that you can have a focus topic, and people can decide whether that's relevant to them and their work.”

Information resources communicating the offer of the diverse Third Sector, informed by ongoing mapping was also identified as a key element of joined-up working by a number of interviewees. However, people talked about the need for a joined up, inclusive approach to mapping to ensure consistent visibility of the diverse Third Sector across the system.

“Personally, I would love to have a better understanding of the asset mapping within the LCP.”

“Is there multiple tools?... can everybody input on this? Has everyone got time to go through them and put their service on there? That kind of thing”

4. Discussion

The diverse Third Sectors relationship with the Local Care Partnerships is complex. The Third Sector in Leeds is not a homogeneous group; therefore, each organisation will present different opportunities and barriers to joined-up working. As the data presented in this paper illustrates, there are however priorities for the sector. If we are to achieve **sustainable involvement of the diverse Third Sector within the Local Care partnerships** we must work together to create a **more engaged, diverse and resilient Third Sector** and foster a culture where there is informed **representation and advocacy for the diverse sector from every seat** (Third Sector colleagues, system partners and senior leaders), as part of the #TeamLeeds approach.

The Local Care Partnerships are structures created by the Health and Care system, and while many organisations in the sector see value in engaging with these structures, for some organisations, the LCP priorities don't currently align to their organisations priorities. For others, there are deep, underlying barriers which prevent organisations working within the LCPs. As a health and care system, we must accept that the LCPs are not fully functional for all Third Sector organisations, but if we want to make the most of Third Sector assets in Leeds, we must provide an open door for connections to be made with the LCPs when it works for these organisations, and the communities they serve.

We have shown that many organisations in the diverse Third Sector see the value of LCP structures and want to make stronger connections; but barriers prevent active involvement. The Leeds system is complex, and that complexity imposes additional barriers to collaborative working for the diverse Third Sector. With limited capacity and clear and specific agendas built around the voices of communities, the path to **joined up working with the diverse Third Sector** must be smooth and built upon strong foundations. Discussions taking place as part of the Leeds City Council led, neighbourhoods and communities review and work within the Leeds Health and Care Partnership provide space for implementing positive change; but we must recognise that whole system change is not a quick process.

Some barriers, such as commissioning arrangements, funding and resourcing require cross system input, with actions needed beyond the Leeds system to fully address the challenges faced. There are also issues which can be addressed through more localised plans and tangible actions as part of a commitment to joined-up local working. As the data illustrates, generating mutual understanding is key to making the LCPs work better for the diverse Third Sector. In order to achieve this, we need an investment in **shared infrastructure** as part of a coherent development plan for the LCPs. We have heard demand for mechanisms which support communication of work outside of meetings; systems which provide greater visibility of the diverse Third Sector within LCP working, and systems which underpin representation and

advocacy within meetings. We also heard calls for improved information sharing between organisations as a means of supporting joined-up planning and delivery. Transformation programmes such as Community Mental Health and ongoing development of the Leeds Health and Care partnership, as part of the Integrated Care System, provide opportunities to take large steps forward with this work; but commitments must be made to delivering change as part of a whole system approach, with the voices of people at the heart of decision making.

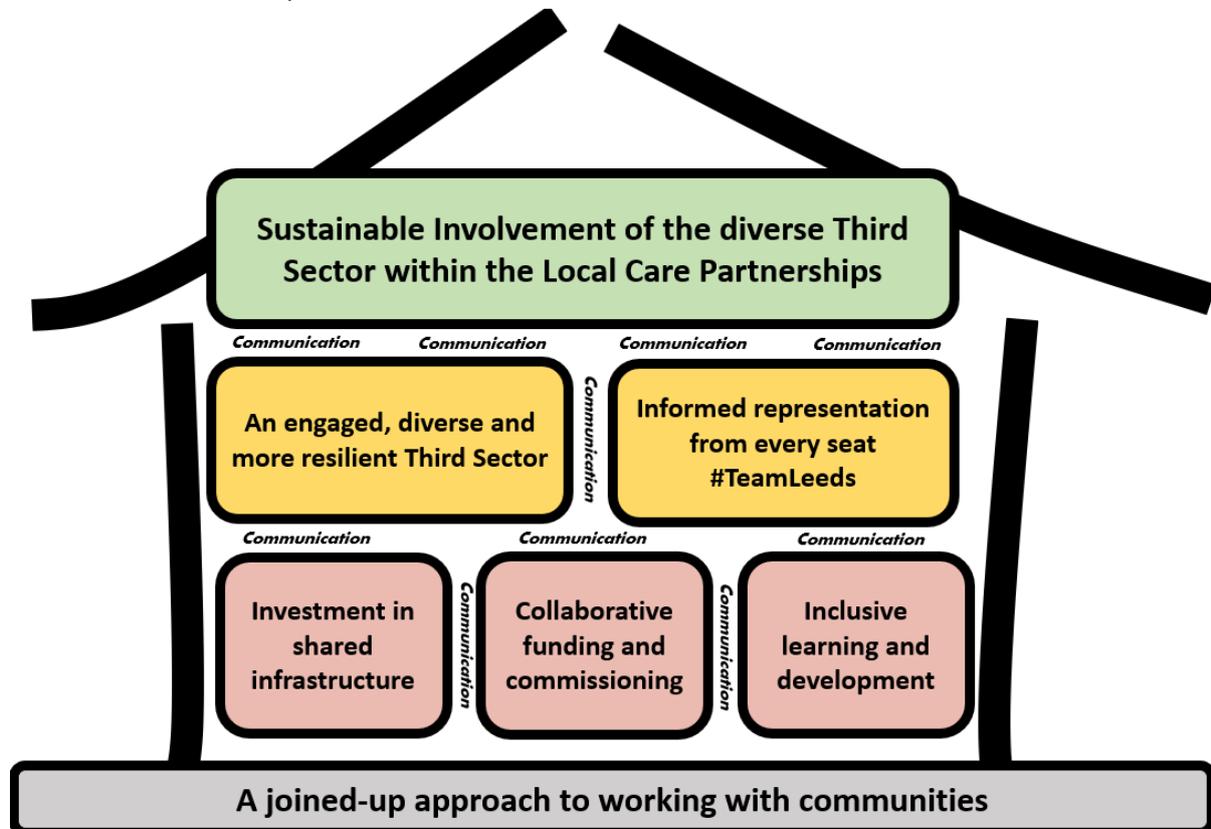
We know that organisations across the Third Sector experience ongoing challenges around capacity and sustainability, and smaller organisations, while resilient, experience some of the greatest threats. The increased recognition of the value of the diverse Third Sector within the health and care system is welcomed, but the resourcing of organisations as part of **collaborative commissioning and funding arrangements** has to date not been forthcoming. A sustainable, resilient Third Sector is a vital part of the LCP model, but LCPs and system partners (including Third Sector infrastructure) must therefore provide commitment, advocacy, and support for the diverse sector to ensure the LCPs can achieve their potential.

We have heard that some organisations and the communities they serve don't feel seen or understood within LCP working. We also know that there is an ongoing need for communication of what the LCPs are and what they are doing with the diverse Third Sector. To address this, we must invest in **Inclusive learning and development** programmes which provide space for ongoing dialogue about different parts in the health and care system, including the diverse Third Sector. Leeds has several positive pieces of work which can be built on to address this challenge, for example the Asset-Based Community Development programme; The One Leeds Workforce programme; and the Team Leeds Hearts and Minds programme.

Throughout the conversations in this project, we have been told about the importance of tailored, ongoing **communication** with the sector. While there has been investment in some communications infrastructure within the LCP development team in the form of weekly digests, a web page, and a Twitter account, we know more needs to be done to support organisations to connect with the LCPs, when they are able to do so. We have heard about the importance of trusted relationships, advocacy, and representation within the LCPs. Two-way information flow through trusted relations provides a valuable means of communicating with smaller organisations, allowing us to make the most of the assets and capacity we have within communities. To achieve this, there needs to be joined up planning, investment in local infrastructure, including connecting roles and a commitment to collaboration above competition. A starting point for this approach could be exploring the future role of Community Anchors, social prescribers, and wellbeing coordinators within the LCPs.

5. Widening the Net of the LCPs - A Theory of Change

The graphic below shows a simple Theory of Change to guide the further development of the LCPs. Development should be conducted from the foundations upwards, as a means of achieving the core outcome of Sustainable Involvement of the diverse Third Sector within the Local Care Partnerships.



6. Recommendations

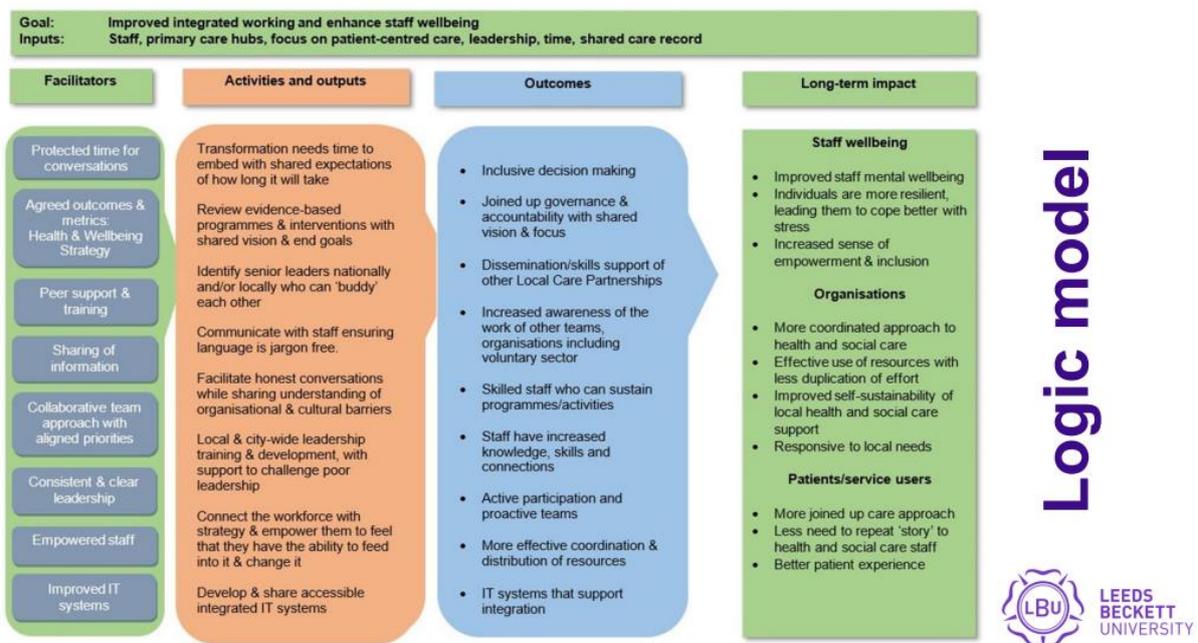
The following recommendations to LCP programme board and system partners have been formulated from findings documented within the body of this report. Alongside the Theory of Change presented above, they provide an action focused framework for the development of a more inclusive LCP model, which recognises the disparities and strengths within the diverse Third Sector in Leeds.

- Building on good practice examples and current assets, support the development of a joined-up citywide plan to locality working, making it easier for the diverse Third Sector to work with system partners.
- Support ongoing staff learning and development across the Health and Care system around what the Third Sector in Leeds is, and what it does, through further investment in information resources and relationship building exercises.
- Identify ways to open up existing system infrastructure to the diverse Third Sector, where appropriate, and integrate Third Sector access into future development plans.
- Work with Third Sector partners to develop funding and commissioning strategies which support the longer-term sustainability of the diverse Third Sector, including grassroots delivery partners not directly engaged with the LCPs.
- Working with existing Third Sector structures, develop an asset-based communications plan which supports more effective engagement and involvement with the diverse Third Sector outside of LCP meetings.

7. Appendices

Appendix 1.

Prior to the establishment of current LCP structures in Leeds, Leeds Beckett University undertook a study exploring how the introduction of new care models has led to alterations in working practice and affected staff wellbeing. As part of this project a logic model was developed to illustrate the facilitators, activities and outputs that underpin the outcomes and longer-term impact of change (see picture 1).



Picture 1: Impact of integrated services on health and social care professionals in England, Johnston, K. 2020

