

Leeds Third Sector Health Grants Programme

Evaluation Summary Report



Real-Improvement

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“ Foreword and Introduction

We have a key ambition in the Leeds Health and Wellbeing Strategy to be the best city for health and wellbeing, where the poorest improve their health the fastest. A fundamental part of realising this vision is building on the strong partnerships we have in Leeds, and this report further highlights the important role Third Sector groups can have in working in our local communities to improve their health and wellbeing, prevent ill health and support local people to live fulfilling healthier lives.

“As we go forward in changing the nature of health and care in the city through the Leeds Health and Care Plan, we will need to focus even more on prevention, community services and early intervention.

“This report is very timely and provides an evidence base to work from and to continue to champion the role of the Third Sector in Leeds”.

**Councillor Rebecca Charlwood,
Chair of Leeds Health and
Wellbeing Board**

Leeds Community Foundation

Leeds Community Foundation's vision is to promote a City of Opportunity for All. We are very proud to have worked with the NHS Leeds Clinical Commissioning Groups (CCGs) Partnership on this programme, which has grown the capacity of the Third Sector and has enabled us to demonstrate the important impact Third Sector groups have on the health of local people and communities in Leeds.

The bold and visionary investment from the CCGs was combined with a fantastic response from the Third Sector which enabled the programme to evolve so successfully.

While we are realistic about the significant challenges that lie ahead, Leeds does have a vibrant and proactive Third Sector which needs to be both recognised and resourced in order to maximise the impact it can have on the health and wellbeing of local residents.

We look to build on this legacy and continue this important journey, and would welcome your support along the way.



Health and fitness
with RJC Dance



Photo supplied: The Yorkshire Evening Post

Holbeck Elderly Aid

Executive summary

Programme Background

This report summarises the results of the NHS Leeds CCG Partnership Third Sector Health Grants Programme from 2015 to date. The grants programme was developed by NHS Leeds North CCG and NHS Leeds South & East CCG in collaboration with Leeds Community Foundation (LCF), with the first rounds of grants distributed in June 2015. In total, over £2m was made available as grant funding to Third Sector Organisations (TSOs) in Leeds, enabling them to run innovative projects in support of local health and wellbeing priorities.

The results in this report derive from the 63 projects run by 50 different TSOs in the two CCG areas from the first two rounds of funding. 14 further projects received funding in round three from Leeds North CCG; these projects are still running, so their results are not included in this report.

Evaluation has identified many benefits from the programme for three key stakeholder groups:

- **Beneficiaries** – the people and communities the TSOs worked with.

8,000
people in Leeds
directly benefited,
12,000
indirectly

- **Public services:** this mainly relates to the CCGs and associated NHS services, but there are also benefits for Leeds City Council in areas of social care and public health.
- The **Third Sector Organisations** themselves.

Projects varied widely in their nature and objectives. Many gave some form of 1:1 support to people from vulnerable or disadvantaged groups. Others provided advice through drop-in or outreach sessions, or through engaging people in group learning around themes such as parenting or healthy eating. Some projects established new peer support groups, with the aim of these becoming self-sustaining. A few were research projects, or were aimed at raising community awareness of services.

Programme Outcomes

Given this hugely varied range of projects, it is not easy to generalise about their outcomes. However, some key points can be made, related to the three stakeholder groups mentioned previously:

- Directly or indirectly, the projects between them reached **over 20,000** people in Leeds. More than 8,000 of these were people who benefited directly from contact with the projects, with around 12,000 indirect beneficiaries, such as family members.



Purple Patch Arts – Feel Good

Focus areas	Number of projects funded
Mental Health	22
People with Long Term conditions and/or Disabilities	13
Older people	10
People from Black and Minority Ethnic groups	10
Children & young people	10
Parenting and early years	10
Women's or Men's health	9
Carers	3
Domestic violence and abuse	3



Royal Voluntary Service – alcohol awareness raising

- All 63 projects evaluated their work, and all (other than research projects) demonstrated **positive health and wellbeing outcomes** – in varying degrees – for the people and communities they worked with.
- 48 of the projects produced **quantitative evidence** of improved health and wellbeing outcomes. The remaining 15 worked either with small numbers of people or with other organisations rather than directly with beneficiaries. All beneficiary-based projects submitted **case study examples** of their successes – LCF received 139 case studies in total.
- The projects have made a significant contribution to **health and wellbeing priorities in Leeds**. They reached a wide range of population groups and health needs in support of the Leeds Health and Wellbeing Strategy.
- Some projects identified how they could **save money** for NHS services, and a few were able to quantify these savings.
- TSOs have responded to the challenge, demonstrated innovation and, in many cases, enhanced their capacity (e.g. by recruiting new volunteers). Although the grants were one-off and time limited, they have helped TSOs to **build their experience and knowledge**, and **strengthen their evaluation methods**. More than half of these TSOs were receiving CCG funding for the first time.
- The grants have also helped to **strengthen understanding and relationships** between TSOs and the NHS in Leeds. Many TSOs believe they have gained significantly from improved links with local NHS services, and this is reciprocal for those services.
- The CCGs, too, have gained a better understanding of how TSOs can make a valuable contribution in delivering health and care outcomes, in particular:
 - Supporting a **whole-person perspective**, focusing on all aspects of what makes a person well, including their family and carers.
 - Supporting a **focus on assets**, both within communities and within people themselves, which helps to promote confidence and self-management.
 - Understanding the **needs of very local areas** and the nature of natural communities, as opposed to those defined by health and care boundaries.

Over
£2m
awarded

50+
TSOs
funded

Learning

Collectively, the projects have gathered a large **body of evidence and learning** for the future on how TSOs can support and complement the work of statutory services. They have highlighted how different types of Third Sector work can improve health and wellbeing for the people and communities of Leeds. This relates not only to the potential for grant funding, but also for commissioning more generally, and the role that TSOs can play in partnering with the NHS and Leeds City Council services. As well as evidencing 'what works' for individual projects and ways of supporting people and communities, this includes some key learning points for grant funding in general:

- **Grant funding** works well for projects that have a finite life from the outset, such as research or group-based training, which can run as and when funding is available. Where projects involve sustained work with individuals, longer-term grants or commissioning may be more suitable, to avoid beneficiaries being cut off from support when project funding ends.
- Once funding is awarded, many projects need a **'lead time'** (e.g. to recruit and train new staff or volunteers, and to publicise to communities) before they can operate at full capacity.
- The most successful projects are those which pro-actively seek beneficiaries through a **wide range of referral sources**. These could include word-of-mouth, publicity and network contacts, as well NHS sources, including social prescribing.
- Projects were able to show **health and wellbeing improvements** for those they support, but it is more difficult to assess their impact on population-level health indicators (although this applies to many types of health interventions, not just those from TSOs).

Strengthening families – Race Equality Foundation



Conclusions

LCF ensured that the programme evolved and developed in response to Third Sector opportunities and challenges, and the fast-changing health landscape. LCF and the CCGs view the programme as having been very successful, and the CCGs are applying learning from it, for example by:

- Continuing to consider grant funding as an option alongside longer-term commissioning, as part of their partnership strategy with the Third Sector.
- Continuing to develop social prescribing as an integral part of work with the Third Sector in Leeds. This includes supporting TSOs to innovate and evolve, building stronger links with the CCG and social prescribing providers.
- With LCF, continuing to encourage TSOs to share experience, learn from each other and work together, where this benefits service users. Shared learning on monitoring and evaluation methods forms part of this.

This report highlights the strengths and assets that the Third Sector can contribute to delivering high quality health-based services, now and in the future, and ultimately support better outcomes for the people of Leeds. The three Leeds CCGs are now working in partnership, and are already using information from the programme to inform their future strategy.

Section 1: How the Programme Worked

1.1 Background

NHS Leeds CCGs have increasingly recognised the important contribution that Third Sector Organisations (TSOs) make to people's health and wellbeing. Following discussions with Leeds Community Foundation (LCF) in early 2015, two of the CCGs – NHS Leeds South & East and NHS Leeds North – decided to initiate a grant programme funding a range of new TSO health projects. The scheme was designed to review how TSOs could meet specific health outcomes through a grants process, as opposed to commissioning. The longer-term aim was to see if the programme provided sufficient evidence that could lead to increased levels of engagement and contracting with the Third Sector and achieve several related aims:

- Better meet the needs of local communities.
- Deliver (and link with) non-medical activities which promote health and wellbeing.
- Support the CCGs' strategic aims, particularly in relation to Potential Years of Life Lost

(PYLL) and health-related quality of life, and ultimately to improve the health of the population of Leeds.

- Increase Third Sector capacity and support the local economy in North and South and East Leeds.
- Test a new approach to funding by using flexible grants, as opposed to commissioning.
- Develop new relationships with TSOs.

In total, the two CCGs invested just over £2.3m in the scheme over three funding rounds from June 2015. LCF developed the programme by working in partnership with the CCGs and then managed the grants application process and subsequent monitoring. The third Leeds CCG, NHS Leeds West, was already developing its social prescribing service, but contributed a smaller sum so that one project (The Market Place) could operate throughout the city. The table below shows how this total investment was broken down in terms of grants awarded.

	Round 1 June 2015	Round 2 November 2015	Round 3 February 2016
NHS Leeds South & East CCG			
Applications funded (% of total submitted)	24 (44%)	43 (43%)	N/A
Total awarded by panel in each round	£604,774	£578,624	N/A
Total awarded in all rounds	£1,183,398		
Grant size	31 Large (£14,420 - £49,975) 12 Small (£4,770 - £5,000)		
NHS Leeds North CCG			
Applications funded (% of total submitted)	7 (20%)	12 (31%)*	14 (58%)*
Total awarded by panel	£121,093	£493,638	£295,269
Total awarded in all rounds		£910,000	
Grant size	26 Large (£20,000 - £69,274) 7 Small (£2,076 - £10,000)		
NHS Leeds West CCG			
Total awarded (to The Market Place)	£25,834		

Fig.1.1(a): Funding rounds and grant amounts awarded

* following Expression of Interest pre-round

Over the first two rounds, the programme funded 63 projects run by 50 separate TSOs (see figure 1.1 (b)). 10 of these were funded to run more than one project, or the same project across different CCG areas. These were fixed-term grants, normally for 12 months, to develop learning and inform longer-term commissioning. They ranged in size between smaller grants of around £5,000 to larger grants of up to £70,000 (the average grant was £29,500). This report only covers projects from the first two rounds; 14 further projects funded by NHS Leeds North CCG for Round 3 are still in progress and their results could not be included at this stage.



Orion Partnership - Health Gateway men's group in action

The map shows the three CCG areas and the number of projects in each - Rounds 1 and 2 only.

All grants addressed the CCGs' aims in terms of city-wide health improvement priorities. 33 of the projects (just over 50%) also focused specifically on health inequalities or areas of social deprivation.

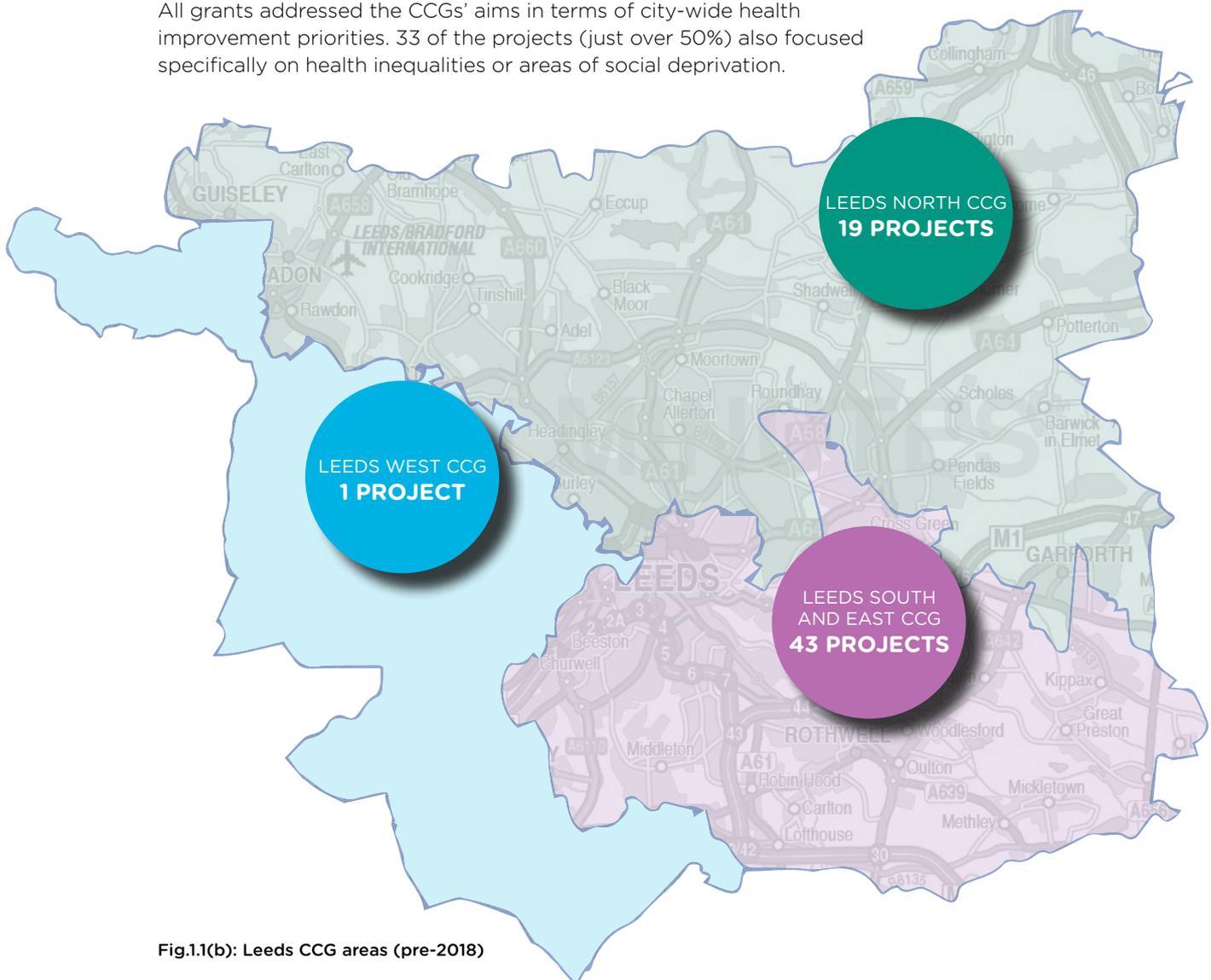


Fig.1.1(b): Leeds CCG areas (pre-2018)

Fig.1.1(c): TSO grant recipients in rounds 1 & 2



1.2 Context: Leeds and the National Picture

The Health Grants Programme is an excellent example of the Third Sector role envisaged in the NHS Five Year Forward View¹. Its results are already informing ongoing developments through Sustainability and Transformation Partnerships (STPs), the Leeds Health and Wellbeing Strategy, and associated plans. Providers of care are realising the benefits of working with TSOs as essential partners to improve the services they deliver to people and their health and wellbeing outcomes. At the same time, commissioners and providers of health and care are working against a backdrop of austerity and funding constraints. This may make it more difficult to commit long term funding to TSOs which, in turn, may affect their sustainability. The implications of this are explored in this report.

Since its inception, the grants programme has evolved to include links with social prescribing. The three NHS Leeds CCGs have all developed social prescribing schemes, with NHS Leeds West CCG's 'Patient Empowerment Programme', which started in October 2014, being the longest established. The schemes in Leeds South & East and Leeds North are more recent, starting in October 2015 and April 2016 respectively. This grants programme has supported these schemes by funding some of the organisations and projects to which social prescribing may refer people.

Neither grant funding nor social prescribing are unique to Leeds. Other parts of the country have piloted various schemes, although Leeds is one of the largest Third Sector Health Grants programmes in terms of the amount invested. There is no standard model for such schemes, and evidence of their impact is still building. This report aims to both strengthen this evidence base and share experience for other CCGs considering a similar approach.

Further, the three Leeds CCGs are currently working in partnership and are in the process of merging. This means that outcomes and learning from the grants programme will influence health strategy and planning for the whole city.



LCF is part of a larger network of Community Foundations (CFs) nationally and in 2016 commissioned Leeds Beckett University to do a review of the 44 CFs in England that work with local statutory health organisations to deliver grant funding.

The report showed that a number of CCGs are exploring with local CFs how best to work with TSOs in their local areas, and LCF is one of 15 CFs working in partnerships with CCGs. LCF is also one of only 6 CFs that have delivered grant funding for more than one of the CCGs in their locality.

The research identified opportunities to the health sector for working with CFs, as they bring: expertise in grant-making and monitoring; opportunities to access 'hard to reach groups'; added value through their ability to link health funding to other funding streams; CFs' responsiveness and cost-effectiveness.²

Fig.1.2: Community Foundations and CCG partnerships nationally

¹ NHS Five Year Forward View, October 2014 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² Community Foundations and Health - Seizing the opportunities for collaborative working, Kris Southby, Mark Gamsu & Pip Goff, Leeds Beckett University, 2017

1.3 The Funding Process

The contract to deliver the Third Sector Health Grants programme was put out to tender at the end of 2014 and was awarded to LCF in February 2015. Building on its expertise and considerable experience as a grant-maker and effective collaborator, LCF liaised closely with the NHS Leeds CCGs to tailor the awarding process. This included launch events, workshops and a number of rounds to maximise, in an efficient way, the Third Sector response and its offer in terms of helping to fulfil the CCGs' strategic aims and priorities.

LCF oversaw all aspects of the funding: establishing the fund criteria; launching the rounds and informing TSOs of the results; managing the assessment of applications (Expressions of Interest and/or full applications); facilitating panel meetings; and issuing of

funds in instalments. They also managed the monitoring and evaluation process: digesting grantee interim and final reports; feeding back to CCG key representatives through regular meetings and internal progress reports; working with the Real-Improvement consultancy to undertake external evaluation; and working with TSOs on a 1-1 basis and through showcase events.

The programme has evolved over time, both in response to the Third Sector offer with further monies being released by both CCGs after Round 1, and in line with emerging CCG priorities. For example, NHS Leeds North CCG Round 3 was able to focus on gaps identified by the social prescribing programme. An overview of the Third Sector Health Grants awarding process is given in Fig.1.3.

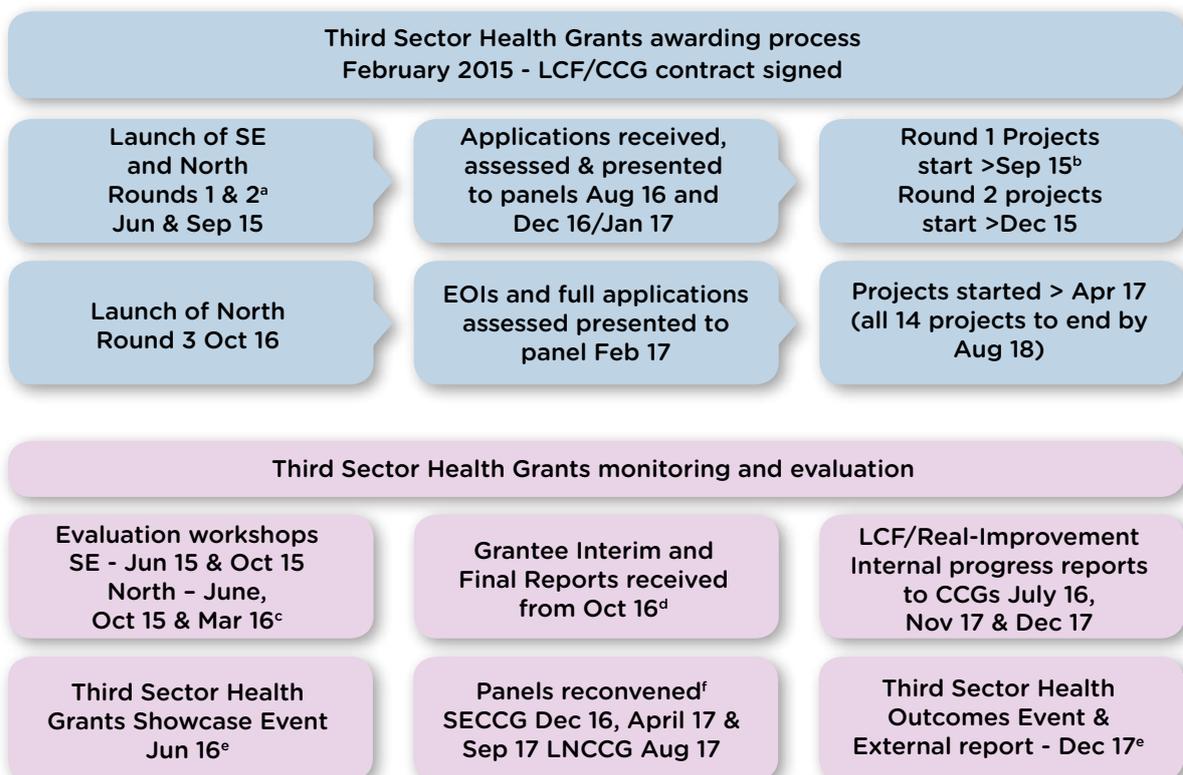


Fig.1.3. Third Sector Health Grants programme timeline

^a Including briefing sessions for potential applicants around fund criteria and importance of demonstrating health outcomes

^b Phased grant payment process agreed for large grants only (>£10K for North CCG and >£5K for SECCG): payment 50% upfront and remainder released on production of satisfactory interim report

^c For Leeds North grants, delivered in collaboration with York St John University

^d Reporting templates agreed with CCGs; outputs, outcomes and learning shared through CCG/LCF meetings and reports

^e Sharing of learning between grantees, CCG colleagues and other interested parties

^f To evaluate progress and learning; also planned in 2018 for Round 3 projects

1.4 Evaluation Methods

LCF and the CCGs placed a clear emphasis on evaluation in the Health Grants Programme, both to evidence health outcomes and to learn for the future. The programme has therefore been evaluated at two levels: the projects themselves and the programme as a whole.

Project Evaluation

Each project was asked to identify the outcomes it achieved, as well as its evidence to support these, in their interim and final monitoring returns to LCF.

48 of the projects (76%) carried out quantitative analysis of their outcomes, and all (except for research projects) included at least one case study example of their work. 23 projects used some form of external consultancy to assist their analysis, such as the University of Leeds or Leeds Beckett University, whilst others built extra capacity internally. Section 3 gives further details of the results achieved.

Programme Evaluation

LCF has monitored progress of the programme throughout, including ongoing evaluation. This evaluation has been supported by Andy Bagley of Real-Improvement, an independent

consultant experienced in this field. Together, they produced interim reports for NHS Leeds South & East CCG in November 2016 and NHS Leeds North CCG in December 2016. They have also collaborated to produce this report.

1.5 Further Information

This report presents an overview of Rounds 1 and 2 of the Third Sector Health Grants programme. The Appendix at the end gives brief details of each of the 63 projects included (and the further 14 from Round 3 currently in progress). More detailed information on individual projects is included in the Annex to this report. This contains short summaries of each project, produced by the grantee TSOs themselves.

LCF and NHS Leeds CCGs also hold a bank of detailed project information and this may be available on request. Some of the TSOs may also be able to respond directly to enquiries³.

³ Please contact Leeds Community Foundation (T: 0113 242 2426 or E: grants@leedscf.org.uk) if you would like further information of this kind.

RJC Dance offered dance classes for 9 to 12 year olds to increase physical activity, and used outcome measures developed and managed by Leeds Beckett University. These included motion sensor activity devices monitored over seven days at three points during the project. Results – which were very positive – were presented back to the children themselves, as well as in the final LBU report.

Fig.1.4: Evaluation example



Section 2: Progress and Challenges

This Section describes the practical experience of grantee organisations in working with the Health Grants Programme, together with feedback from the CCGs.

2.1 Progress

50 TSOs received grants through the programme, running a total of 63 projects between them. This includes similar projects run in different parts of the city (for example by The Market Place, Carers Leeds, Community Matters Yorkshire, Northpoint, National Childbirth Trust), which extended the benefits of these projects to wider populations.

The process of decision making and grant allocation, administered by LCF, ran smoothly. Most projects submitted required monitoring and evaluation information on time, although LCF allowed some flexibility where there was good reason.

139
case studies
gathered around
impact for individuals

Most projects ran as they originally planned. Some changed their timescales or working methods in the light of experience, but this was consistent with the learning expected from the programme. All projects reached their target group of beneficiaries and achieved at least some success with the people or groups they supported.

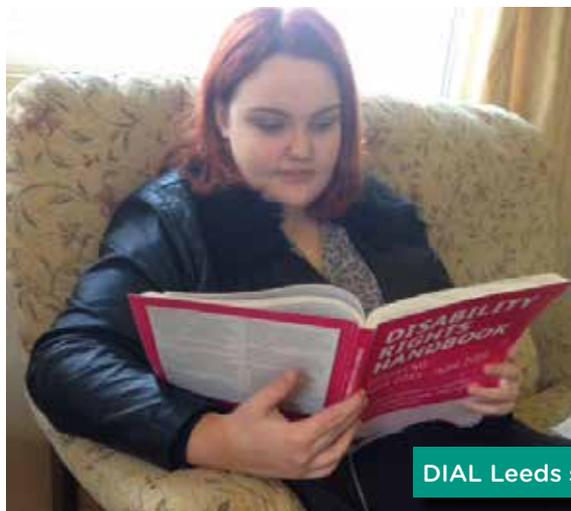
The programme achieved successful outcomes for people, for NHS & Adult Social Care services, and for TSOs themselves, as outlined in Sections 3 to 5 of this report.

- The projects themselves had widely differing objectives, and generally met these. Although the degree of success varied, in total they achieved clear benefits for many thousands of people in Leeds.
- The CCGs, as sponsors, have recognised the programme's success in identifying



and reinforcing the Third Sector's role, for example, in:

- Supporting a whole person perspective, focusing on all aspects of what makes a person well, including their family and carers.
- Demonstrating how a focus on assets, both within communities and within people themselves, can help to promote confidence and self-management.
- Showing how TSOs can understand the needs of very local areas and the nature of natural communities, as opposed to those defined by health and care boundaries.
- Helping commissioners 'let go' of the detail and allow providers to decide how they achieve outcomes.



This should support future commissioning for population-based outcomes and primary care restructuring.

- TSOs have responded to the challenge, demonstrated innovation and, in many cases, enhanced their capacity. Collectively, the projects have gathered a large body of evidence on how TSOs can work in partnership with statutory services to improve health and wellbeing for the people of Leeds.

Leeds has a strong and vibrant Third Sector and the programme has demonstrated the CCGs' commitment to its sustainability. It has brought a significant resource to the sector over a two-year period.

2.2 Challenges

TSOs' experience also highlighted a number of practical issues, which will inform future grant funding.

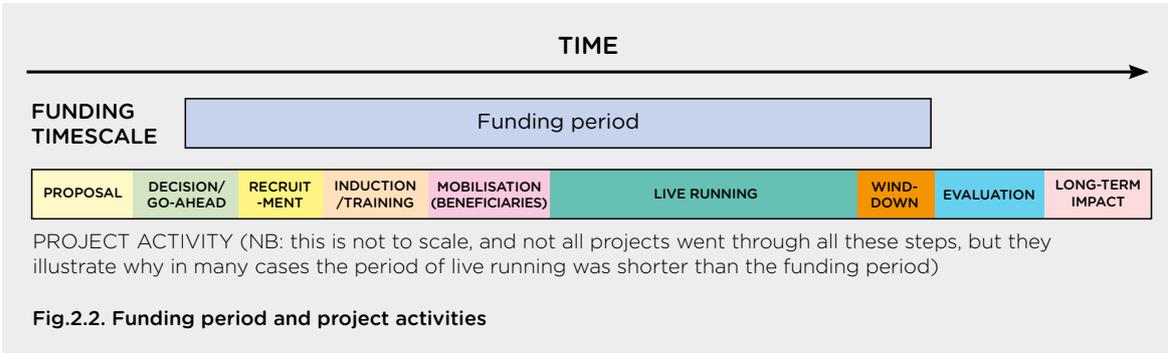


Figure 2.2 highlights an issue that many projects encountered: **short-term funding**. Funding for 12 months does not mean that the project will run 'live' for that period. Once their proposal was agreed, most new projects still had to work through:

- Recruiting, inducting and training new staff or volunteers.
- Mobilising to receive referrals, e.g. through publicity, external contacts and other networks, before starting 'live work'.

Then, if the project does not continue, they can face issues of staff looking for new jobs and beneficiaries needing other support arrangements before live running ends.

There can be issues for **beneficiaries** too. Projects that work 1:1 with beneficiaries (see examples in Section 3.1) might adversely affect people if support has to be withdrawn. Transferring people to a suitable alternative is not easy, although most projects found ways to manage this – for example, Middleton Elderly Aid continued their befriending scheme for existing beneficiaries only and did not take on any new referrals.

Referrals - some projects did not receive as many referrals as they hoped. This was sometimes linked to an expectation of referrals from social prescribing, at a time when these schemes in Leeds South & East and Leeds North were still developing and not able to refer

people in large numbers. Social prescribers and GP surgeries would also have been contacted by several different projects, which could mean choosing between different options for individual patients. There may also have been some reticence to refer people to projects that could be only short-term.

Finally, evaluations highlighted the difficulties of **assessing health improvements** accurately. Several factors affect this:

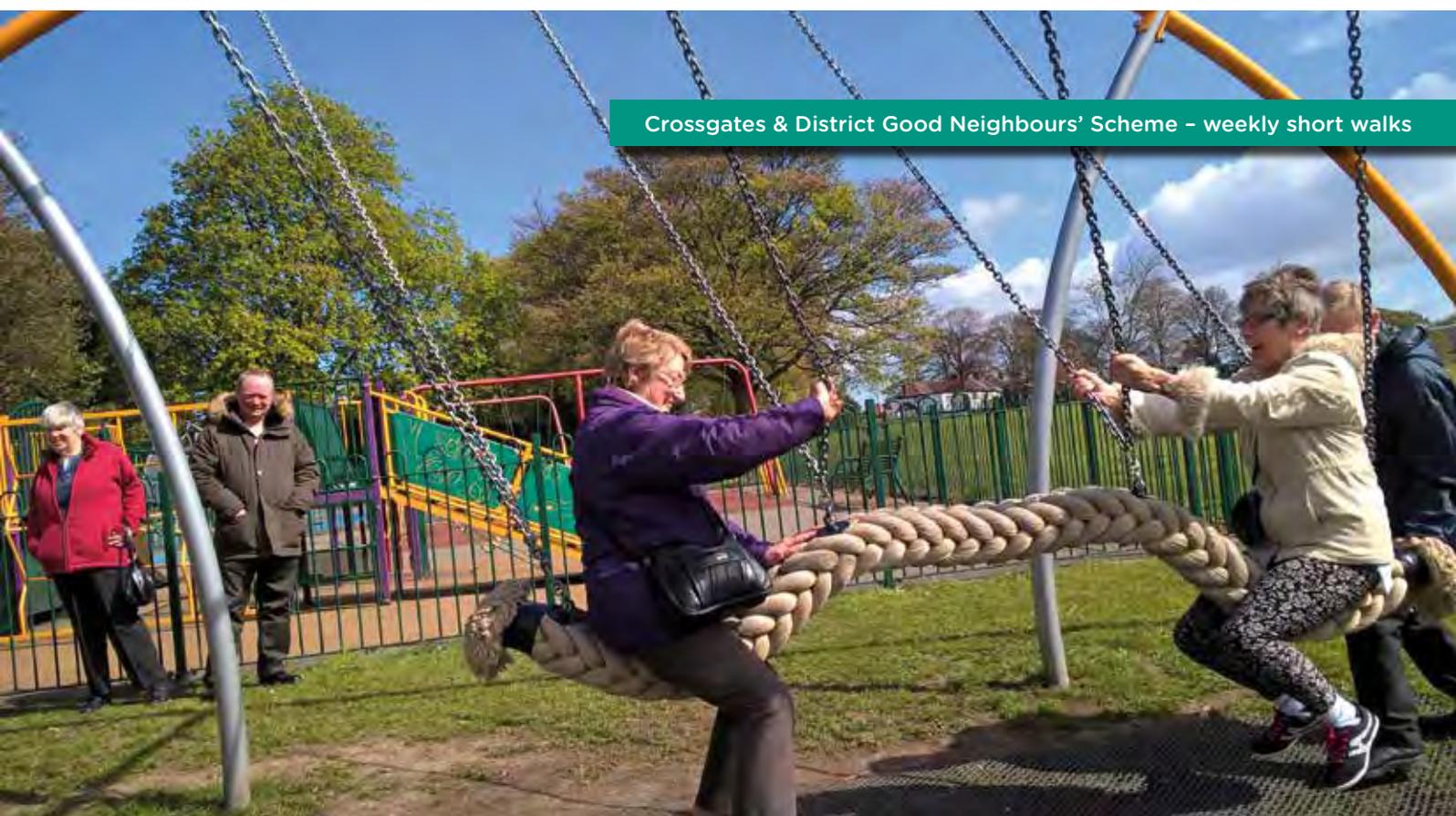
- Established measurement tools, such as Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), Outcomes Star and Clinical Outcomes in Routine Evaluation (CORE) worked well for some projects, but were more difficult to apply in others. Generally, projects could show improvement but found it harder to quantify the extent of improvement.
- Many beneficiary comments helped to show cause-effect – i.e. that it was the project that had made a difference for them. However, some also received other support (e.g. from other projects, family and friends, or NHS services), and it was not possible to quantify this ‘attribution’ aspect to assess how much difference the project itself had made.
- It was hard to assess how long-lasting any improvements might be. Some (for example,

Third Sector work can improve people’s health and wellbeing, and hence have a positive impact for Leeds.

those around health education) could benefit people long term, but it was not possible to evaluate this within the programme’s timescale. Others, such as befriending, might only last while the support itself lasts.

- The impact of a single project on population-level health indicators (e.g. children’s weight, physically active adults, premature mortality) is very hard to determine – although many projects clearly support these aims, as shown in Section 4.

Despite this, the health grants programme has yielded valuable data on how different types of Third Sector work can improve people’s health and wellbeing, and hence have a positive impact for Leeds.



Crossgates & District Good Neighbours’ Scheme - weekly short walks

Section 3: Outcomes for People and Communities

3.1 Working with Service Users

Every project developed its own way of working, and so it is not possible to classify them into distinct categories. However, the types of involvement with beneficiaries included:

- **1:1 support** – varying between one-off interventions and intensive long term counselling (examples: Basis Yorkshire, Carers Leeds, Community Links, Leeds Gypsy and Traveller Exchange, Northpoint, Relate, Royal Voluntary Service, St George's Crypt, Solace, The Market Place, West Yorkshire Community Chaplaincy Project, Women's Counselling and Therapy Service).
- **Drop-in or outreach services** that invite 1:1 conversations (examples: Basis Yorkshire, Community Links, Hamara, Holbeck Elderly Aid, Otley Action for Older People).



- **Group activities**, including training/learning for participants (examples: Purple Patch Arts, Race Equality Foundation, The Conservation Volunteers (TCV), Women's Health Matters, Zest Health for Life).
- Establishing **new groups** for peer support or shared benefits (examples: Advonet Autism Hub, LS14 Trust, Middleton Bosom Buddies, Space 2/Orion Partnership, St Vincent's Support Centre).
- **Disseminating information** and promoting services (examples: Community Matters Yorkshire, St Luke's Cares).
- **Research**, including ways to increase uptake (examples: Richmond Hill Elderly Action, St Gemma's Hospice).

Collectively, the projects reached more than 20,000 people. These were divided between those who had direct contact with the projects, and those who could benefit indirectly, such as families, carers and friends, as shown in the table:

	South & East	North	West	Total
Number of direct beneficiaries	5,000	3,092	84	8,176
Number of indirect beneficiaries	7,424	4,436	0	11,860
Total	12,424	7,528	84	20,036

Fig.3.1(a): Number of beneficiaries

These figures come from grantees' reports, and are approximate. The direct beneficiaries total could be slightly lower, as a few of them might be involved with more than one project; on the other hand, indirect beneficiaries could be higher if projects affected more people than they were aware of.

As part of the learning and award process, projects were also asked at the outset to estimate the total number of direct beneficiaries they aimed to reach. These were 'aspirational targets' rather than a project requirement, but projects were largely successful in reaching these as shown in the table below.

	South & East	North	West	Total
Target Number of direct beneficiaries	5,291	3,509	60	8,860
% Reached	141%	88%	140%	92%

Fig.3.1(b): Beneficiary target numbers

The extent to which projects reached these aspirational targets varied significantly. For NHS Leeds South & East CCG, the range was 29% to 205%, NHS Leeds North CCG it was between 33% and 148%.

The diversity of projects meant that the nature of engagement varied considerably. Some might be a single contact – possibly quite short – while others could involve many hours of intensive 1:1 support.

- **St Luke’s Cares ran an information stand in two charity shops in different areas. 400 people visited the stand and talked to the support worker during the project. Many of these were brief conversations of just a few minutes, although a few ‘repeat visitors’ showed that the information was helpful.**
- **Some Basis Yorkshire 1:1 casework involved multiple interventions and took many hours over weeks and months. This could include housing assessment, prison visits, mental health and/or medical assessments, multiple hospital appointments, GP visits, drug and alcohol service assessments, and other meetings with professionals.**



- **LS14 Trust set up a range of group learning activities to promote healthy eating and social engagement. These included cooking skills, a family food club, breakfast club and ‘sporty snacks’. This type of learning provides lasting outcomes, and many of those who attended were parents, so their families benefited as well.**

Fig.3.1(c): Examples of project engagement



Where relevant, each project was asked to provide at least one case study and, in total, the 63 projects provided 139 example case studies. Many of these illustrated successful outcomes for beneficiaries they had worked with. Some also showed the challenges TSOs faced, and how they had learned from these, often adapting their work to suit individuals’ needs and situations.

3.2 Outcomes Achieved

Every project was asked to identify at the outset what improvements it aimed to achieve, and how these would be measured. This produced a wide range of intended outcomes from different projects, although all focused on improved health and wellbeing for different groups or the general population. Some illustrative examples from different projects:

- An increase in knowledge of health and wellbeing amongst people with learning disabilities and the people that support them (Purple Patch Arts).
- Increase in parental confidence and competence (Race Equality Foundation).
- Help young mums have a better bond with baby, grow in confidence, improve self-esteem and self-worth (Home-Start Leeds).
- Improve the emotional wellbeing and mental health of young people who present in crisis (The Market Place).
- Raise awareness of the issue of dementia/memory loss and Alzheimer's to service users within BME communities (Black Health Initiative).
- More victims of domestic violence and abuse with co-presenting mental health issues to be identified and actively referred into the

service and receive an immediate support intervention or be supported to access other appropriate services (Behind Closed Doors).

- Raised public awareness of CCG health priorities, and of groups and support in the local area around health priorities (St Luke's Cares).
- Provide new services to support better physical/mental health and encourage more people to manage their healthcare and long term conditions better (Holbeck Elderly Aid).

Projects had targets for the number of beneficiaries, but not for the extent of improvement achieved with these beneficiaries. Although more difficult to measure, most projects still produced some quantified evidence of this improvement (see Section 3.3).

The huge diversity of projects, people and evaluation methods means it is not possible to aggregate improvements across the programme. The extent of improvement also varied between projects. Every project was able to demonstrate some success, although in a few cases, numbers were low and improvements modest. More often, however, projects showed a range of positive outcomes for those they worked with.



Middleton Bosom Buddies

Community Links - one to one support and workshops



- DIAL (Disability Information & Advice Leeds) tracked the increase in benefits received by those it advised. This totalled £806.21 per week in cases where it knew the outcome, plus an estimated £1,023.42 per week where the person pursued the claim themselves.
 - Hamara used biometric indicators to measure the physical health of their beneficiaries. These show reductions in weight and BMI for 68% of the people who stayed with the project for three months, and 100% of people who stayed with the project for six months.
 - Carers Leeds measured the mental wellbeing of carers with the WHO-Five Wellbeing tool. This showed a statistically significant improvement in mental wellbeing for those they worked with, with 13 of the 18 people surveyed showing an improvement of more than 10%.
 - National Childbirth Trust Leeds was one of many TSOs which used their own survey forms matched to project aims. Feedback showed very high levels of appreciation, for example:
 - All beneficiaries would recommend the group to others.
 - 94% said they felt more confident as parents.
- 94% said they had gained new knowledge and skills to help care for their children.
 - 83% said they had found new places to get support.
- Community Links designed a physical health checklist which 838 of their service users with mental health issues completed. 250 subsequently attended 'Feel Good with Food' workshops, and their evaluation showed very good results, including:
 - 66% reported better understanding of the link between physical and mental health.
 - 97% reported increased confidence and motivation around eating healthily.
 - 86-93% reported being more likely to make changes to eating habits.
 - Race Equality Foundation ran a 'Strengthening Families, Strengthening Communities' project for parents. Their questionnaires showed significant improvements in almost all areas, including confidence in parenting, parent-child relationships, limiting risk factors and positive communication methods.

Fig.3.2. Examples of project outcomes

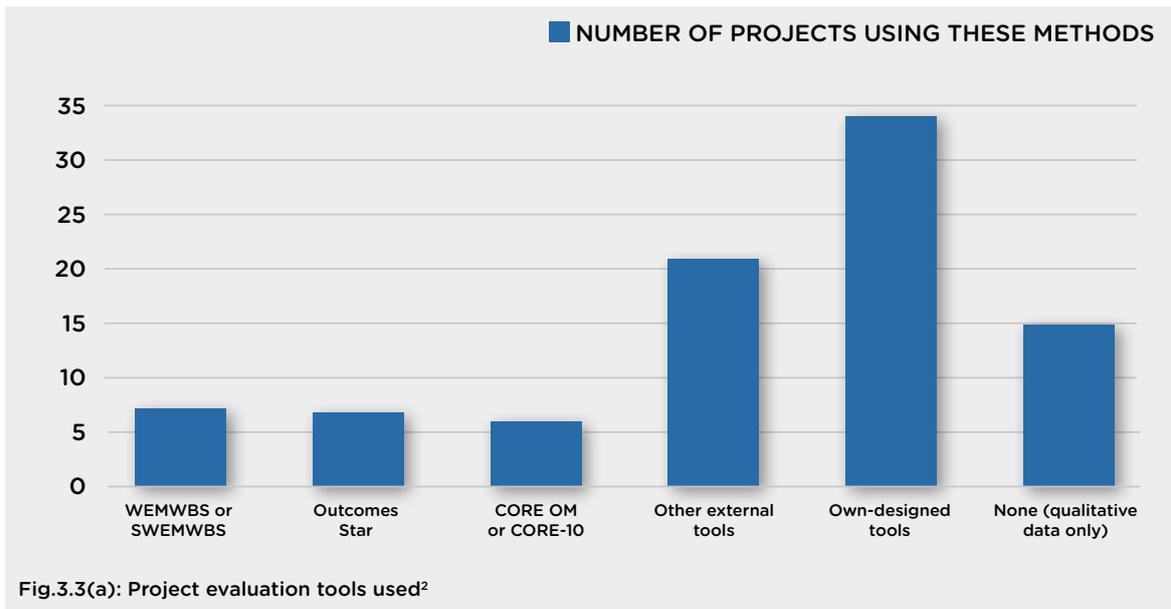


Middleton Elderly Aid
- visit to the park

3.3 Evidencing the Outcomes

48 projects gathered quantitative data on improvements to people's health or wellbeing. The remaining projects used qualitative feedback, worked with small numbers of people or worked with other organisations rather than service users themselves.

Virtually all quantitative feedback used self-reported health or wellbeing improvement scores for service users, and supported this with qualitative feedback and case studies. A wide range of evaluation tools was used, as shown below:



Notes on the graph²:

- Numbers don't add up to 63 because several projects used more than one evaluation tool.
- 'Other external tools' includes a wide range of externally-developed analysis methods, such as PHQ9, GAD7, WSAS, and various forms of the Wellbeing Wheel.
- 'Own-designed tools' includes evaluation measures designed by external consultants where projects used these.

In a few cases, grantees changed their evaluation methods during their project because initial ideas proved impractical, or as a result of feedback/steering from service users (e.g. The Market Place, Advonet). Such developments were encouraged, as they formed part of the learning from the programme. Others worked well and demonstrated successful outcomes through the evaluation tools they used.

²Abbreviations in the graph and text refer to recognised psychometric outcome measures linked to wellbeing (numbers normally refer to the number of questions or assessment areas).

CORE: Clinical Outcomes in Routine Evaluation
EQ5D: EuroQual
GAD7: Generalised Anxiety Disorder Assessment
PHQ9: Patient Health Questionnaire
(S)WEMWBS: (Short) Warwick-Edinburgh Mental Wellbeing Scale
TOMS: Therapy Outcomes Measures
WSAS: Work and Social Adjustment Scale



- St George’s Crypt used both EQ-5D and TOMS to assess the effectiveness of their Occupational Therapy service. Both indicators showed statistically significant improvements for their beneficiaries (homeless and vulnerable adults).
- Women’s Counselling and Therapy Services used three recognised measures of anxiety and distress – CORE, PHQ9 and GAD7 – in their work with women in the perinatal period. PHQ9 and GAD7 showed improvements of 15% and 17% respectively, while CORE showed an average reduction in distress from Moderately Severe to Mild.
- Age UK Leeds used an Outcomes Star to measure improvements in eight aspects of wellbeing. ‘Before and after’ comparisons showed an average increase for beneficiaries of between 5.6% and 13.3% across the 8 points of the star.

Fig.3.3(b): Examples of other project evaluation tools



Section 4 covers the NHS perspective on these outcomes and on population-level health indicators.

3.4 Benefits to Volunteers

37 projects also used the opportunity to recruit new volunteers. The table below shows the number of volunteers recruited or developed (e.g. through further training) by the projects.

Projects did not evaluate specific benefits for their volunteers, but volunteering is widely recognised as benefiting those who volunteer, as well as those they work with. Evidence from

many studies shows that volunteering supports mental and physical health, reduces social isolation, and helps people’s overall wellbeing³.

³Examples: (1) *Wellbeing and civil society - Estimating the value of volunteering using subjective wellbeing data*, Daniel Fujiwara, Paul Oroyemi and Ewen McKinnon, Cabinet Office & DWP, 2013

(2) *Association of volunteering with mental well-being: a life-course analysis of a national population-based longitudinal study in the UK*, Faiza Tabassum, John Mohan, Peter Smith, Universities of Birmingham and Southampton, 2016

	South & East	North	West	Total
Number of projects using volunteers	23	13	1	37
Number of volunteers benefiting	518	294	10	822

Fig.3.4: Number of volunteers - This may include people who were already volunteering elsewhere, so is not necessarily the number of people new to volunteering

Section 4: Outcomes for NHS Services

4.1 Focus of Projects

From the outset, projects were selected to address a wide range of population groups and health needs, so that the effectiveness of grant

funding could be tested in different situations. Fig 4.1 shows the range of different groups and health needs that projects focused on.

Focus areas	% ^a	Number of projects ^a	Beneficiary Numbers
Children & young people	16%	10	1,520
Women's health	11%	7	450
Men's health	3%	2	80
Older people	16%	10	1,309
Carers	5%	3	746
People with long term conditions	13%	8	429
People with disabilities	8%	5	89
BME	16%	10	1,302
Parenting and early years	16%	10	1,286
Supporting people around mental health	35%	22	2,341
Domestic violence and abuse	5%	3	199

Fig.4.1: Focus of projects

^aNumbers exceed 63 and 100% because some projects had more than one focus. Four projects that worked with other TSOs as beneficiaries (for example, Health for All), or with the general population, are not included here.

4.2 Outcomes Achieved

For the CCGs and NHS services generally, three aspects are relevant to outcomes:

(a) Health improvements in relation to local and national priorities

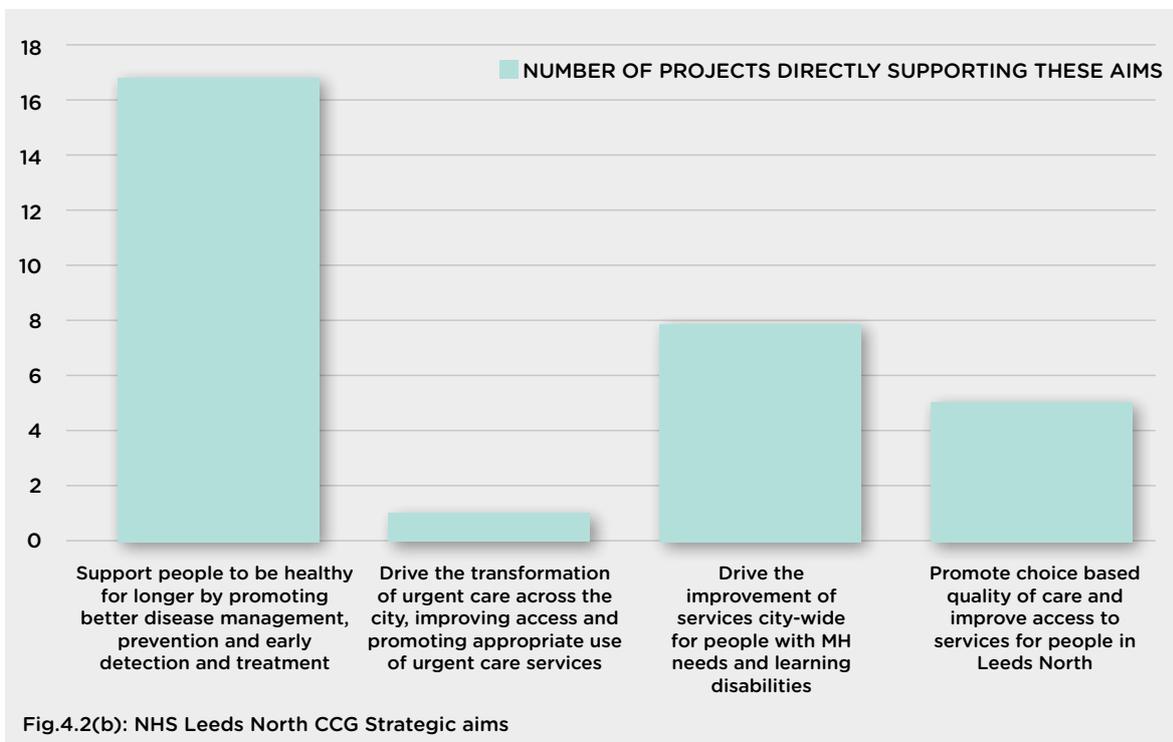
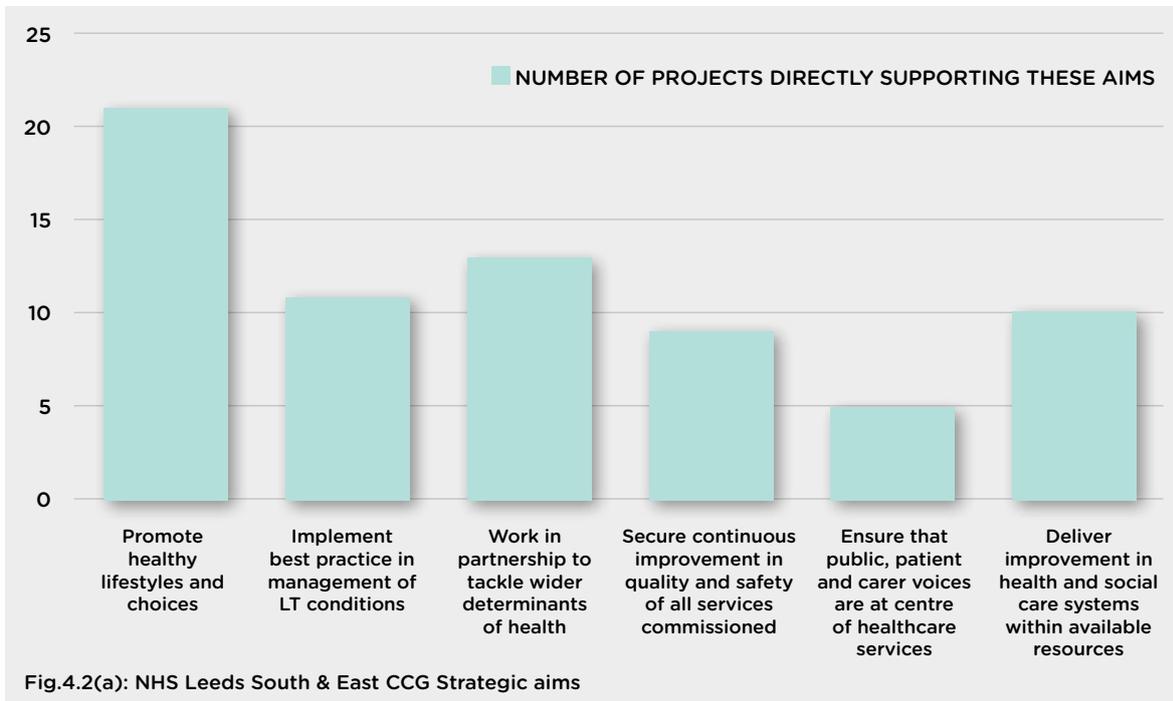
The CCGs' funding criteria were based on health improvement themes and priorities. These differed between the CCGs, but the projects between them addressed all these, as shown in the charts below. (Again, totals exceed 63 because some projects addressed several of these).

As with beneficiaries themselves (Section 3), it is not possible to precisely quantify the impact of projects' work at population level. However, the numbers involved show that the programme

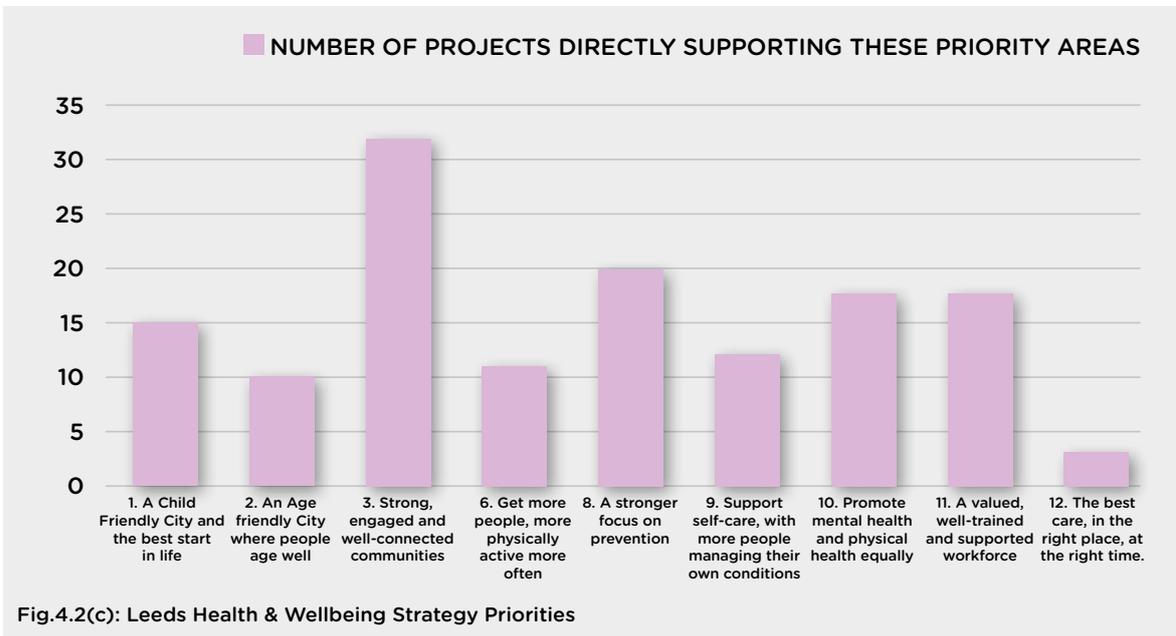
overall has positively affected a large number of people, so certainly has a positive effect on these priorities.



St Vincent's Support centre -
Peer-led arts and crafts group



As noted earlier, the CCGs are now working in partnership and will merge. For the future, therefore, the Leeds Health and Wellbeing Strategy 2016-21, developed by the CCGs together with Leeds City Council, will provide a better way to gauge projects' contribution. As Fig 4.2 (c) shows, the projects already fit well with this priority framework.



The Strategy's four other priority areas relate to housing and environment, the economy and jobs, IT and well-trained workforce. These are less relevant to direct funding from CCGs, although other Leeds TSOs are working in these areas.

(b) Cost Savings

Cost savings to the NHS were not the programme's main purpose. However, several projects showed evidence of savings for NHS services, for example through reduced need for GP visits (NB: this is based on beneficiary feedback, rather than NHS data). Others could probably demonstrate similar savings through linking their outcomes to external research. For example, projects that reduce social isolation, such as those run by Cross Gates Good Neighbours' Scheme and Middleton Elderly Aid, almost certainly help to reduce NHS costs⁴.

The cost per intervention varied hugely between projects. The lowest was around £15 per beneficiary where the focus was on giving information; the highest over £1,000 per beneficiary, where extended 1:1 support was involved over 12 months. However, these figures reflect the widely differing nature of the projects themselves and are not an indication of value for money – much more detailed analysis would be needed to assess this.

A few projects undertook cost-benefit analysis.

⁴Investing to Tackle Loneliness, Social Finance, 2015

http://www.socialfinance.org.uk/wp-content/uploads/2015/06/Investing_to_Tackle_Loneliness.pdf



Advonet – Leeds Autism AIM



Fun @ Family Tea - Children's Mayor visits

- Leeds Gypsy and Traveller Exchange commissioned an external cost-benefit analysis. This showed that, for five typical beneficiaries, their health advocacy costs of £1,226 had resulted in estimated savings of £13,280 to the NHS and other public services.
- St George's Crypt produced financial analysis which showed that their service was between £5 and £40 less expensive per beneficiary than its closest community comparison.

Fig.4.2(d): Cost-benefit analysis examples

The Conservation Volunteers and Garforth Neighbourhood Elders Team also produced quantified evidence of savings to health and social care services.



Hyde Park Source - apple preserving

(c) Other Benefits

The CCGs and NHS services in Leeds will also benefit in less tangible ways. As evidenced in Section 5, TSOs regard better links with NHS and Council organisations as a major benefit of the programme, and NHS services will experience corresponding benefits. The CCGs themselves have gained valuable understanding of how a wide range of TSOs work, the contribution they can make to health improvement priorities, and how they can collaborate with NHS services, particularly in primary care. This knowledge will support future planning and commissioning across Leeds.

Although not the primary focus of the project, some projects also benefited Leeds City Council services, for example:

- Public Health - through promoting issues such as healthy eating (e.g. Hamara, LS14 Trust).
- Children's services - through improving parenting and reducing the need for local authority intervention (e.g. Race Equality Foundation, Community Matters).
- Adult Social Care - through support that should reduce the need for residential care (e.g. Otley Action for Older People, NET Garforth, Richmond Hill Elderly Action, Holbeck Elderly Aid, Crossgates Good Neighbours' Scheme).

Fig.4.2(e): Benefits to Local Authority Services

Section 5: Outcomes for Grantees

Data in this Section has been compiled from grantees' feedback. LCF's final monitoring form asked what benefits they had gained as an organisation through the funding, and whether their project would continue. In some cases, it has been possible to update this with more recent information.

5.1 Capacity Building



Fig.5.1(a): Project expenditure

All grants gave the organisations that received them additional capacity during the project period. For just over half of the TSOs involved, the programme was the first time they had received funding via a CCG.

As the graph shows, most spending was on extra staff resources, although the contribution to overheads and management costs is also important, as such core funding is a major issue for TSOs.

- Health for All used their grant to run 'Aiming High', a project to develop the capacity of small volunteer-led community groups in South Leeds. This established a network that reached over 250 community groups across the area. 42 of these attended a launch event in April 2016 and many attended subsequent training workshops. Health for All also helped community groups to attract more than £95,000 in new funding during 2016, to fund either starting new activities or continuing health and wellbeing activities in their local area.
- Voluntary Action Leeds purchased a one year licence for the 'Quality for Health' quality assurance system and piloted it with six TSOs of differing size and organisational focus, with the aim of strengthening their delivery of health interventions and providing assurance to health partners and funders.

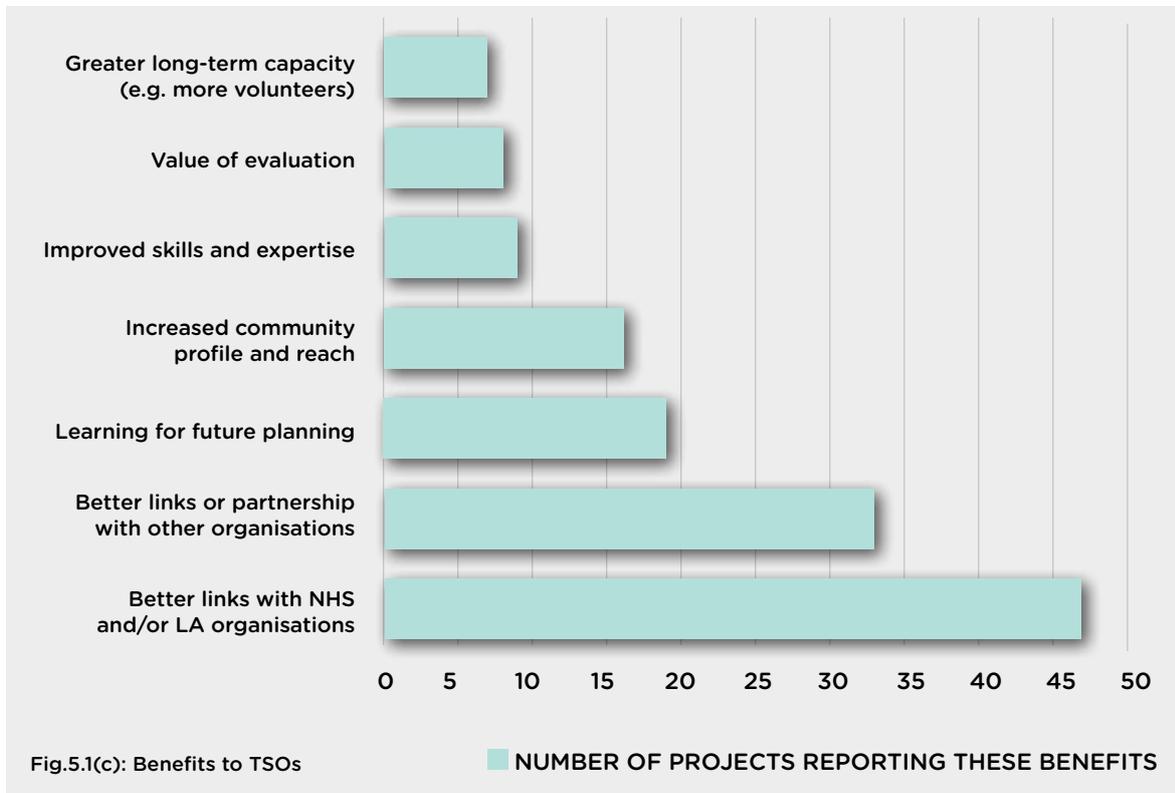
Fig.5.1(b): Project support example



Hyde Park source - apple pressing,

photo credit: Alexandra Langstaff

Fig 5.1. (c) shows what further benefits grantees reported for their organisation, beyond the project itself.



Note: LCF monitoring forms asked this as an open question, so responses have been grouped around general themes. Organisations may have valued their learning from testing and evaluating new ideas, but did not necessarily see this as the most important benefit.

This clearly shows that grantees perceived better links with statutory health and social care services as a major benefit. Fig 5.1. (d) shows a particularly successful example: Garforth Neighbourhood Elders Team (NET) delivered an outreach project for older people at risk of loneliness and isolation. It used its extensive contacts to secure referrals from a wide range of NHS services.

Many also gained from better links or partnerships with other organisations, particularly other Third Sector providers.

Referrals to Garforth NET from:	
General Practitioners	23
Connect for Health	29
Joint Care Management Team	6
Occupational Therapists	32
Community Matrons	20
Memory Nurses	12
District Nurses	10
Speech Therapist	2
Mental Health	2
St James's Hospital	18

Fig.5.1(d): Referrals to Garforth NET

- **Space2 Leeds was already working with three other partners in the Orion consortium. Its health and wellbeing project for men in deprived areas of East Leeds built on this partnership. It also strengthened relationships with referral agencies, including Connect for Health (the social prescribing service for South & East Leeds), a local GP surgery and other voluntary groups.**
- **Women’s Counselling and Therapy Services took part in a review of how primary care could improve support to pregnant women who have had a previous child removed into care. WCTS contributed its learning and facilitated a focus group of these women with commissioners, which made a significant contribution to the work**

Fig.5.1(e): Examples of partnership working

5.2 Sustainability

Fig 5.2. (a) shows how many of the 63 projects continued, either fully or partially, after the CCGs’ grant funding ended.

Explanatory notes:

- This information is based on grantees’ situation at the point of completing their final report; the situation for some has changed since – for example, Women’s Health Matters and DIAL Leeds have both received further funding from LCF’s The Leeds Fund, based on the successful outcomes their projects demonstrated.
- The chart excludes one project (Moor Allerton Elderly Care) that was funded for two years from the outset.
- ‘Other funding’ includes instances where the organisation has found new funding, reassigned existing income to continue the project (e.g. National Childbirth Trust received core funding from its national organisation to continue for 6 months), or made the project self-sustaining through volunteers and donations (e.g. Carers Leeds Community Support).
- ‘Partial’ includes instances where some aspect of the project has continued, but not all of it. For example, some activities may continue to be supported by volunteers, or the project may continue working with existing service users but not take on any new ones (e.g. Middleton Elderly Aid).
- ‘Not continued’ does not imply a negative outcome, because positive outcomes for beneficiaries may well continue long term.

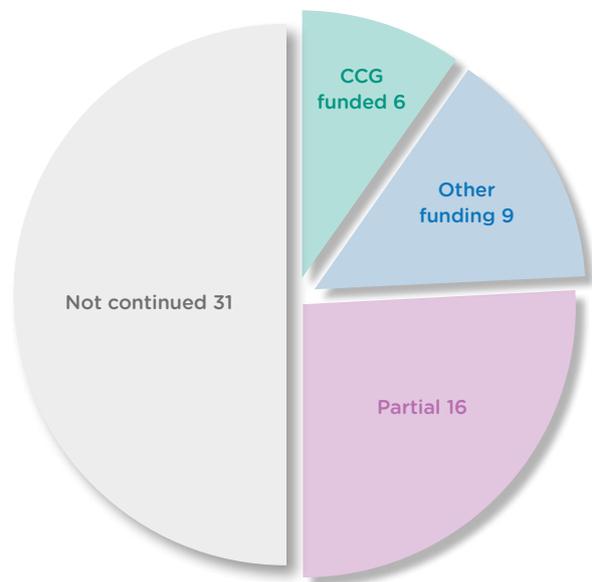


Fig.5.2(a): Project continuation

from the project (e.g. Community Links Peer Support Volunteers, Sue Ryder Wheatfields, Leeds Women’s Aid).

- **Community Links have trained 38 of their staff and service users to deliver ‘Feel Good with Food’ workshops (see Section 3.2), with 2 people also trained to deliver nutritional assessments. Although they no longer have the expertise that specialist health and wellbeing workers brought to the project, other staff are now better trained to support service users in this area, and more aware of where to access resources and link to public health campaigns.**

Fig.5.2(b): Example of project continuity

Section 6: Key Conclusions and Learning Points

6.1 Successes

The programme achieved many successful results, first and foremost in the outcomes it achieved for the beneficiaries the projects supported. More than 20,000 people in Leeds benefited in some way – directly or indirectly – from the projects' work.

The programme provided a major source of funding over two years for 50 TSOs in Leeds. It also helped to raise the profile of these organisations, and increase commissioners' awareness as well as public awareness of the help they can offer.

The funding also has a legacy effect. It gave TSOs a better understanding of evaluation; many also increased their skills and capacity through training and the recruitment of new volunteers. Some projects have become self-sustaining, at least in part.

- **Three new carers' support groups established by Carers Leeds in Aberford, Kippax and Rothwell will continue without the need for further external funding, through a combination of volunteers' time and other donations, such as free room-hire.**

Fig.6.1: Legacy example

Grants enabled new ideas to be developed and tested. Not all of these worked well, but many projects achieved excellent results and have established new ways of working.

The programme has produced a large body of evidence on how TSOs can support people's health and wellbeing.

There have been benefits for health services too. The programme has raised awareness of TSOs' capabilities with many parts of NHS and Local Authority Services, highlighting their flexibility, responsiveness and knowledge of their beneficiary groups and locality. In some cases, projects were able to demonstrate better use of health and social care services, including savings to the NHS.

This subsequent report is timely in that it raises awareness of the role TSOs can play as partners within local health and care systems that are increasingly integrated, sharing responsibilities for resources and population outcomes.

The CCG partnership which funded the programme has recognised its success. It has strengthened understanding and relationships between commissioners and TSOs, and demonstrated the contribution that TSOs can make to local health priorities. Whilst the grants programme will not continue in its present form, the learning and information gained will be an important element in future CCG planning.





Rags to Riches

6.2 Key Learning Points

TSOs gained a great deal of learning from their individual projects. Some more general learning points relate to the programme as a whole:

- Some projects are more appropriate for grant funding than others. The approach fits well with projects that have a finite life from the outset. Research projects (e.g. Richmond Hill Elderly Association) are a good example, as are groups or training which could re-start if further funding is found (e.g. Zest's 'How's Your Health?' programme). Where projects involve sustained work with individuals, longer term grants or commissioning may be more suitable, to avoid beneficiaries being cut off from support when project funding ends.
- Grant funding needs to recognise that many projects will have a 'lead time' (e.g. to recruit and train new staff or volunteers, and to publicise to communities), and hence that live running may not match the intended funding period. Funders and TSOs should bear this in mind when considering project milestones and targets.
- Projects need to be realistic in understanding how many referrals they are likely to receive, and where these will come from. The most successful projects were those which were proactive and used a wide range of referral sources. These included local publicity, word-of-mouth from existing beneficiaries, and networking contacts in other TSOs, as well as NHS sources such as local GP surgeries and social prescribing. This is particularly relevant, given that social prescribing services were in the early stages of becoming established and getting GP buy-in.

- Projects can generally show health and wellbeing improvements for those they support, but it is difficult to assess their impact on population-level health indicators. All projects achieved outcomes which should – directly or indirectly – have a positive effect on these indicators. However, using this data to prioritise TSOs' future involvement remains a challenge.

It is also clear that TSOs can benefit from sharing their learning from this programme – for example, their experience of finding beneficiaries, evaluation methods and connecting with NHS services. This was evident from feedback received after the Third Sector Health Grants showcase held in June 2016, where current grantees took part in workshops to share learning. To repeat this, an additional event was held in December 2017 for current and past grantees. There may also be further opportunities in the future.

6.3 Next Steps

Through the Third Sector Health Grants Programme, TSOs have demonstrated how they can work alongside statutory health and social care services, to help achieve better health and wellbeing outcomes for the people of Leeds.

The three Leeds CCGs are now working in partnership, and are already using information from the programme to inform their future plans.

The CCG partnership will take this forward in the context of the Leeds Health and Wellbeing Strategy 2016-21 by using the evidence contained within this report to commission and enable others to develop prevention, early intervention and community services. This will include:

- Continuing to consider grant funding as an option alongside longer term commissioning, as part of their partnership strategy with the Third Sector.
- Continuing to develop social prescribing as an integral part of work with the Third Sector in Leeds. This includes supporting TSOs to innovate and evolve, building stronger links with the CCG and social prescribing providers.
- With LCF, continuing to encourage TSOs to share experience, learn from each other and work together, where this benefits service users. Shared learning on monitoring and evaluation methods forms part of this.

Appendix: Brief overview of Round 1 & 2 Projects

More detailed information about the projects can be found in the annex to this report.

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

Large grants		
Advonet	SE	New South Leeds Vales Circle autism hub, focusing on using innovative ways to meet the unmet needs of autistic adults who lack support.
Advonet	SE	'Speaking for Yourself' courses to enable people with mental health issues to advocate for themselves and peers on issues that matter to them; creation of self-advocacy peer support groups.
Age UK Leeds	SE	'Resilience in later life' - working with frail older people with complex needs who are overly frequent users of health care services.
Basis Yorkshire	SE	Improving health outcomes for women involved in sex work.
Behind Closed Doors	SE	Immediate support for adults suffering domestic violence and abuse; linking with IAPT (Improving Access to Psychological Therapies).
Black Health Initiative	N	Fusion Xtra - 12 week programme for people with dementia and their carers.
Carers Leeds	N + SE	'Carers Health and Wellbeing Project' - providing low intensity health support for unpaid carers through 1:1 and group work.
Carers Leeds	SE	Support for older carers in outlying areas, offering home visits and building community capacity through setting up supportive activities.
Community Links Northern Limited	SE	Preventative holistic care approach to address inequalities in physical health outcomes for adults with mental health problems.
Community Matters Yorkshire	N + SE	Specialist children's worker with a health focus engaging with parents at toddler groups through 1:1 work and signposting.
Cross Gates & District Good Neighbours' Scheme	SE	Piloting an outreach approach to identify older people more at risk of isolation, through partnership working with two GP practices.
GIPSIL	N	Outreach wellbeing support, focused on both practical and emotional support, to improve outcomes for young people through transitions, including parenthood.
Groundwork Leeds - Green for Go	SE	'Green for Go' - providing outdoor opportunities for adults with long term health conditions to gain and develop practical skills, share knowledge and positively impact health and wellbeing.
Hamara Healthy Living Centre	SE	'5 Ways to Healthy Hearts' - peer-led community approach to raise awareness of Cardiovascular Disease and its prevention within local BME communities.
Health for All	SE	'Aiming High' - pilot supporting and developing capacity of small, grassroots volunteer-led community groups.
Holbeck Elderly Aid	SE	Wellness clinic and out of hours helpline/call out service for older people; new Development worker reaching out further into the community and offering more individual person centred 1:1 support.
Home-Start Leeds - learning difficulties	SE	Developing volunteer home visiting family service to support parents who have a Learning Disability and are expecting a baby.
Home-Start Leeds - perinatal mental health	SE	Developing a volunteer home visiting service for mothers/parents experiencing low/medium level of perinatal mental health, including piloting support for young women with Getaway Girls.

Large grants continued		
LS14 Trust	N	'EAT Project' - community food research project aimed at improving eating and lifestyle behaviours locally, through group spaces based around cooking, eating, socialising and learning.
Leeds GATE Gypsy and Traveller Exchange	SE	Health Advocate delivering 1:1 advocacy support (face-to-face and telephone appointments) around health and health related issues for the Gypsy / Traveller community.
Leeds Women's Aid	SE	Piloting appointment based drop-in surgeries at GP practices for women affected by domestic violence.
Middleton Elderly Aid	SE	Befriending scheme pilot for people over 60 to alleviate the effects of loneliness and social isolation and support independent living.
Moor Allerton Elderly Care	N	Developing and evaluating 'Circles of Support', a programme to improve the wellbeing of people with Dementia by increasing their social network.
Neighbourhood Elders Team	SE	Delivering and evaluating an outreach approach to identify older people at increased risk of loneliness and isolation and improve/maintain wellbeing via partnership working with health professionals.
Northpoint Wellbeing Limited	N + SE	New approach to address the needs of patients with complex histories, co-morbidity & severe functional impairment, who are not benefiting from NHS IAPT and are not eligible to access secondary care NHS mental health services.
Orion Partnership / Space2 Leeds	SE	'Health Gateway' project - four men's groups in deprived areas of Inner East Leeds to support men with their physical and emotional health and wellbeing.
Otley Action for Older People	N	'Healthy Together' - creating a support network and source of advice for older people with long term health conditions, and enabling the most isolated older people to be identified.
Purple Patch Arts	SE	'Feel Good' - independently assessed pilot identifying how accessible and effective health education can be delivered to people with Learning Disabilities.
Race Equality Foundation	SE	'Strengthening Families, Strengthening Communities' - parenting and violence prevention programme for parents from a range of ethnic groups, partnership with Behind Closed Doors and the Jess Cluster.
Relate Mid-Yorkshire	N	'Time to Talk' - relationship counselling for people living with long term conditions and their carers.
Royal Voluntary Service	N	'Resilient not Reliant' - increasing community resilience by encouraging older people at risk of harmful drinking into pursuing new activities, including volunteering.
St George's Crypt	SE	Providing occupational therapy assessment and intervention for people who are homeless and vulnerable.
St Gemma's Hospice	N	Working with Leeds Involving People to ensure the services provided by St Gemma's Hospice are accessible and culturally appropriate for the BME community.

Large grants continued

St Vincent's Support Centre	SE	Developing and coordinating new services, including peer support groups, group therapy and self-help sessions, to improve mental wellbeing and family life.
Sue Ryder Care -Wheatfields	SE	Pilot to develop bespoke training for TSOs to increase knowledge, skills and confidence around working with people approaching their end of life, and their families and carers.
TCV Hollybush Conservation Centre	N + SE	Pilot to demonstrate the potential of outdoor practical activity to improve the physical and mental wellbeing of priority groups.
The Market Place	N + SE + W	Piloting fast access short-term crisis counselling for young people aged 13-25 as an alternative to, or to complement, the longer wait for General Counselling and support.
West Yorkshire Community Chaplaincy	SE	Supporting male ex- prisoners to engage with health services when resettling within the community, according to their needs; study commissioned to identify the particular barriers ex-prisoners face when engaging with health services.
Women's Counselling and Therapy Services	SE	Piloting psychological therapies specialised for women in the perinatal period, focusing on gaps in provision/unmet need, particularly for those with moderate - severe mental health difficulties.



NHS Leeds North CCG Round 3 grantees

The following 14 awards were made in February 2017; projects are currently being delivered, and so the learning and health outcomes fall outside the scope of this report.

Relate Mid-Yorkshire (small grant)	'Time to Talk 2' - piloting a webcam counselling service for individuals, families or couples with relationship difficulties.
Advonet	Promoting better understanding of improved access and use of healthcare services through facilitating language specific information sessions with BME and newly arrived communities.
Better Leeds Communities	Providing a debt outreach advice service for those with the most complex debts and health needs, in their own homes or at a location of their preference, working closely with social prescribing.
Carers Leeds	Fast-track training and toolkit to increase use of the Yellow Card referral scheme by GP practices, social prescribing and Neighbourhood Teams.
Community Matters Yorkshire	'Creative Wellbeing' - building and strengthening social prescribing capacity in outer North Leeds, and promoting healthier lifestyles and wellbeing through activities, particularly targeting under 55s.
Feel Good Factor	Out of hours social and wellbeing activities, primarily for people who have become isolated as a result of a long term condition, caring responsibilities or lack of family and social networks.
Leeds Mind	'Next steps' - befriending, peer support, and social and skills support for people experiencing mental health difficulties and social isolation / access issues.
Leeds Occupational Health Advisory Service	'Better in than out' - occupational health advice and support (face-to-face or telephone) to help people with long term conditions remain in the workplace.
Leeds Older People's Forum	Extending the Dementia Active Alliance to create Dementia Friendly Communities; Dementia Friends buddying; Dementia Friends training; peer support and networking to give a stronger voice to people living with dementia.
Leeds West Indian Centre Charitable Trust	'Boyz to Men Health Project' - supporting men of African Caribbean, Asian and African descent to take control of their health issues and improve use of NHS services.
Oblong	'Healthy Neighbours' - new wellbeing programme for people with ongoing mental or physical health conditions, taking a community health development approach.
SignHealth	Developing a North Leeds Deaf mental health crisis support facility for deaf people to effectively manage crises, lessen distress and prevent issues escalating.
Space2 Leeds / Orion Partnership	Under 50s men's health and wellbeing support group - health by stealth approach with men-led health campaigns.
Touchstone	Piloting a shorter 4-week Positive Care Programme of self-management workshops, group exercise and alternative therapies for vulnerable and isolated adults with LT conditions.



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