

Green Activities for Health & Wellbeing in Leeds

LGAP



LEEDS GREEN ACTIVITY PROVIDERS NETWORK

Green Activity Providers Network Development Health Inequalities Funding Report Feb 2023

Core Contributors

Isabel Swift (Founder of Lemon Balm now freelance)
Pete Tatham (Project Co-ordinator Hyde Park Source)
Richard Warren (Founder Running Seeds)
John Preston (Development Manager, The Conservation Volunteers)
Ruth Addison (Interactive maps)

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Executive Summary

Leeds Green Activity Providers (LGAP) is a Third Sector led network consisting of organisations delivering activities in outdoor spaces. The network was formally established early in 2021 by four organisations, following discussions in Leeds around a West Yorkshire bid to the national green social prescribing pilot programme.

Since its inception LGAP has grown to include over thirty members and has become a valuable asset for the Leeds system. This report records the sharing of national, regional, and local information across the network and the pooling of expertise within the providers.

Proposed Activities

It was proposed that the Health Inequalities funding from the Leeds Office of the West Yorkshire Integrated Care Board would enable the network to improve the pathways and improve the outcomes for those people, in collaboration with system partners. The project aimed to focus on improving access and outcomes for people and communities living in the 10% most deprived areas of Leeds and in line with the priority communities of interest who experience health and social inequalities.

Project Outputs/Outcomes

Since receiving the funding, the description of opportunities offered by LGAP members has been refined, simplified, and standardised, and made available to both public and professionals in the form of a searchable map.

Next Steps

LGAP is working to ensure that the map is kept up to date and integrated into current and future system tools to make opportunity promotion more effective. As part of the dissemination of this output and the broader development of LGAP strategy, members are also collectively working to raise understanding and awareness of green activities amongst relevant health professionals.

A survey of members explored the commonality of standards and noted some areas for development. The development of a strong sector network places Leeds in a good position to respond to recommendations that may come from the National Association for Social Prescribing to ensure the health sector has confidence in the service provided by LGAP.

In looking at the geographical spread of current delivery, an online map was created that can display multiple data layers showing indices of multiple deprivation and health data. This will assist with targeting of future LGAP projects and improve the assessment of needs presented by LGAP members in funding submissions.

Dissemination

The project findings have been communicated through the various networks run by [Forum Central](#)

Many of the findings have wider relevance to the sport, cultural and advice sectors in social prescribing and the many organisations working to improve health inequalities and life chances generally in Leeds, West Yorkshire and beyond.

This work was a collective effort by the main contributors with lots of input from across the [Leeds Green Activity Provider Network website\(lgap.co.uk\)](http://lgap.co.uk) and from supportive colleagues in the wider health system.



Recommendations

Recommendation Many of the findings of the LGAP work could equally apply to culture, sport, and other sectors of activity relevant to social prescribing and the wider health inequality agenda as the environmental context is peripheral to the conclusions

From **Creating a Clear Model of Service Provision & Referral Pathway**

Recommendation LGAP core group to develop the means to maintain the map and explore funding options (grants and/or membership fees) to maintain the essential network functions

Recommendation LGAP should continue the dialogue with Linking Leeds (Social Prescribing Service), run hands on information sessions for link workers and build links with signposting staff within the Primary Care Networks

From **Benchmarking and Sharing Expertise Within the Network**

Recommendation LGAP should hold an online or in person meeting for delivery staff to come together as skills share and peer-support mechanism every three or six months – to feed back any general themes and share good practice. This could be particularly useful if multiple LGAP organisations were running a collective provision under one funder.

Recommendation LGAP should continue sharing information on where is free/low cost training is available and consider what training provision it would be appropriate for LGAP to deliver

Recommendation LGAP could encourage members to complete the Voluntary Action Leeds, Leeds Volunteering Quality Mark as a first step towards a uniform quality standard in Leeds for LGAP members.

Recommendation LGAP could help members respond any national green activity quality standard through shared development support and joint training e.g. hosting Social Therapeutic Horticulture course in Leeds rather than people needing to travel to Reading

Recommendations LGAP develop this area of work further as anxiety about what sessions may entail and anxiety/barriers around transport are cited by link workers as the main reasons that possible participants don't engage in programmes

Recommendation LGAP identified that a common evaluation process would be beneficial especially when organisations are collaborating on a shared delivery programme, and a successful bid was made to the LeedsACTS! Seedcorn fund to scope this project in a joint academic VCS exercise

Recommendation: Health funders should aspire to fund for a minimum of 12 months of activity or more in order to support their partners in the community and voluntary sector (CVS) to maintain stability. This would increase the scale of impact delivered per £1000 as much more efficient to deliver. LGAP members report that it is far easier to fill places in groups if the organisation / group is known as regularly having activities in a particular community, rather than one off blocks of activities

Recommendations

LGAP to continue some recent discussions with commissioning staff at the Leeds Office of the West Yorkshire ICB have highlighted the need to design a pragmatic, proportionate funding scheme to support community activity that brings health benefits to people from priority neighbourhoods but who have diverse primary clinical conditions.

From Identifying Strengths Weaknesses Opportunities & Threats within the Network for improving Health & Wellbeing in Leeds

Recommendation LGAP to promote the mapping tool to its members and demonstrate the efficiency of having data in one place. Advocate that the Health sector help maintain this or a similar tool IF it proves useful. This would need some cross departmental cooperation to update the links for various data sheets over time.

Recommendation A common evaluation framework could enable LGAP to be able to report periodically on overall Health & Wellbeing impact of members work that would help build the case for funding in general. BUT some staff time would be needed to plan a survey and collate this information.

Recommendation If the activity map captured the funding longevity of each opportunity it could enable funding stability to be reported more accurately. Data in the current format is not suitable for this



Watering at a TCV Green Gym (photo TCV)

Overview of the Report

This report has been put together by a core group of members of the Leeds Green Activity Provider Network.

Methodology

Membership grew during the project from 22 in July 2022 to 34 in March 2023. The only weak point in the membership was failing to maintain contact with environmental staff within predominantly health organisations, where staff moved on and new contact points were not found.

A series of five monthly open meetings was held through September 2022 to March 2023 with good attendance (average 10) with representation from across the organisational types.

The meetings were constructive and energised. Karl Witty from Forum Central (the VCS umbrella body for Health providers in Leeds) commented *I find LGAP meetings have a really positive atmosphere. There is structure, to ensure time is well spent, but there is also a calm openness and honesty that you don't get in many system meetings. I think the setting of the meetings help with this, but also the way the meetings are facilitated.*

Input from lively two-hour discussions was supplemented by a members' survey in November and December 2022. This was completed by 18 organisations

In all voluntary and community sector organisations (as NHS and Local authorities also) staff time is very stretched, and more so since the pandemic. The use of notional £50 payment to attend a meeting or complete an extensive online survey was seen as a fair methodology as this compensated teams for time taken from their commissioned work and in principle would have allowed some projects to engage sessional staff to cover a delivery session whilst the regular worker made input to the network. It was also important for the core group to be seen to share the funding with everyone who contributed.

In addition, some individual conversations were had to clarify certain points.

This has been done by looking at the membership data held by LGAP along with some specific analysis data taken from the current membership in winter 22-23. We've combined this with other publicly available health and demographic data to take a more detailed look at the current state of the services that facilitate 'Green Social Prescribing' in Leeds.

Types of Activity

The Leeds Green Activity Providers offer a spectrum of activities involving green spaces and nature, all of which have a positive effect on our Health & Wellbeing

We've divided the type of activity currently available, broadly into 2 groups.

Volunteer led, which are at the *'self-referred'* and *'unsupported'* end of the Social Prescribing spectrum. The sort of activity which an individual could find themselves to enhance their wellbeing.

Professionally Led are in the middle of the spectrum and although diverse in nature, are all generally able to offer some support for people with health or wellbeing conditions and are led by a named, paid team member. We anticipate that individuals looking for something more will be able to access these groups, and those receiving help from Social Prescribing link workers and other professionals from the health and third sector will look at these groups to find placements for people with a recognised health, wellbeing, or social need.

Included in **Professionally led** are a couple of services that cater exclusively for people funded by Adult Social Care day services, primarily learning disability or autism. These have higher staff ratios and have many long-term participants.

The analysis part of this report is concentrating on the **Professionally led** groups and is intended to provide insight for professionals and groups working in the sector to support them to develop their services, achieve sustainable funding and develop new activities to meet local health and social needs.

It is also aimed to help groups to benchmark with each other to support the shared aims of LGAP to work in solidarity and cooperation with each other rather than competition and with a shared aim to address the perception by some in the Health Service that we are not 'professional' or effective in the work we do.



An Inner-City growing project (photo. Mafala Theatre)

What is Leeds Green Activity Provider Network (LGAP)

Purpose (all taken from the LGAP Terms of Reference as agreed April 2022)

To bring together both large and small organisations that deliver nature-based activities to improve health and well-being.

Shared Aims

- to share good practice
- to provide a collective voice to the commissioners and other funders
- to more effectively promote our offer to Link workers and increase their understanding of green social prescribing

Collectively

Collaborate in providing training sharing in-house resources and pooling funds for external input.

Pool resources in attending meetings relevant to the group

Explore evaluation methods to best record our impacts.

Promote common values and aspects of delivery

Maintain a single collective directory of services

Champion the sectors achievements

Provide a single point of contact for funders

Avoid duplication of services and reduce competition for funding

Accountability

This provider group is accountable to its members.

Agreed delegates will represent LGAP at relevant sector events

Membership is open to any non-profit organisation that share our purpose and aims

List of members at March 2023 See Appendix B



A growing project for older people at Meanwood Farm

(photo. Lemon Balm)

Background

National Context

Social Prescribing has its origins in the increased awareness of the co-determinants of health, poor housing, poverty, loneliness, life events (bereavement, divorce etc) and that these need non-medical input

Recent policy has been driven by the 2019 [NHS Long Term Plan - Wikipedia](#) to deliver person-centred care, including an increased focus on self-care and reduce GP workload

In 2019 the National Association of Social Prescribing (NASP) was set up with staff seconded from various agencies including NHS and Natural England and others. In 2020 they ran two grant schemes

Thriving Communities with the Arts Council that embraced culture, sports, advice and the environment. Space2 ran a programme in Leeds which included Friends of Gledhow Valley Woods, Balbir Dance, the Art Doctors and TCV

Green Social Prescribing, which awarded two years of funds to seven Integrated Care Board area in England. Sadly, West Yorkshire didn't make a successful bid, however the process of writing the bid lead to the formation of LGAP.

Green Social Prescribing has a long history with one of the first designed schemes being the Green Gym run by TCV in Sonning Common with Dr William Bird in 1998. Dr Bird then a local GP, has gone on to advise many other national environmental organisations.

Interim findings from the NASP Green Social Prescribing Project include (taken from a webinar December 2022 hosted by Natural England)

The NHS agenda of health inequality carries through to Access to natural environments should be equal for all.

Nature based offers should be co-designed and co-produced through partnerships: working across arts, sports, environment, and those with lived experience to meet the needs of local people.

Consistent (terminology), measures and methodologies should be used to evaluate health and wellbeing impacts of nature-based activities

Future research needs to include health service use (A&E, GP visits, medication use, length of hospital stay) and community outcomes, a lot of data issues, NHS England minimum data set in progress, but data governance barriers re exchanging VCS to NHS

Green Social Prescribing sector needs to communicate effectively with GPs, Linkworkers and participants. Referral, enrolment needs to work for GPs, Linkworkers and participants and mesh with wider social prescribing and NHS systems BUT doing this well takes time and the social prescribing model is under pressure due to funding cuts.

There are some useful insights into participant barriers, which providers should address

- Patients want **personalised activity choices**, information on the **expected benefits** of participating and **practical information** such as who else would attend, how long they should participate for and logistical details such as what to wear, reassurance they won't be outside their comfort zone. Linkworkers say many patients (especially those complex circumstances) are just not ready for groups.
- Patients wanted to **know when to revisit their clinician (and that they could do this)** if it was not having the desired impact on their mental health. Provider staff want this refer back option (Mental Health Transformation in Leeds has this embedded)
- Some patients wanted to know how the suggested activity would **specifically benefit them**

The research has flagged the issues round the sector's capacity (and linkworkers) to support those with higher needs BUT not any conclusion on how to resolve this. The challenge is that smaller staff to participant ratios makes interventions more expensive versus those where people can self-deliver.

NASP saying there needs to be clear strategy for sustainable investment in nature-based providers. In February 2023 the West Yorkshire Integrated Care Board published their evaluation of a small scale green social prescribing activity and concluded that further investment was needed.

One key thing from these studies is the fact that GPs don't currently have confidence in third sector around safety, quality of service, efficacy and continuity of service (too many short life programmes) thus the need for LGAP to have a professional looking 'portal to the world', a united description of our offering, consider our minimum standards, training and evaluation methods. LGAP has sort to address much of this through this project.

Leeds Context

Social Prescribing has been running in Leeds since 2016 There are two main groups of Linkworkers.

Linking Leeds is a citywide service commissioned by the Integrated Care Board and delivered by a consortium of Third Sector providers led by Community Links, a major Yorkshire VCS mental health provider. LGAP has good relations with Linking Leeds, senior staff attended most of the open meetings and dialogue was constructive and two ways.

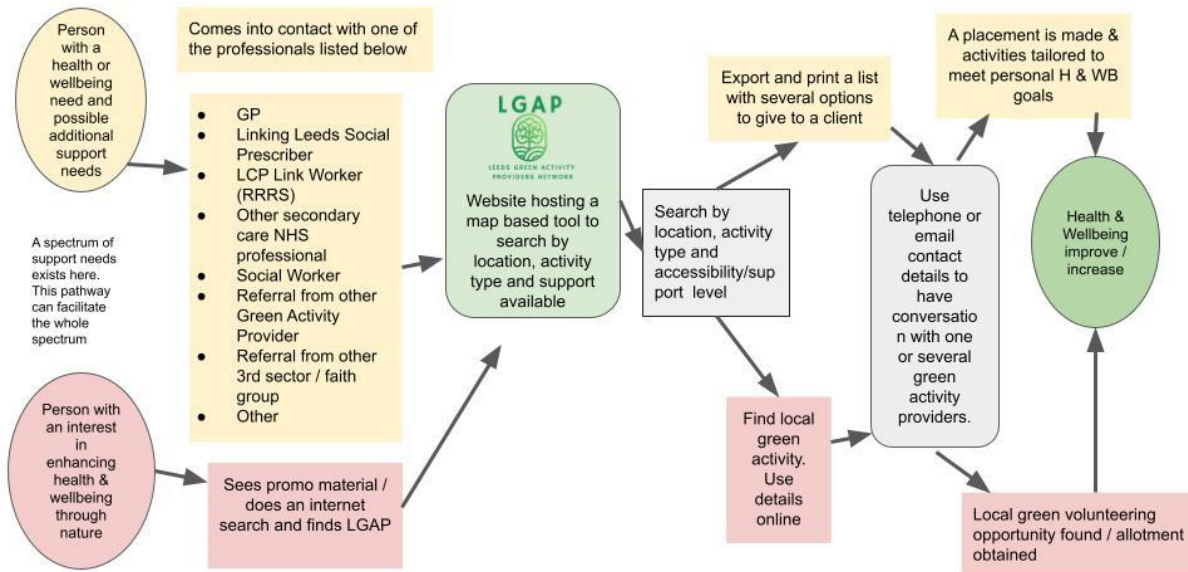
Primary Care Network. Each of the 15 PCNs in Leeds employs some linkworkers directly, however these are not readily contactable through any single central point.

LGAP members also take formal referrals and signposting from a large number of the VCS and NHS services in Leeds (In a late 2022 snapshot The Conservation Volunteers were supporting people from over 20 different organisations)

LGAP was funded in December 2020 and three organisations delivered a joint Covid response programme for Leeds Public Health in 2021-22

Creating a Clear Model of Service Provision & Referral Pathway

Referral pathway to Green Activities for Health & Wellbeing in Leeds



Find a Green Activity in Leeds map

[Find a Green Activity in Leeds \(arcgis.com\)](https://arcgis.com)

How to use this map

1. Click the search box (see picture of a magnifying glass) and type in a postcode, street address or choose **Use current location**

2. Use the slider to extend or reduce the search area.

3. Click on the filter to narrow down the results (picture of a funnel in the top right corner).

4. When you hover over a record in the information panel (on the left), it highlights the location on the map.

5. You can export the results to pdf or csv file. Click on the buttons below the slider bar. 6. In the bottom RH corner of the map, you can click on the base map toggle square to change to a more detailed street map.

If you are a Green Activity provider and wish to include details of your project on the map, there is a link to the survey tool on the map.

We created a website to house the map and introduce the network

www.lgap.co.uk

Comment

A map resource is only as good as the content. The LGAP core group have been working to set up the online back-office systems to enable

1. New members to apply join the network and be approved (there has been discussion on projects by political parties and how to ensure listings are not made on behalf of any organisations on the Prevent watch list.
2. All members to be able to post short term and ongoing opportunities and making use of expiry dates to keep listing accurate and also to ensure members update details for long running projects.
3. Maintain a number of lists
 - i. All members (core newsletter, calls to meetings)
 - ii. An email chat mechanism for members to share directly within the network
 - iii. A members' area on the website to focus key resources.
4. A number of online tools have been used utilised for the effective operations of the network:
 - i. Microsoft Exchange/Outlook; for core and member email chat groups to aid communication over a common medium. Includes initial mail automation to balance volunteer response times to queries over spam.
 - ii. Trello; for logging, assigning and prioritising actions. Also used for workflow to ensure onboarding or other requests are not missed.
 - iii. Mailchimp; mailing and list management to support the management-free opt-out of communications.
 - iv. ScribeHow; for the simple documentation as user guides to any online tool.
 - v. Sharepoint drive; central storage for collaborative working.

Recommendation LGAP core group to develop the means to maintain the map and explore funding options (grants and/or membership fees) to maintain the essential network functions.

Recommendation LGAP should continue the dialogue with Linking Leeds (Social Prescribing Service), run hands on information sessions for link workers and build links with signposting staff within the Primary Care Networks

Benchmarking and Sharing Expertise Within the Network

The survey was created in October 2022 and with some persuading was completed by 18 organisations representing a fair cross section of LGAP members.

We have a wide range of members, some purely voluntary organisations (e.g. Friends of Gledhow Valley and Incredible Edible Garforth) a number of small CICs, well established local charities, and branches of national environmental organisations. Also involved are staff from cultural and health organisations who deliver green social prescribing activities .

The opportunities provided by LGAP members are free for beneficiaries, the exception being the dedicated long-term projects where attendance is funded by individual budgets from Adult Social Care.

Good coverage of the city – some groups operate in a specific area, some span the whole area

Staff support – varies wildly

Recommendation LGAP should hold an online or in person meeting for delivery staff to come together as skills share and peer-support mechanism every three or six months – to feed back any general themes and share good practice. This could be particularly useful if multiple LGAP organisations were running a collective provision under one funder.

Basic training – Most common: Safeguarding, 1st Aid, H&S, Food Hygiene, dealing with challenging behaviour, mental health first aid)

Recommendation LGAP should continue sharing information on where is free/low cost training is available and consider what training provision it would be appropriate for LGAP to deliver

Policies

All organisations have Safeguarding and H&S policies and most have Volunteer, Equality & Diversity, Complaints and Grievance policies. However most do not have any quality assurance/kitemark for their organisation.

Quality Standards

The National Association of Social Prescribing may recommend a quality system and the Green Care Coalition are encouraging the adoption of the Green Care Quality mark that was developed by Social Farms and Gardens however this is most suited to Centres that deliver for social services day care IE high levels of need, sites with buildings and full facilities.

Recommendation LGAP could encourage members to complete the Voluntary Action Leeds, Leeds Volunteering Quality Mark as a first step towards a uniform quality standard in Leeds for LGAP members.

Recommendation LGAP could help members respond any national green activity quality standard through shared development support and joint training e.g. hosting Social Therapeutic Horticulture course in Leeds rather than people needing to travel to Reading.

Models of Delivery

Whole Day sessions Includes

Practical conservation sessions that involve travel from a meeting point to sites across Leeds and beyond. (TCV, Hyde Park Source) *Ongoing provision with rolling recruitment*

Social Services provision for Learning Disability or autism (TCV Hollybush Project and Living Potential) *Ongoing provision with rolling recruitment to fill vacancies as they arise*

Short course delivery (Adult Education Funding; TCV, Groundwork) 4 – 8 weeks

Short day sessions These are the majority of LGAP provision and are two to three hours some start or finish with lunch, others have lunch at the mid-point. Some include elements of health interventions. Two types

Ongoing groups, with rolling recruitment. These face the challenges of attempting to fledge or seek recurrent funding when there may be a core of long-term attendees but whose health or disability doesn't qualify them for individual budget for day care. The potential to impact new individuals is reduced as the group capacity is part filled by the long-term members

Short block courses of 4 -12 weeks. This can be short courses delivered as half days to make them more accessible and attractive to those who have are the most fragile. These also arise from small scale funding which cannot support an ongoing group. The challenge is to create meaningful impact from 10 -20 hours of contact time and to recruit and retain good numbers of participants.

With NAPS and other studies identifying the significant barriers to engagement of those who might ultimately benefit most discussion centred on the introductory course.

Introductory Courses (Notes from the February 2023 meeting)

Ideas for a short (6 -8 weeks of c 2hour sessions) to bridge anxious and vulnerable people to ongoing programmes, also provide a taste of the variety on of activity on offer. In Greater Manchester they hope to involve participants from the projects that people might move on to so that these **buddies** offer an invitation to suitable participants to join them at their project next.

The discussions focused on how to ensure the set up would make it easier for the target groups to join the programme:

The venue

How physical accessible, indoor shelter for poor weather, toilets,
Easy to find, welcoming, transport bus routes, policy on taxis (those who struggle to walk or not comfortable on buses)

Having the door or gate open, someone subtly watching for arrivals

The Welcome Contact in advance over the phone or in person, participants accompanied by referring worker. Text or calling participants to remind them 2 days, 1 day before

(NB Capacity issues on all this)

Starting with refreshments

The skill set of the workers, double staffing can be helpful (and/or experienced volunteers) so one person can lead the session and the other person support individuals 1:1

Being very clear that this is not like school and that it is OK to be late or to miss a week for whatever reason.

Activities:

Craft type things such as whittling which can be done individually sitting down, without too much eye contact or interaction.

Things that build sequential over the sessions into some overall achievement.

Some form of reward or certificate can be helpful

There are opportunities for all of Leeds' GAPs to enhance their offerings by considering adding short **mindfulness** activities as part of their sessions. Mindfulness can help an individual live better with their health conditions, for more information [What is mindfulness? - Mind](#)

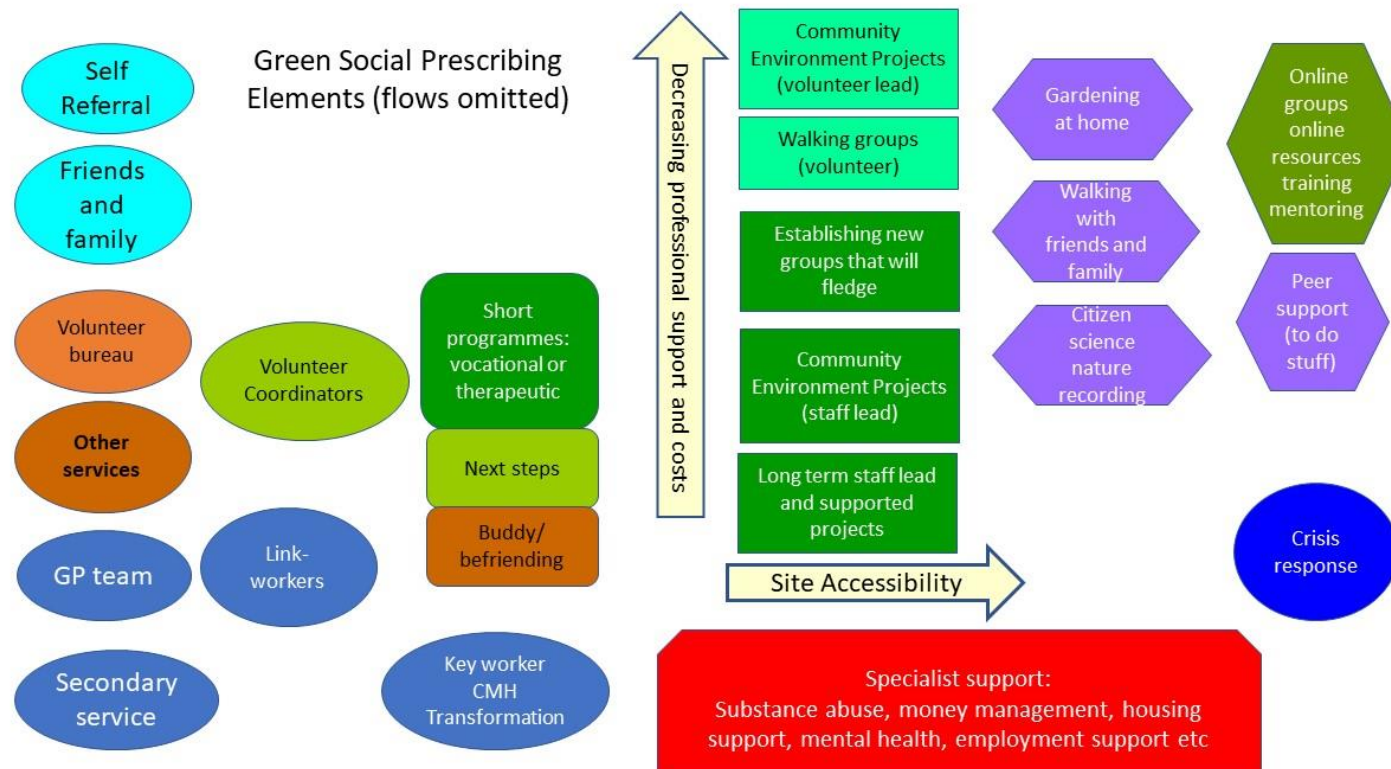
These need to be trauma aware and ideally delivered by trained professionals. Leeds Mindfulness Coop are well positioned to offer this to groups and potentially to train session leaders. Groups with sites could offer these locations to Leeds Mindfulness Coop and similar organisations as potential venues for their four to eight week mindfulness courses which could be a 'next step' for people after trying tasters at the green activity.

Nature is a powerful tool for mindfulness. Mindfulness has been shown, over time to reduce levels of anxiety and depression, it can help to calm a reactive mind helping people make healthy choices and live more peaceful lives. Many people don't know about it or are dismissive of working with their minds. A gardening or other green group can be a good setting for people to try something new, and is the perfect setting for a five-minute mindfulness activity

Recommendations LGAP develop this area of work further as anxiety about what sessions may entail and anxiety/barriers around transport are cited by link workers as the main reasons that possible participants don't engage in programmes.



A food preparation session at Cross Green Community Garden (photo. Hyde Park Source)



On the left are sources of enquiries, signposting to activities. Various professionals may guide the patient on their pathway, these may be Link Workers in the GP practices or in the VCS or volunteer coordinators in the Green Provider organisation. LGAP activity is primarily the dark green portions, with short programmes augmented by next steps advice and buddying support providing an essential “bridging” function for the more complex and vulnerable individuals. For long term impact progression to community level volunteer lead projects or self-lead activity with friends or family or themselves (purple hexagons) is an important part of the pathway. Some online and in person input may be beneficial for some. The specialist support and on occasion crisis support are important to underpin the whole.

Source TCV North

Evaluation methods

A range of methods are used to capture the impact of interventions and a number of systems used to capture volunteer attendance.

This means there is no consistent methodology and no simple way to report on aggregated impact

Members report that NHS, Adult Social Care and Public Health have different expectations. Some of the larger organisations have more developed systems however these are not necessarily compatible with local requirements.

The requirements of Data Protection and Cyber Security and further complications. NHS contracts require providers to register on the Data Protection Security Toolkit system which is a fairly complex task but doesn't yield any tangible benefits to the participants beyond keeping their data safe. Initiatives such Leeds LOOP and the Yorkshire Care Record are still in early stages and the potential to help community level providers has not yet been realised.

1. Providing organisations with a patient agreed thumb nail of the patient's essential information. They are ready and safe to themselves and others to be in a community setting (relates to MH primarily) and useful health stuff to know (asthma, back injury etc) To avoid an individual being asked to retell their story.
2. Providing the agreed contact person (a named worker and a fall-back central point to cover changed roles or planned or unplanned absence) for support IF a person's condition relapses.
3. Enabling VCS to accurately describe on who they work with, whether a patient is classed as SMI can vary day to day depending which service they are in! It is impossible to report against ICB budget categories if we can't determine who we are supporting. No easy solution in the world of data protection/GDPR
4. How services should report. Is it proportionate to require anything more than summary data? A system where patient contact is logged individually on an ICS system is likely to be disproportionate to the scale of funding and divert funding away from achieving impact.

Key questions

what core data is needed

what monitoring and evaluation tools should be used, the timing /frequency of use on short term 4 -8 week and ongoing projects.

Recommendation LGAP identified that a common evaluation process would be beneficial especially when organisations are collaborating on a shared delivery programme, and a bid has been made to the LeedsACTS! Seedcorn fund to scope this project in a joint academic VCS exercise

Funding

The stability of funding for individual activities or organisations varies massively from none currently to some longer-term pots confirmed until 2027. Most had some stability until March 2023 where there seems to be a general cliff edge

38% of respondents would run out of funding in less than 6 months (by end June 2023)

24% had funding for at least 12 months (c March 2024)

18% for 2 years plus.

Other respondents didn't provide enough detail to be included in this analysis.

Income Types

Our members access the full range of funding types to provide their services,

33% relying 100% on grant funding,

11% trading 30% of their income and 70% coming from grants

22% have an equal split between traded income and grant funding

Other respondents didn't provide enough detail to be included in this analysis

This demonstrates a split of approximately half of our members being smaller and more recently established and working on a shorter, less stable cycle of fundraising with multiple smaller, shorter-term grants lasting 12 months or less.

Approximately 50% of respondents have larger, longer-term funding, which allows them to invest in staff training and support thus generally better staff retention. Quality of service provision can develop with time and stability too. Even these larger groups can face challenges with staffing when delivering short term projects and when larger contracts are not renewed.

£5000 funds between 3 and 6 months of one session per week depending on the precise requirements and costs of each proposal.

Analysis

This less stable situation leads to poor staff retention and thus disproportionate costs for staff recruitment, training, and management time. These organisations are much more vulnerable as the need to work in a reactive and stress centred way for the management team takes a large toll.

Since beginning this piece of work, one of our members has had to fold.

The transition from smaller, shorter-term funding to gaining larger pots usually requires an organisation to have a track record of 3-5 years and the pandemic has disrupted this curve of organisational development as most funding reverted to short term reactive models for 3-6 months

Organisations with diverse income streams are better able to weather periods of constrained funding. Traded income (which can include contracts of work from commissioners) has the advantage that the pricing can include some 'profit' which can be used to build reserves or invested in developing the organisation.

Grant funding comes from a wide variety of sources. Major funders, such as the National Lottery Community Fund, encourage organisations to include 'full cost recovery' in their applications, which means a fair proportion costs, such as staff recruitment, training and support, accountancy, paid rest breaks and session preparation time, maintenance and repairs are properly covered in the grant received. Larger grants can give organisational leaders and trustees time to consider the development and financial future of their organisation.

Smaller, shorter-term pots of funding have higher hidden costs, such as disproportionate time in organisational planning to mobilise and close projects, to ensure viable cashflow with lots of small funds. Staff recruitment and training are also disproportionate because we want people to be suitably skilled and qualified for the activity but if funding volumes vary then when a project ends, and we can't keep them on and then they are not available for the next busy period.

Current funding in the NHS is very driven by Health Inequalities and the delivery of initiatives such as Core 20 plus 5 see [Reducing-healthcare-inequalities-Core20PLUS-infographic.jpg \(2001x1125\) \(england.nhs.uk\)](#) VCS providers need to be cognisant of the health jargon and the specific priorities of the localities they are hoping to work in.

Recommendation: Health funders should aspire to fund for a minimum of 12 months of activity or more in order to support their partners in the community and voluntary sector (CVS) to maintain stability. This would increase the scale of impact delivered per £1000 as much more efficient to deliver. LGAP members report that it is far easier to fill places in groups if the organisation / group is known as regularly having activities in a particular community, rather than one off blocks of activities

Recommendations

LGAP to continue some recent discussions with commissioning staff at the Leeds Office of the West Yorkshire ICB have highlighted the need to design a pragmatic, proportionate funding scheme to support community activity that brings health benefits to people from priority neighbourhoods but who have diverse primary clinical conditions

Roles and Salaries

Within the sector in Leeds Green Activity sessions (mainly involving gardening) are delivered by a range of roles, ranging from Qualified Horticultural Therapists (although this is the minority), to Project Coordinator, Instructor or Delivery Staff Member. These are roles responsible for planning and delivering sessions and salaries range from £20,000 per annum to £29,600 per annum, with the median rate being £24,800.

Most activities run with an additional assistant and the median salary for this role is £22,210

Salaries in the smaller organisations are typically higher, this is probably a mix of greater flexibility and also there is less organisational support to these staff.
How Much do we all Charge for our Services?

Charging the public

Most regular weekday sessions are offered free of charge. Organisations do this by securing grants and contracts to cover the costs.

Around half of LGAP members occasionally run activities with a direct charge to participants.

The type of activity and the charge vary. Examples include:

| |
|-------------------------------------------------------------------------------|
| Rates charged to individuals |
| £150-200 for 8 weeks of 2 hrs |
| wreath making £35, Half day woodwork £15 |
| £50-80 per day for supported activities for adults with Learning Disabilities |

There is resistance to charge participants:

Many weekday programmes are targeted at people who vulnerable as they are medium to long term unemployed often due to disability or health reasons or retired and have limited income. Funders generally require targeting to priority and disadvantaged groups.

Projects are often helping to maintain garden spaces used by others, please pay to look after our garden doesn't sit well.

Charging Funders and Commissioners

Based mainly on green activities involving gardening the day rate charged for 1 staff member to run an activity ranges from £250 to £480 per day with the median being £365. The highest of these figures includes VAT.

The larger environmental organisations are VAT registered as part of their income comes from trading.

Larger organisations have significant core costs which have to be recovered by allocating a fair proportion to each activity. If you have around 200 operational staff UK wide then central services include Health and Safety and Safeguarding specialists, however per head this maybe more expensive than the largest environmental NGOs with several thousand staff with inevitable economies of scale. Smaller organisations rely on the goodwill of founders, trustees and more senior staff to fulfil management and support roles often on a voluntary basis or by buying in specialist advice.

Some organisations have land and premises which adds to their capacity through being able to host activities at these places but also brings ongoing costs of leases, maintenance and running costs.

Lemon Balm were charging a day rate slightly above the median but not a core cost in addition. They struggled to maintain financial security. Longer standing and possibly financially secure organisations charge a higher day rate and a significant core cost percentage.

Hyde Park Source and Mafwa theatre seem to have a good balance. Charging a day rate of around £400 and core costs of 15-20% with good training packages, and a relatively flat salary structures which supports differences in roles and pays all well.

Identifying Strengths Weaknesses Opportunities & Threats within the Network for improving Health & Wellbeing in Leeds

[LGAPN Health and Social Analysis map \(arcgis.com\)](#)

The purpose of this tool is:

- to provide a quick reference guide for our members to understand the health and social needs of a particular neighbourhood for the purpose of designing activities tailored generally to the needs of the area.
- to allow them to identify their Local Care Partnership and their priorities.
- to help groups when applying for funding to produce 'evidence of need'

- to illustrate 'the state of the sector' to bring info to the attention of the network
- for LGAP to use to highlight the need for more sustained funding, the vulnerability of many of the groups currently running and the potential for increased coverage and more specialist groups should the funding be available in future for proactive conversations with commissioners and funders.

Instructions for use

Click on the layers icon on the left hand side to see what's in the map.

If there is a line through the eye icon the info is hidden, if not it's showing. The map includes health data from the Leeds Public Health Intelligence Team, Index of Multiple Deprivation data and demographic data from Census 2021.

More demographic data from the recently released Census 2021 can be added to the map. Currently, the map includes data about ethnic diversity and bad/very bad health from the Census 2021.

Switch off the coloured Local Care Partnerships layer before showing health layers.

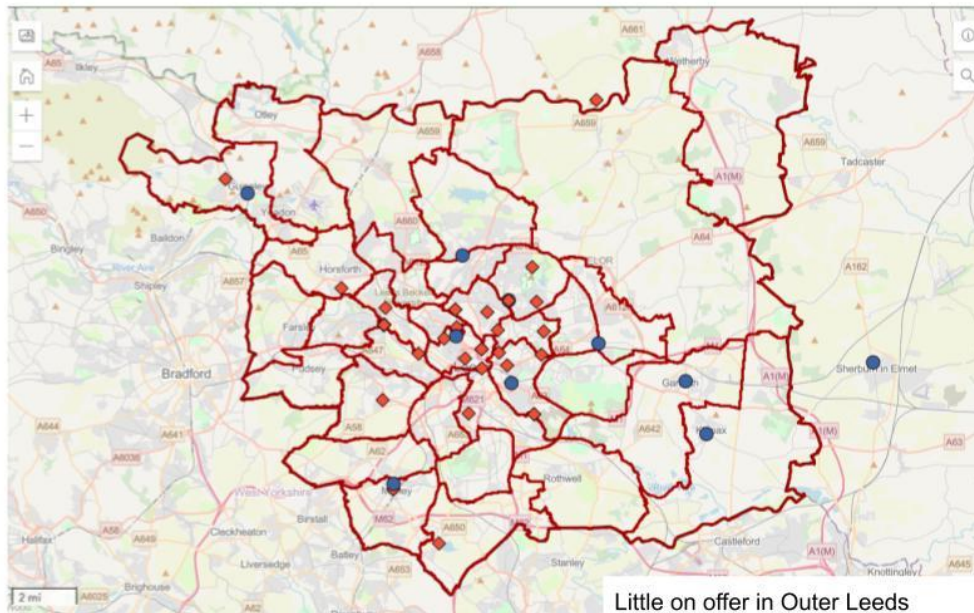
Clicking on the top left index icon reveals the key for the layers currently displayed.

Clicking on displayed info on the map reveals data specific to the point/area selected in that layer.

The Local Care Partnership (LCP) layer includes information about the area covered, GP surgeries included in the LCP and current priorities.

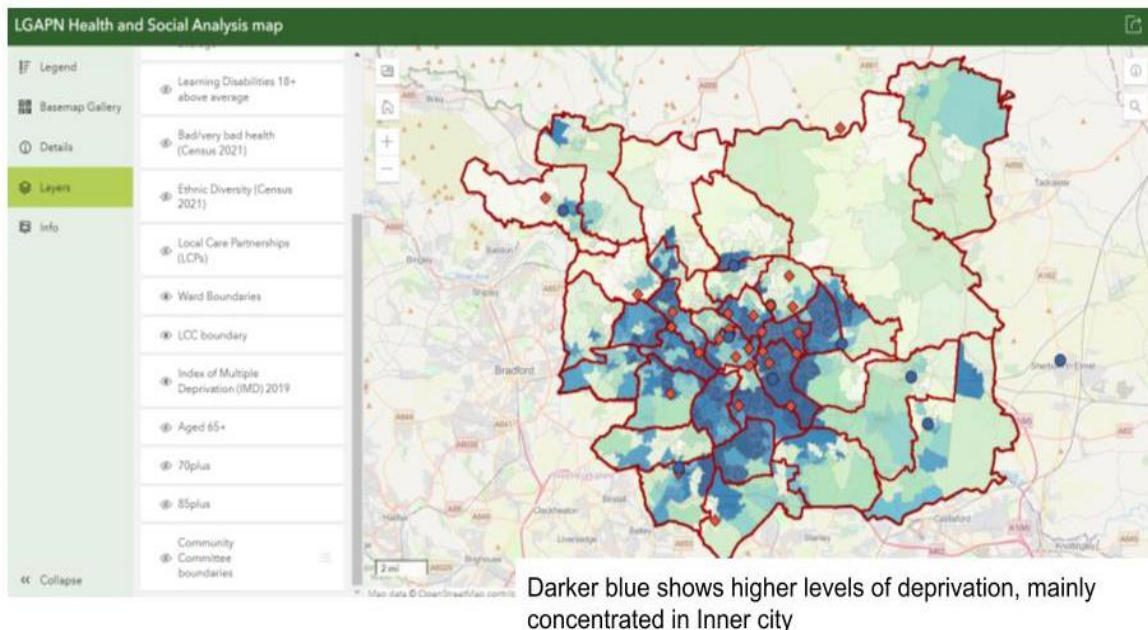
Analysis of our offering vs need

Little on offer in Outer Leeds



The screenshot above shows professionally led groups as red diamonds and volunteering groups blue dots.

Availability of Green Activities in Inner Leeds is reasonably good (although, due to funding some of these offerings are short term, temporary or under threat). This is likely due to availability of funding linked to areas of higher deprivation, which are also more concentrated in the inner city (see below). You can also see from this that the outer areas of Leeds have fewer or no professionally led groups. With the notable exception of Morley, in South Leeds, where Groundwork have a well established presence with multiple regular groups running for people with a range of needs. A recent and welcome addition is Season Well's base in North West Leeds (Guiselley) where funding is being sought for regular wellbeing sessions to begin soon. Far North Leeds has Living Potential who offer services to adults with Learning Disabilities.



There may be more activities as yet unknown to LGAP, but based on our current understanding of the sector

Kippax area.

The area around Kippax doesn't have any professional organisations (only Incredible Edible Garforth and Kippax).

It has adult obesity significantly above the Leeds average.

The LS25/LS26 LCP has obesity as one of their main priorities. On their webpage it says 'data showed us that we had a priority population of women who were 45-60 living with obesity'.

The area also has higher than average common mental health issues (e.g. Anxiety, OCD, Panic, Phobia, PTSD, Depression).

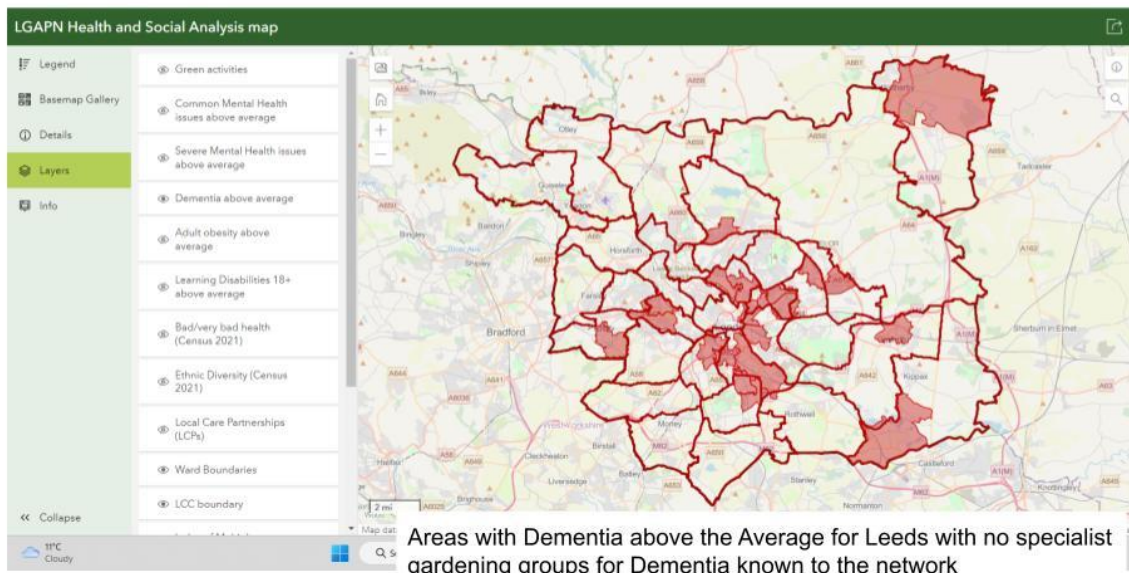
Specialist groups

Most professionally led activities offered by network members have the general theme of 'improving health and wellbeing' and ask participants to discuss support needs with group leaders. There is a willingness and skill level to support all, but with this model they aren't usually able to support people with severe mental health conditions of physical or cognitive impairment, or some of the more complex emotional support needs.

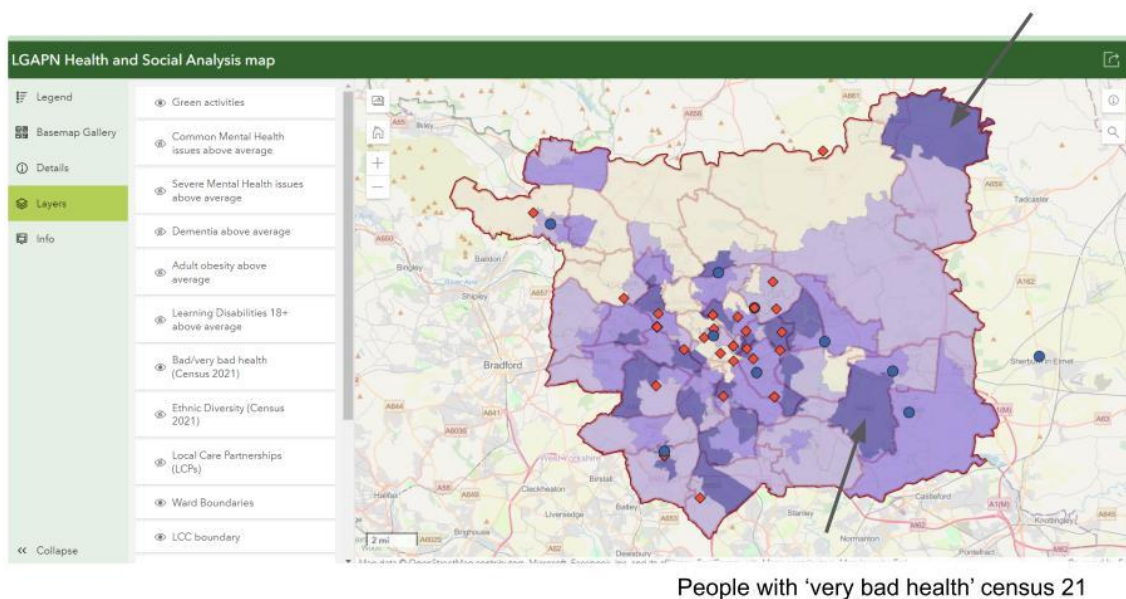
Some specialisms have arisen, and the map below shows where groups with specialist activities for people with learning disabilities, experiencing menopause, recovering from addiction. Unfortunately the only specialist group for Older People with low mobility has recently had to close due to instability of funding.

Gender specific groups are also a useful addition to the group as it is well documented that 'men's groups' help some lone, isolated men to join an activity, and those who have experienced gender based abuse find it easier to explore emotional wellbeing in gender segregated groups. The network does have some offerings of this kind, but geographic coverage is limited.

There are opportunities for specialist green activity providers to establish new groups in areas of high specific need, and partnerships with local LCPs are a great way to do this. The map below shows the areas of Leeds with above average incidents of Dementia, with a specialist need for services to support this need, and also the need of carers. Currently there are no specialist Green Activities known to LGAP for people suffering from dementia and their carers.



It's also notable when looking at areas where people reported having 'Bad or Very Bad Health' in the 2021 census, the areas of Wetherby and Garforth have no professionally led green activities known to the network, but a high need. Open Country provide some Social Services funded sessions in Wetherby, but are not yet LGAP members.



Recommendation

LGAP to promote the mapping tool to its members and demonstrate the efficiency of having data in one place. Advocate that the Health sector help maintain this or a similar tool IF it proves useful. This would need some cross departmental cooperation to update the links for various data sheets over time.

Conclusions

This section is primarily focused on organisations listed as offering a ‘professional service’ on the membership database and map.’

50% of LGAPs current offering at December 2022 was **vulnerable due to short term funding** particularly within smaller/newer organisations

LGAP has good coverage in the inner city, but this is dependent on short to medium term funding. There is **not currently a “sustainable funding”** model for green activities apart from:

groups who deliver **chargeable work for landowners** where the process must be reasonably competitive versus countryside contractors. Attendees need to be reasonably fit and willing to do concerted work of good quality (e.g. TCV Midweek Volunteers, Hyde Park Source Design and Build, Leeds Coppice Workers)

groups for adults with learning disability or autism that qualify for **day care support** and have a personal budget that covers the £50 -£80 per day. (Living Potential and TCV Hollybush Project)

Groups that meet for a couple of hours to tend an allotment or community garden or go for a walk or make wooden craft items and often have a strong social and wellbeing focus generate no or little income. Such group are dependent on **successive small grants** or the **periodic renewal of Lottery or major grant** funding.

Where these groups include significant numbers of people who require regular or periodic support for mental ill health or other vulnerability it has proved hard to get them to self-organise and fledge IE become independent of staff support. Hyde Park Source’s Cross Green project is the best example of a (semi) **fledged** project.

In Leeds voluntary lead groups have to date not felt able to embrace inclusivity where this means having core group members trained in Mental health First Aid and being willing to be the frontline response when a regular member attends in some degree of mental distress and in need of help. Where a group is a person’s one weekly contact point it is understandable that they turn to the group for support when in need.

There are opportunities for generalist Gardening for health & wellbeing hubs to be established in Outer Leeds. It is an aspiration of both LGAP and the Climate Action Leeds project to support the development of garden hubs in all neighbourhoods as a place to share resources, learn and to potential host LGAP groups.

Within this there are opportunities for specialists groups to establish in areas of high specific health & wellbeing need. There is some demand for gender specific groups offering activities to those who feel more comfortable in same gender groups. All such projects need to be supported by excellent marketing to the public, to other VCS and within the health system and have planned pathways to ensure they are well used.

Health funding is often aligned to cohorts of patients with specific clinical conditions (Type 2 diabetes, dementia, cardio-vascular conditions, Serious Mental illness) however where people are being encouraged to join a community of interest where they can feel defined by what they achieve not their condition, such groups support people with many different conditions, including carers, physical and sensory impairment, cancer patients.

There is a high skills mix needed to do this work well, both in planning and managing a site, an activity program and tailoring the site, and activities to meet the specific health and wellbeing needs of the participants. This should be recognised in terms of pay and reward.

Ideally LGAP members should work in solidarity to offer an uniform and attractive/fair training and pay offer, and avoid squeezing salaries and training budgets to fit funding allocations. This undermines the wellbeing of hard-working team members, and risks losing staff for better paid / more stable work.

Recommendations

LGAP to continue some recent discussions with commissioning staff at the Leeds Office of the West Yorkshire ICB have highlighted the need to design a pragmatic, proportionate funding scheme to support community activity that brings health benefits to people from priority neighbourhoods but who have diverse primary clinical conditions.

Recommendations

A common evaluation framework could enable LGAP to be able to report periodically on overall Health & Wellbeing impact of members work that would help build the case for funding in general. BUT some staff time would be needed to plan a survey and collate this information.

Recommendation If the activity map captured the funding longevity of each opportunity it could enable funding stability to be reported more accurately.. Data in the current format is not suitable for this.

Communicating our findings with the right people, in the right way

Following a discussion with several staff at Forum Central it was decided to present the project to

Forum Central Health and Care Partnership (22nd February) CEOs and senior staff across the third escort health providers.

Forum Central Communities of Interest (BAME, LGTB+ and others groups, project workers and senior staff)

Forum Central Broader Mental Health

Health Adults Population Board of Leeds office of ICB, JP to raise when at the mid April meeting

Taster session for Linkworkers set for 24th April

A video was [Leeds Green Activity Providers \(LGAP\) - YouTube](#) for the WYICS Power of the VCSE January Showcase



An evening walking group (*photo Running Seeds*)

Appendix A Terminology and Abbreviations

Social Prescribing is a widely used term and the definition perhaps a little woolly.

The National Association for Social Prescribing (NASP) see [What is Social Prescribing? | NASP \(socialprescribingacademy.org.uk\)](https://www.socialprescribingacademy.org.uk) define social prescribing as *connecting people to non-medical support to address issues that effect our health can't be treated by doctors or medicine alone, e.g., loneliness, debt, or stress due to financial pressures or poor housing.*

Linking Leeds (the Voluntary and Community Sector consortium) define social prescribing as *a way of linking individuals with a range of local community services to improve social, emotional and mental wellbeing.*

Social Prescribing begins with the GP or other NHS practitioner referring a patient to a linkworker or providing direct advice/information to encourage the patient to take up some form of advice or support service, sport, cultural or informal outdoor activity (green and blue). Social prescribing can include initial programmes/course to introduce an activity, provide support, mindfulness etc. (a six-week free/low-cost leisure centre pass is one example).

When someone takes up an activity medium or long term that is not actually social prescribing.

LGAP members do run some introduction activities, however most of our delivery is sessions people can adopt as a result of a social prescribing intervention, hence Leeds Green Activity Provider Network (LGAP)

Referral Where one agency formally places a patient into a service provided by another. This is generally where there are some specific needs that require support, and there would be a three-way conversation or meeting and possibly a worker may support the patient for a time limited initial period or permanently.

Patient Someone under medical (NHS) care

Participant Someone on a programme

Signposting. The social prescribing discusses options with the patient and gives them the contact phone numbers and/or email for a number of possible options. The patient is responsible for contacting the activity provider and for explaining any support needs or health conditions to the provider.

Trust. There have been occasions where complex and vulnerable people have been signposted rather than referred. This can be disruptive to the receiving group; time consuming for staff provider and may result in attendance at activity being terminated with “rejection/failure” impacting on the patient. Providers enabling linkworkers to understand the limits of the provision and where referral is essential underpins the relationship.

Volunteer Many environmental projects complete practical work of benefit to others and the long-established terminology is “volunteer”. This also means the participant may refer to their session as “work” and this empowers them to feel defined by their contribution and not their condition. Some activities are courses, and particularly if funded through an education route the participants may be referred to as “learner”

Abbreviations

LGAP Leeds Green Activity Provider Network

NASP National Association for Social Prescribing

TCV The Conservation Volunteers

VCS Voluntary and Community Sector Charities, Community Interest Companies (CIC)

WYICB West Yorkshire Integrated Care Board (also ICS Integrated Care System and ICP Integrated Care partnership) The NHS structures that replaces the Clinical Commissioning Groups

Appendix B References

Much has been written about social prescribing in recent years and also share in online webinars

[The National Academy for Social Prescribing | NASP \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk)

See evidence and resources tabs

They have commissioned various reports

[Therapeutic Nature: Nature-based social prescribing for diagnosed mental health conditions - European Centre for Environment and Human Health | ECEHH](#)

(Ruth Garside University of Exeter)

[Nature on Prescription Handbook - European Centre for Environment and Human Health | ECEHH](#)

<https://socialprescribingacademy.org.uk/wp-content/uploads/2022/10/Thriving-Communities-Fund-Report-Final.pdf>

Covers the Arts, Sports, Advice and Natural Environment pilot project in 2021-22

[Nature Connectedness: For a new relationship with nature - Free courses - University of Derby](#)

A useful course on Nature Connectedness

Appendix C List of members at March 2023

| Members | Associates |
|------------------------------------------------------------|------------------------|
| Activity Alliance | Forum Central |
| Age UK Leeds | Leeds CC Public Health |
| ARK at CATCH | Linking Leeds |
| Better Leeds Communities | University of York |
| Canal and River Trust | Voluntary Action Leeds |
| Canal Connections | |
| Community Links | |
| Cross green Growing Together | |
| Feel Good Factor | |
| Friends of Gledhow Valley Woods | |
| Groundwork Yorkshire | |
| Health for All | |
| Horsforth Community Garden | |
| Hyde Park Source | |
| Incredible Edible Garforth | |
| Kirkstall Valley Development Trust | |
| Leeds & York Partnership NHS Foundation Trust, Newsam Ward | |
| Leeds District Gardeners Federation | |
| Leeds Mindfulness Coop | |
| Living Potential Care Farming | |
| Mafwa Theatre | |
| Man About Town | |
| Meanwood Valley Urban Farm | |
| Men's Health Unlocked | |
| Move Mates Leeds | |
| RHS | |
| RSPB St Aidan's | |
| Running Seeds | |
| Seasonwell CIC | |
| Space 2 | |
| The Conservation Volunteers | |
| The Old Fire Station | |
| Touchstone | |
| Walking on Together | |
| Yorkshire Dales National Park | |
| YourBack Yard CIC | |

Appendix D Contributor details and acknowledgements

Isabel Swift Freelancer and Founder of Lemon Balm



Experienced Social Entrepreneur with a demonstrated history of effective working in the non-profit, community-environmental sector. Skilled in Strategic Thinking, Horticulture, Designing community spaces business planning and gaining funding. Strong design professional and consultant with a Diploma in Social & Therapeutic Horticulture from Coventry University Occupational Therapy Dept, NVQ from the Institute of Leadership & Management and currently studying part time for the MA in Landscape Architecture at Leeds Beckett University. (LinkedIn)

Ruth Addison Freelancer

Worked for over 20 years for Leeds City Council in IT, and data and intelligence teams. During my time at the council, I became interested in the crucial role of community-based organisations in making Leeds a better place - so am pleased to support LGAP by creating interactive maps. I love walking from my doorstep and I volunteer at my local small nature reserve - Engine Fields in Yeadon.



Richard Warren – Founder Running Seeds

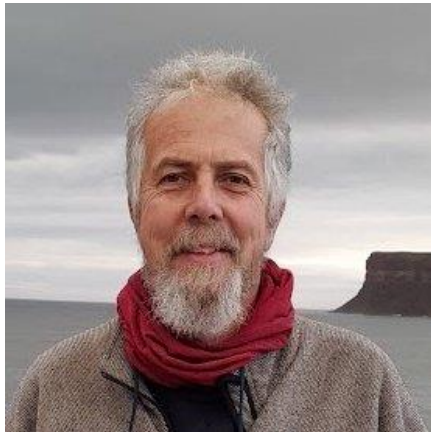


IT Consultant focussing on technical Business Analysis (Agile) with specialties in both fintech and national health systems.

Professional group leader for running, walking and cycling activities supporting active travel, climate and health with a focus on commercial workplaces. Principles to enhance individual's bonding to local community through doorstep green space exploration, promoting local groups and appreciating heritage.

Projects include; Wellington Place commercial run group, Rights of Way community engagement, fundraising endurance events, NHS e-Referrals rewrite and FX/IRD/oil/nuclear trading platforms.

John Preston – The Conservation Volunteers Development Manager North



Twenty years' experience of managing inclusive environmental wellbeing projects in the Leeds area with TCV Hollybush. Now responsible for developing delivery models and funding proposals for people centred environmental projects working with partner agencies and health bodies across the Liverpool to Hull corridor. Represents TCV on the national Green Care Coalition and is Forum Central representative on the Healthy Adults Population Board for Leeds.

Interested in connecting people to their wildlife, seeing urban areas as multi-functional environments and the wellbeing impact of creating physical things, be that a bird box or a simple building. Leeds resident and allotment holder since 1989

Trustee of Love Leeds Park and volunteers with Friends of Burley Park

Pete Tatham Project Coordinator Hyde Park Source



Background in Community Development through Environmental Projects. Studied, lived & worked in Leeds and Bradford since 2000, volunteering on community gardens in early 2010's sparked a passion for how transformative this work can be, worked on local food projects before joining Hyde Park Source in 2013. Increased impact and reach of HPS, from small grant dependent charity focused on local area, to city wide organisation with resilient finances, creative outputs and significant outcomes

Interest and experience of; developing and delivering grant funded programmes, organisational development, social enterprises, partnership and collaborative working.

Also actively involved with: Leeds Wood Recycling & Grassroots Events.