m·e·l research

Evaluation of Keighley Community Health

Power to Change GiveBradford Modality

Final report

May 2022

Project details

Title	Evaluation of Keighley Community Health grants programme
Client	Power to Change / GiveBradford / Modality
Project number	20111
Author	Adam Knight-Markiegi

All photos used with permission.

M·E·L Research Ltd

Somerset House, 37 Temple Street, Birmingham, B2 5DP

Email: info@melresearch.co.uk

Web: melresearch.co.uk

Tel: 0121 604 4664

Contents

1. Introduction

GiveBradford and Power to Change have come together with the aim of creating a community led health offer in Keighley, a town in Bradford, the Keighley Community Health (KCH) grants programme. This has aimed to improve health outcomes for people in Keighley by supporting both community groups and community businesses to engage with social prescribing. The programme hoped to support the development of a strong community health infrastructure in Keighley, and to ensure that community infrastructure is at the heart of the health system in Keighley and Airedale.

To build an evidence base around this, M·E·L Research were commissioned to carry out an independent evaluation of the Keighley Community Health grants programme.

KCH programme

Funding from the KCH programme can support pilot projects and start-up costs or contribute to expanding or developing current trading or enterprising activity. It has offered two levels of grants:

- **Kickstart grants (£500 – £4,000):** for organisations with an idea that supports people to meet their health and wellbeing needs, but who need support to develop the idea into a full business plan. The Kickstart funding can be used to carry out research, set up a pilot or feasibility study, access expertise or consultancy, or any other activity that helps to develop an organisation's idea further.
- **Development grants (£4,000 – £15,000 per year, up to two years):** available for services or activities that support people's health and wellbeing. An organisation applying for this has been expected to have a costed business plan, showing how the development investment will support it to grow. The service must be capable of being delivered on a sustainable basis through income generated from trading such as through being contracted to deliver services or individuals paying for the service directly through personal budgets or self-funding.

A total of £370,000 was awarded over the two waves in 2020 and 2021 to 21 organisations and 27 initiatives, ranging from nature-based activities to help people get outdoors, targeted services for south Asian women and people with substance misuse to mental health support and a range of activities in community settings. The grantee organisations, type and year of grant received is shown below.

1.1: Grantee organisations

Grantee	Type and year of grant
Airedale Voluntary Drug and Alcohol Agency	Development - 2020
Bangladeshi Community Association	Development - 2021
Bracken Bank &District Community Association	Kickstart - 2021
Friends of Silsden Town Hall	Kickstart - 2020 Development - 2021
Get Out More CIC	Kickstart - 2020 Development - 2021
Hainworth Wood Community Centre	Development - 2020
Highfield Community Association	Development - 2020
Inspire Highfield	Kickstart - 2021
Keighley Association for Women and Children Centre	Development - 2020
Keighley Creative Space CIC	Kickstart - 2020 Development - 2021
Keighley Healthy Living	Development - 2020 Kickstart - 2021
Missing Peace Wellbeing + Support CIC	Kickstart - 2020 Development - 2021
People First Keighley and Craven	Development - 2020
Positive Strength Training CIC	Kickstart - 2021
Prism Youth Project	Kickstart - 2020
Scar Cover Up Freedom Fund	Kickstart - 2021
Space To Inspire	Kickstart - 2021
STC - Safeguarding Through Communities CIC	Kickstart - 2021
The Cellar Trust	Development - 2021
The Good Shepherd Centre	Kickstart - 2020 Development - 2021
The Sangat Centre	Development - 2020

Evaluation aims

Through testing this approach you hope to contribute to the local and national evidence base and discussion on appropriate funding streams and investment in community level responses to social prescribing and increasing health inequalities, and the role and impact of and investment required for community capacity building in primary care services.

These are summarised as three overarching evaluation aims, revised in May 2021:

- the role, impact and investment required for **community capacity building** in primary care services
- how and what can **influence a system shift** to start funding community organisations / businesses for community health activities from statutory sources, ie the 1% shift
- wider **lessons learnt** through this approach.

Evaluation questions

Taking these overarching evaluation aims, this table presents the more detailed evaluation questions that have driven our evaluation.

1.2: Evaluation questions

Key evaluation aims	Evaluation questions
Community capacity building	1. Does this approach create organisations that provide a sustainable response to social prescribing need in the local area, particularly in terms of their longer-term funding?
	2. What changes and innovations have been made by grantees during the programme, including due to the Covid-19 pandemic?
	3. How has this approach changed the way grantees work or partner with other agencies, including primary care, other healthcare settings and other grantee organisations?
	4. What is the difference made for organisations of combining funding with infrastructure support linking community businesses and community organisations with primary care?
	5. What are the most appropriate funding streams and investment in community responses to social prescribing and health inequalities?
	6. In what way, if any, has this grant funding helped to lever in any other funding, especially for community health work? Alternatively, has it stopped grantees other funding?
Influence system change	7. Who are the people that need to be influenced in order to secure long-term sustainable and place-based funding for community businesses and community organisations?
	8. What is needed to influence these people to fund services in this way?
	9. What are the barriers to achieving this and how can they be overcome? This may include the prevailing view of the VCS among these players/agencies, including governance arrangements.
	10. What evidence on outcomes or impact is needed to convince these key players / the wider system?

Key evaluation aims	Evaluation questions
Lessons learnt	11. Does this approach have additional unintended impacts (positive or negative)?
	12. What are the wider lessons learnt from this approach?

Evaluation activities

We have taken a mainly qualitative approach to capture evidence as part of this evaluation during 2021, focusing on the views of organisations and key stakeholders involved rather than collecting statistical evidence about beneficiaries of the grants. Here is a summary of the data sources collected:

- Interim and end of year reports from 10 wave 1 organisations
- Online feedback from a PCN community innovation and development lead over three periods (March, May, September 2021)
- Interviewed 5 wider VCS stakeholders
- Interviewed 9 grantee organisations in spring 2021 and another 6 in autumn 2021
- Interviewed four social prescribers from two PCNs in Keighley
- Interviewed 2 wider stakeholders at a PCN
- Interviewed 3 funders/commissioners in two organisations
- Interviewed 5 strategic commissioners.

Before finishing the evaluation we also help a stakeholder workshop in person in Keighley pulling together commissioners of healthcare services, community and voluntary organisations and healthcare practitioners, including social prescribers and health coaches. This took place in March 2022, helping to validate the findings from the evaluation and also providing firm pledges for action.

Round tables

- What are some **tangible achievements** from community-led health in and around Keighley?
- Do community and voluntary organisations have the **capacity to deliver** community health in Keighley?
  - If not, what is needed, including any wider infrastructure support?
  - Does this apply to smaller but locally based charities and community groups as well as large, national charities?
- How will a **commissioner contract** with such organisations?
  - Is this best?
  - What can we do to support this?
- What will **(community) health and social prescribing** look like in **three years' time**?

Definitions

We use the term VCS to mean the voluntary and community sector. However, this can be extended to incorporate social enterprises, sometimes referred to as the VCSE, or to community businesses and groups.

Report structure

The next three sections in the report work through the three core evaluation aims, starting with community capacity building, moving onto influencing system change and ending with wider lessons. We draw these together into some final conclusions and set out the firm pledges from stakeholders from the March 2022 workshop.

2. Community capacity building

The first key theme for this evaluation is around building the community capacity to deliver social prescribing activities in Keighley. More widely, could this type of pump-priming funding and support be repeated elsewhere? This section sets out the evidence from our evaluation on this, focusing on five key areas:

- Capacity built as a direct result of KCH funding.
- How the programme has changed work between grantees and partners, alongside wider changes and innovation from them, including during the Covid-19 pandemic.
- Wider feedback from social prescribers.
- The most appropriate funding streams and investment needed in this area, alongside the difference made by combining funding with infrastructure support.
- Whether is provides a sustainable approach to social prescribing need, as well as whether this has helped lever in other funding.

Building capacity

The grantee interim and end of grant reports provide evidence of the difference made through KCH funding. It has provided direct capacity by funding specific activities, even if some of these have had to change due to Covid (more on this later). This includes by funding specific roles, such as a new coordinator for People First or extra support staff at the Sangat Centre, as well as harnessing new volunteers, such as Friends of Silsden Town Hall and Keighley Healthy Living. Grants have funded training for some organisations, therefore helping to build capacity to deliver new services.

"Overall the project allowed us to expand on training, recruitment and life opportunities for the local women." Grantee report

Partnership working was repeated across the grantee reports we reviewed. This includes the intended connections with social prescribers, with GPs and, at least for one grantee, hospital consultants and wider healthcare practitioners. Some grantees spoke about new links with other voluntary or community organisations. Keighley Healthy Living described co-delivery and capacity building though strengthened partnerships, for example, while People First had set up new projects with Keighley Healthy Living, Mencap and Caudia Equine Support as a "direct result of the links made by the project worker". Several mentioned wider networking opportunities as non-financial support through the KCH grants. At the stakeholder workshop in March 2022, this created partnerships that had the added benefit of reducing duplication.

"We learned that when we work with partners in meaningful ways that include co-design and reflect expressed needs of our diverse community, all of our impacts and change achieved meet diversity and accessibility needs better." Grantee report

Changed approaches

A key aim of the KCH programme has been to connect VCS organisations with primary care, particularly social prescribers. The Development grantees generally seemed to be better connected to GP practices and social prescribers. In contrast, one Kickstart grantee did not understand the process at the time of interview (spring 2021); she had deferred the funding. One grantee said she was "very, very keen to meet our social prescribers", something she hadn't managed to do by spring 2021. This grantee, at least, was not sure how social prescribing works in practice, how connections are made and referrals come through. One grantee said that before the grant they knew very little about social prescribing but had wanted and tried to work more closely with health partners and GPs. The funding enabled them to do this. Another grantee, from the second wave of grant funding, hadn't received as many referrals from social prescribers as they had anticipated, at least in the first few months of their KCH funding. In contrast, another grantee – now receiving a second grant – said her classes are "over-prescribed". In fairness, almost all of the end of Development grant reports do suggest good engagement with primary care, including social prescribers. This shows a varied picture in terms of connections between grantees and social prescribers across both grant waves, hampered by the pandemic.

"Fantastic for everyone in primary care to be working more closely to communities", GP

"We have developed a great working partnership [with a social prescriber] and his referrals have really helped our service grow." Grantee report

"This project also gave us the opportunity to connect and work in association with various organisations such as the NHS, Manningham Housing GP surgeries and local social prescribers." Grantee report

Although the Covid pandemic was the backdrop to all of this activity, some grantees said the grant had provided opportunities to form networks to establish closer relationships in a way that would have been very difficult without the funding. One grantee, for example, described having good partnerships with health as well as local partners and delivery organisations.

A stand out example of the connection between community organisations and primary care has been the Covid vaccination programme, with connections formed via KCH. Community-based organisations have supported the programme, delivering in community settings like mosques and encouraging local residents to be vaccinated, combatting online myths. A PCN's community innovation and development lead described Keighley Healthy Living as "ever more embedded in primary care network" with staff seconded to work on vaccination programme. A GP spoke about better performance with vaccines among the socially and economically deprived people of Keighley, better than in Bradford. This is a clear example of success for community and grassroots organisations delivering healthcare services.

Have "seen what the voluntary community sector can do" with vaccinations, GP

"[The community-based vaccination programme] shows the value of building those trusted relationships and deepening the knowledge and trust with each other." PCN community innovation and development lead

Elsewhere, a substance misuse service also spoke about having nine people vaccinated while on their premises, a whole vialful, with another due on the day of the interview. This shows the potential to support public health in trusted community settings rather than clinical ones. This model was further being developed later into our evaluation, with other pop-up clinics taking place, including to deliver health checks, whether that was targeting people with substance misuse, the eastern European community or asylum seekers and refugees. This took healthcare staff out into community settings rather than reluctant residents into clinical sites.

One more step in this process has been the PCN Modality seconding several staff from VCS organisations to be health coaches directly in primary care as part of a 12-month pilot. This will target "frequent flyers", patients who use the practices a lot, working with them one-to-one to support their health over a number of weeks. This builds on the connections between primary care and the VCS. It also shows the faith that Modality has in VCS staff to deliver these services, hopefully helping to dispel views about amateurism or volunteer-run services in community-based organisations.

In September 2021, the community innovation and development lead had high hopes for the difference made for organisations of combining funding with infrastructure support linking community businesses and community organisations with primary care. He hoped it raised their profile in the health system, with the health system getting to see how specialised and professional the workers in the VCS and community businesses can be, recognition that using the capacity and skills of the VCS and community businesses can really help make a difference when it comes to priorities such as health inequalities and population health management.

"There's a lot of trust in Bradford", strategic commissioner

With these examples of work, including via the support of the KCH itself to locally rooted community organisations, one strategic commissioner spoke about work in Keighley being "an exemplar" of what can be achieved, including being replicated elsewhere in Bradford district.

Change because of Covid

Covid has thrown up challenges, a "considerable curveball", one grantee said. It has changed how agencies work and made communication a bit less effective, a PCN community innovation and development lead said. It has also thrown up other unexpected challenges. A key person from one of the grantee organisations died of Covid. As he had been a key figure in the community for the last 30 years, there was a real sense of loss, we were told. Feedback in September 2021 was more positive, as "things will be much easier this [funding] year and the projects people bid for to run will not be subject to so many changes so they could deliver something last year", the community innovation and development lead said.

Covid set "a reset button" for us, Development grantee

Some grantees have moved their services online because of Covid restrictions, with webinars and virtual groups. One organisation had even loaned tablets to people so they could access online English classes. As well as beneficiaries learning new digital skills, some staff and volunteers have had to do so. One grantee set up a peer support group on Zoom for mental health, Facebook Live sessions to

pull people together socially and further afield geographically than in-person activities allow as well as keeping in touch by telephone. Another grantee described weekly cooking sessions online alongside exercise groups over Facebook and weight loss sessions on Zoom. One organisation even recorded DVDs of their activities and posted them out. Some grantees spoke about continuing a digital offer in future, even if some services resume in-person. This would be a lasting change, offering services in different ways.

"One of the issues we can up against was that Zoom didn't work for everyone as some people don't have the technology, access or are uncomfortable talking at home with others in the house." Grantee report

However, not all activities lend themselves to an online experience, such as engaging directly with nature. For another grantee, accessing outdoor activities has been limited because their intended beneficiaries are older and were more likely to be shielding. Another said that people with dementia can struggle to follow activities online. One said older people "lived through the blitz but are scared of tablets". Digital exclusion was also voiced at the stakeholder workshop in March 2022. Another grantee said that some people don't feel comfortable doing online sessions in their own home, with all on show and confidentiality compromised.

"So much has changed", grantee

"It's really difficult to do community work when you can't work physically together – but the innovation and keenness to make stuff happen is as vibrant and creative in the VCS sector – and much appreciated by the people they support." PCN community innovation and development lead

One grantee described testing out other approaches to delivering services because of the pandemic. Instead of classes in her centre, they at first tried to meet outside, but this didn't work. They ended up moving to online classes instead, which have worked really well, she said. Another grantee also spoke about running sessions outside, even brief interventions through the garden gate or on doorsteps; another grantee did some talks in gardens while wearing gloves and face masks; a few spoke about doing walks in small bubbles. Some grantees had set up new services, including food banks, delivering food parcels as well as clothes and furniture; a few spoke about supporting people with prescriptions. There has also been more of a focus on bereavement support for those who had lost family members but were feeling alone themselves since the death.

"The pandemic has left a significant impact on mental health and social connections in Keighley communities and the need for supported outdoor activities is greater than ever – and has proved to be very effective in helping people to address their health needs." Grantee report

One KCH commissioner believed that Covid had had a bigger impact on Kickstart grantees, especially those setting up new activities rather than building on existing ones. A Kickstart grantee acknowledged this, saying their KCH activities had been pushed back, particularly because it was a small grant and other, larger funders had taken priority.

"Never had so many people coming to the door and saying I need help", grantee

"The pandemic exacerbated mental health conditions of the individuals and increased isolation further for the women we supported." Grantee report

One social prescriber also spoke about it being a harder time for some people during the pandemic, becoming more isolated by staying alone inside for longer. This social prescriber also believed her caseload had increased since the start of the pandemic, having affected people's wellbeing. A few grantees also described some centres and services shuttered up, in "hibernation". One grantee spoke about reaching out to more diverse community groups through their KCH-funded work in Keighley. This suggests that there has been an increase in demand for services, particularly around loneliness and isolation, concentrated on those services still open.

Altogether, Covid has therefore presented challenges to grantees – as is has to social prescribers and the wider healthcare system – but it has demonstrated the innovation from many organisations, such as moving services online or relocating activities outside.

Social prescriber feedback

"[I] help patients with non-medical psychosocial needs, anything from low mood, mental health, finances, benefits, housing, anything really that kind of affects people", social prescriber

"We support people … with … 'life stuff'. We're all subject to it, it affects all of us, we can hit an obstacle, something and we hit a curve ball, gives us stress, can be losing a job or having an addition, anything at all that affects us or that we may be going to a GP about or having an unplanned visit to hospital." social prescriber

Just as grantees have had to adapt how they deliver work, so have social prescribers based in GP practices. One GP told us that social prescribers had mostly been working from home, with remote contact with patients, at least in June 2021. This has limited social prescribers' time in the community

as they had previously planned. To signpost patients, this relies on social prescribers pre-existing knowledge of local services or for VCS organisations to engage with practices. In the summer of 2021 social prescribers were returning to practices and starting to get out into their communities, so a promising sign.

Social prescribers are therefore expected to have a good knowledge of services locally. For one PCN, this includes an element of quality assurance from the social prescriber, checking that activities are safe and accessible, for example, that people delivering services have had DBS checks. One PCN said they had 20 such services on their assured list, having vetted them. Doing this also allows the social prescribers to notice if there are gaps in services, such as a lack of services for men, which can be highlighted around their networks. One social prescriber also spoke about sharing information with other social prescribers, such as new groups or activities. This happens across the PCNs too, which helps to share good practice and find out what each other is doing. The stakeholder workshop in March 2022 also described the knowledge of wider services to be one key achievement from community-led health in Keighley.

"It's almost become our Bible really, we have a directory of groups and services and activities which the social prescriber would have to keep up to date", social prescribing coordinator

A key theme from all the social prescribers we spoke to was about promoting autonomy with the patients they support. Techniques like motivational interviewing help with this, as well as focusing on strengths. This strength and asset-based approach shone through from the social prescribers we spoke to. One said: "how do we find out what's best for them, simply by having an open conversation about what matters to them, what their priorities are, what their goals are and try and have a strength based conversation rather than a negative conversation".

"The idea if that you support someone just by being alongside them, so they can maintain their own autonomy, find their own solutions of things", social prescriber

"I think most people know, we kind of know what we need, it's just about bringing it out, that's how I suggest different services available they might be able to access and benefit from, it's really about listening to someone and picking up on those cues." social prescriber

The social prescribes spoke about "bridging the gap" between a medical model and the VCS, based within GP practices but signposting out to community services. One PCN wanted to go further and was looking to develop a social prescribing champion model where volunteers can accompany patients to

attend activities rather than simply be signposted to them. The social prescribers don't have enough time to offer this themselves.

"We all know what it's like to turn up somewhere for the first time like a village hall full of people. It is daunting, massively daunting", social prescribing coordinator

Most appropriate funding

There was understandable gratitude for the KCH grants from grantees. A new wave two grantee was grateful of the KCH Development grant as it has allowed them to take on more of health focus that they were interested in before but never before had the resources. A focus for this organisation was diabetes.

"Funding pots like this are very important", grantee

One Kickstart grantee praised KCH for having two levels of grant, a smaller pot to test something and a bigger one when you're ready to be a commissioned service, they said. Another grantee had received funding in both rounds of the KCH programme and said the Kickstart grant was very much about scoping, planning, exploring the landscape, making contact with partners and investing in training of staff. Their second, Development grant has been focused on putting activities and partnerships into practice, reaching out to more groups. One grantee that had received a Development grant in wave one had gained a Kickstart grant in wave two to test the feasibility of work on hypertension. Again, this shows the benefit of a programme with different level of funding. In a similar vein, one view from the stakeholder workshop was the need for unrestricted funding, trusting grantees to address the needs they see.

Where grantees have had to shift their activities, they were thankful for the understanding and flexibility from GiveBradford. Others said how easy to contact and "approachable" GiveBradford had been. "This funding should be proud of that", one said.

"The foundation [GiveBradford] lets you talk to the team, this is so valuable as there is a human connection." Grantee report

Nonetheless, one stakeholder in May 2021 said that Development grantees were somewhat worried about future funding, a challenge for them. Others also voiced the challenge with the short-term nature of lots of grants. One VCS representative said that in a perfect world there would be nice, stable, long-term grants or contracts that have some flexibility to innovate, not tied to an outcomes framework to fill in but core funding allowing the CEO to innovate and make sure services are as fantastic as possible. This gives headspace for innovation "instead of survival" for organisations, she

said. Participants in the stakeholder workshop in March 2022 also voiced the need for continuity and reliable funding.

"We're putting more pressure on voluntary sector services and I don't think we have enough funding that goes to the community … There needs to be pockets of money within social prescribing services to enhance these groups", social prescribing coordinator

In April 2021, one VCS representative was wary of the longer-term prospects for some charities across Bradford. With short-term funding during the pandemic, he believed there wasn't enough recovery planning post-Covid among organisations. Others suggested that public health was "propped up by VCS", with fundraising bringing extra resources into health services like substance misuse. It was acknowledged that grantees have their "fingers in lots of pies", with funding coming from several sources. This can be a positive, spreading the risk of a single funding stream, but it can also add pressures in terms of monitoring and reporting to each funding source.

Funding "starting and stopping and starting and stopping" doesn't help, VCS representative

The need for infrastructure support

Power to Change see their investment in KCH as a way to set up exemplar grants as part of the health and care workstream, with smaller grants into urban-based organisations to test, prove and learn. This learning should then be shared more widely, hoping to influence more organisations to do the same, influencing approaches in other areas.

There was also a lot of praise for the role of Modality's community innovation and development lead, "absolutely fantastic", one grantee said. He is well known across all stakeholders we spoke to, bridging the gap between the VCS and healthcare, between delivery on the ground and strategic decisions. This was even between KCH grantees and social prescribers in GP practices, the "face of Modality" in the community, as one stakeholder put it. This seems to be a key role to "glue" together the aspirations of KCH and championing the VCS to deliver funded community health services. This allows a focus on community-based solution to population health initiatives rather than simply healthcare solutions, one GP said. With everybody else focused on the day job, this role allows time to build relationships, the lead himself acknowledged. There is a risk in this, however, with all the knowledge, connections and relationships sitting with just one person, a KCH commissioner acknowledged.

"We need more Bills", VCS representative

His role: "try to find a way to wave flag next year that health system will invest 1% into preventative services by hook or by crook", PCN community innovation and development lead

There does seem to be a need for VCS infrastructure support akin to the VCS Alliance, particularly for smaller, community-based organisations. Some VCS representatives believed there was a need to support longer-term capacity building, not just the delivery of frontline services. One spoke about the need to identify VCS system leaders early on and help them to shadow others and do secondments, preparing them to lead and represent the VCS locally. At the workshop in March 2022, some wanted more community support roles to pull organisations together. Some stakeholders questioned whether funding from the local authority should be assigned to this type of infrastructure support, although others questioned how much funding councils would have available.

Sustainable approach

There are opportunities for community organisations to gain more sustainable funding. Several interviewees believe that delivering health initiatives in the community than in clinical settings is the best approach. This is particularly with issues like mental health or diabetes, where stigma can be an issue, or conditions like musculoskeletal (MSK) ones and pain pathways. Furthermore, alongside health support can come advice about other services, like debt or family support, the "added value bit". Where residents don't speak English, community settings can also better cater for a range of languages spoken. Grantees spoke about large Romanian, Italian, Polish, Slovakian, Czech populations, for example, with quite a few asylum seekers too; bilingual support is available in these settings in Keighley. One grantee in the stakeholder workshop described 25 community languages among their clients, for example. Others spoke about the need for culturally aware services, whether that's in mental health support or elsewhere. Community organisations can also get the message out quicker than traditional routes, some believed, or target services to those most in need, knowing their patch well. The vaccination programme and seconded health coaches is proof of this in Keighley. If this creates long-term change in how services are delivered, this will deliver long-term impact, albeit at a local level.

"Better environment [for residents] if [healthcare] can come out in [to the] community", VCS representative

"Young people don't like to go places with authority, full stop", VCS representative

Social prescribing can be seen as part of asset-based community development (ABCD), building on the strengths and resources of local communities, supporting to upskill the community and for the

community to take ownership of projects. One social prescribing coordinator believed that this was the way to make services sustainable. Several of the grant reports stated that the activities set up with KCH funding would continue, so some longer-term sustainability. At the stakeholder workshop in March 2022, a key achievement of community-led health in Keighley was the shift to peer support, a key part of the ABCD approach. Others went further at the workshop and suggested that the first response service direct to community organisations, not just clinical ones.

However, one wider VCS representative believed that for social prescribing services to be sustainable money needs to travel with the patient and into the VCS. Without this, there is no guarantee how long services will last; there is no certainty. One grantee said her services delivers "unpaid prescription[s]", with funding coming from elsewhere, not the health system.

We are "like an invisible army that is propping up a lot of people", charity manager

"Should be part of health system, not the appendage at the moment", VCS representative

One VCS representative spoke about the impact of austerity, with a loss of lots of resources locally. This suggests that any new funding may simply be filling holes left by the withdrawal of previous funding. A GP spoke about the VCS being in a "very perilous" position because of cuts to their funding and cuts to local authorities' own funding over the last 10 years.

"Keighley has been absolutely decimated by austerity", VCS representative

A genuine 1% shift?

A lot of the discussion across the evaluation was on the 1% shift, a growing focus during the evaluation. One VCS representative wondered whether matched funding from healthcare was one way to pull in resources and start to realise the 1% shift. A strategic commissioner spoke about the 1% figure being a disservice, with even higher proportions trickling down into the VCS in parts, up to 3–4% of some budgets, including local authorities already doing a lot. Another strategic commissioner spoke about the mental health investment standard, which aims to drive commissioners' investment in mental health services at a faster rate than their overall increase in allocation. He suggested a similar approach for prevention. For example, if there is 5% more funding overall, then funding for prevention should be more than 5%.

Rather than a focus on 1%, one strategic commissioner believed strongly that VCS services needed to be embedded within referral pathways, not simply receiving ad hoc funding. She didn't want to see little grants for a little time. Instead, she advocated for grant funding to test a model, build into the

system, with referrals coming as part of a more formal pathway. If this shows added value, then health can commission the service as part of that pathway longer-term. She described this as "sustainable investment".

Building capacity

Yet with any commissioning, there is a challenge inherent in providing services at a real community-led level because the organisations delivering these services are smaller, with limited infrastructure. While they may understand their communities best, they may not have resources to bid for work, lacking strong HR, fundraising or marketing teams. A few stakeholders we spoke to, including within the VCS, questioned the high number of organisations operating across Bradford district, over 5,000 one said. This means that taking on new (health) services can be a "challenge" and a "stretch", one VCS representative said. One strategic commissioner spoke about investing in local rather than national organisations was a way to build sustainability. One alternative is to bring together smaller charities into a consortium, as had been proposed previously to gain funding from Lloyds, we were told. A tangible example of this approach has been the group of organisations coming together to deliver Keighley digital hubs.

"We need one more pot of grant funding so we can continue to raise our profile and establish relationships of trust with social prescribers, local NHS services and referrers." Grantee report

Though not designed as long-term funding, the KCH has provided smaller Kickstart grants with the opportunity for grantees to then bid for two-year Development grants. This offers somewhat longer-term funding. Five of the Kickstart grantees in Year 1 did go on to receive Development grants in Year 2, while a sixth grantee received a Kickstart grant in Year 2 after a Development grant. A few grantees, particularly in wave two, spoke about the KCH grants supporting them to have time to develop business plans, including looking into future funding or commissioning. A grantee report stated that the Kickstart grant had given the organisation more time to explore how to measure impact. Since this can often form key evidence in fundraising bids, it arguably helps longer-term.

"It has increased our profile and raised awareness of what we do and who we support in Keighley, Bradford and more widely, in Yorkshire" Grantee report

A few grantees stated explicitly that having KCH grants had definitely helped with other funding streams. One, a community interest company, couldn't apply for funding until they had income of over £20,000 and had audited accounts. The £15,000 development grant was a good way to demonstrate they can manage money. Having gained two grants, first Kickstart and then Development grants, had

given others reassurance and confidence in them as an organisation. Another grantee agreed that receiving KCH funding gave confidence to others. Of the nine grant reports reviewed, almost all said the grant hadn't helped secure extra funding. It did for two organisations, though this was for follow-on KCH funding rather than new sources elsewhere.

3. Influence system change

Even during the course of our evaluation we sense a move from health commissioners, more explicitly committing to invest 1% of funds in community services. In late August the integrated care partnership executive board agreed to move to make this 1% conversation to be part of its system strategy. During our evaluation we have looked at what is needed to influence strategic commissioners, what barriers remain and what evidence is needed to demonstrate impact. Below, we've also pulled out opportunities for VCS organisations in delivering health services in Keighley.

A 'left shift' in funding

We heard repeatedly about the "left shift" in funding. One VCS representative recognised this had different meanings. It can be about shifting from a national to a community-based approach, shifting resources and decision-making, a focus on prevention and about being a positive, asset-based approach rather than a deficit model. Instead of looking at residents' problems, we should be asking: 'what keeps you well in Keighley', this VCS representative believed. A strategic commissioner spoke about healthcare being provided in a more focused and localised away, instead of one size fits all. Arguably, this is also part of the left shift.

The move to new strategic and commissioning bodies in healthcare also offer an opportunity. For example, the local community partnerships offer a "place-based decision-making framework", one stakeholder said, which include representatives from the VCS and others. These allow a whole system approach and can focus on the social determinants of health, with devolution down to the local level. A strategic commissioner also believed there was real potential in these community partnerships. For him it was about developing their capacity to understand needs of local communities, to genuinely work as a partnership, draw up plans for how needs can be addressed and how to tackle health inequalities.

"Locus of control comes to place", strategic commissioner

VCS representatives did see the strategic input and appetite for funding community-based organisations. This starts with VCS representation on strategic boards, including the wellbeing board, integrated community partnership board and integrated care system. This "reflects [the] professionalisation" of the VCS, one strategic commissioner stated, while another described "great, courageous leaders" in the VCS. Although these people don't pretend to represent all such organisations, they at least provide an active voice in strategic decision-making. One described "a real big shift" in strategic influence over the past few years, with a place at the table and the sector valued

at a Bradford district level. This is helping to shape strategy and decision-making with a different lens on.

But there is also a risk in this. Because trust is so central to this, built on existing relationships, there is a threat if key people leave such forums. New relationships – and new trust – have to be formed in order for community organisations and the wider VCS to be represented strategically.

"Decisions made in phone calls and corridors", VCS representative

Barriers and challenges

During our conversations with strategic commissioners and wider VCS representatives, we teased out several perceived barriers to achieving this left shift, to make the 1% commitment a reality. One strategic commissioner said the biggest challenge was getting the funding to follow the aspiration. Without enough funding across the system for what is needed, the discussions have been about shifting funding rather than allocating new resources.

"Funding is tight", GP

One challenge is therefore the ongoing demands from acute and hospital trusts to deal with the huge backlog in waiting lists, a PCN community innovation and development lead pointed out, with trusts "screaming out for more resources". This means the focus can be on monitoring acute and secondary care, not primary care or community-based initiatives. Moving to fund preventative services demands a "leap of faith", one strategic commissioner believed, especially if this means moving money out of statutory services.

One GP believed that many system leaders come from hospital settings, so lack a primary care view of illness. Similarly, a strategic commissioner spoke about some traditional health people, GPs and clinicians trained medically in a certain way, to find a cure, not prevent ill-health. This means a shift to thinking – and funding – prevention is a shift away from their traditional understanding and role. Furthermore, a few stakeholders spoke about the pressure finance directors are under, especially with the threat of audits and having to justify spend. This can make for a risk-averse process, favouring existing – and often statutory – providers.

Another challenge was the health sector's "patchy" understanding of what the VCS offers, a VCS representative stated. He said some healthcare professionals believe the VCS is run entirely by volunteers, making it hard to engage with risk-averse GPs. A strategic commissioner described this well, saying people confuse the voluntary sector with volunteering. Therefore, a barrier to the VCS delivering services is a perceived amateurism. One VCS representative said it is still called the

"voluntary sector", reinforcing this message of services delivered simply by volunteers. This also has implications for views about how the sector is governed, the need for quality assurance and the fear of risk, other stakeholders believed. Linked to this, a view of being run by volunteers can also lead some in the healthcare sector to under-appreciate the cost of delivering services, as if extra resources can be delivered without extra funds.

But it is true that there are hundreds of organisations in the third sector, unlike one NHS, a VCS representative acknowledged, each with its own job descriptions, pay scales and training. This means there isn't necessarily consistency across different organisations. One example to counter this view comes from the Modality PCN, which has seconded health coaches from local charities for a 12-month project, embedded right within primary care.

A changing landscape

A challenge around system change, the PCN community innovation and development lead believed, was around "the ever changing health landscape as the CCGs get abolished and the new integrated care partnerships are evolving". Any new structure takes time to bed in, priorities to agree and potentially new relationships to form. Another challenge with this is the varying and not always overlapping geographies of different health agencies. VCS organisations voiced this, not knowing how to access the health sector to be commissioned. One grantee didn't know how to navigate the NHS for funding and was wary of the future, beyond the KCH grant. A few organisations wanted support on this.

"It all comes down to having time and space to having relationship", community innovation and development lead

"If those individuals leave it really is problematic for us", VCS representative

This comes back to the dilemma about size of VCS organisation. Charities with a national presence disproportionately benefit from commissioning, one VCS representative believed, better known among commissioners than small community-based groups. This was even though these smaller organisations know their local communities better, are "*of* those communities", local "nuggets", one GP said. A strategic commissioner admitted that commissioners prefer to deal with one large contract rather than several small ones, whereas a grantee said NHS commissioners haven't got enough time to visit all projects in their local area. We heard of one example of just seven commissioners managing a budget of some £200m, therefore having little time to help the development of the voluntary sector. There is a gap here between strategic thinkers and commissioning managers.

Another challenge raised by a few VCS representatives was the lack of access to systems like SystmOne. This means the VCS is not a "proper, equal delivery partner". This also poses challenges in terms of following patients and monitoring the difference made by community services they take up. One grantee, for example, didn't know what happens once a social prescriber passes on a patient, whether there is any follow-up. One strategic commissioner said the VCS needed to be seen as part of the system, not an add-on.

Evidence needed

As part of the evaluation we have also looked to see what, if any, evidence is needed from the VCS to demonstrate the work they do in community health.

There are differing views about what evidence commissioners are looking for. One VCS representative said some commissioners want to know activity (outputs), some want to know more about outcomes (not repeat cases returning into the system), some about preventions or cost-benefits, while some want stories. One strategic commissioner also spoke about varying levels of evidence. These include a reduction in regular GP visits or A&E admissions; self-reported improvement in health and wellbeing, with questionnaires at the beginning and end of intervention, even evidenced in health checks too; as well as case studies.

One VCS representative believed the sector had got better at articulating the value and impact of its services but that this needs to be proportionate to the size of organisation and contract. They believed there is rich insight from these organisations but nowhere to bring this together. Worse, there is a lot of evidence sitting within VCS orgs that "never sees the light of day", including that given to commissioners, one VCS representative stated.

Through interviews, we heard of one community-run diabetes prevention programme that did capture hard data at the start of its programme, using pre-diabetes blood scores. Going through lifestyle coaching, this service carried out pre- and post-evaluations with residents, including BMI. They performed better than nationally and had a higher retention rate. However, they didn't have access to the SystmOne blood measure at the end, a gap in their evidence. Similarly, one wave two Kickstart grantee was collecting baseline clinical data and beneficiaries' qualitative journeys as their evidence. This organisation also wanted the GP to collect data to show the success of this service. Another grantee spoke about their own approach to measuring impact, capturing how people feel happier, have gained confidence and skills, are physically active, made social connections, accessing nature for first time and returning to nature. However, this was often quite light-touch, even with a

show of hands, though more involved in case studies. Some funders also require more formal pre- and post-service questionnaires.

All grantees had their own case studies to share too. One described a man who had previously had 400-odd hospital admissions because of alcohol and self-harm. However, with support to ensure a lower level of alcohol consumption, he wasn't self-harming. He had a new place to live with CCTV and had stopped attending hospital, with no ambulance callouts. Examples like this can also be translated to show cost-savings to public purse.

Some felt there is a tension in the short-term nature of funding, including KCH itself, but the need to demonstrate long-term health impacts. Two years was not long enough for this, one KCH commissioner said, contrasting it with a six-year funding pot, Time to Shine, with much more scope to mobilise, deliver and build infrastructure. There is a challenge on evidence, especially prevention, as this really needs to be longitudinal, long-term.

In contrast, one stakeholder believed that commissioners needed to be brave and accept soft outcomes when funding upstream prevention work, with measures like self-reported wellbeing among residents. A strategic commissioner agreed and believed there was a role for measuring things differently, such as community engagement or case examples that give you an indication of things moving in right direction. One grantee agreed that it's important to track people's journeys.

There are often extra hurdles added to funding VCS organisations, one strategic commissioner said, with the expectation of thorough evaluation, beyond how mainstream spending is evaluated. Another strategic commissioner made a similar point, suggesting that something like 90% of spend just carries on paying what was covered last year, even without the rigour of evidence-based practice. This provides an opportunity for the VCS to challenge such rigorous demands for evidence.

There is recognition from the KCH commissioners themselves that grantees will be measuring things differently. There was intentionally no desire to set up a monitoring framework beyond end of grant reports, therefore not placing additional burdens on the grantees. This was viewed as a sensitivity to the different people supported by grantees and different types of services provided. A single monitoring approach wouldn't work for this, we were told.

There was some debate from wave one grantees over whether to have a monitoring and evaluation framework. They wanted to be able to demonstrate their impact, though were also aware of pressures to provide monitoring information to other funders. One grantee specifically said an evaluation toolkit would be useful, with templates and tools to adapt. Part of this is helping organisations to reflect back

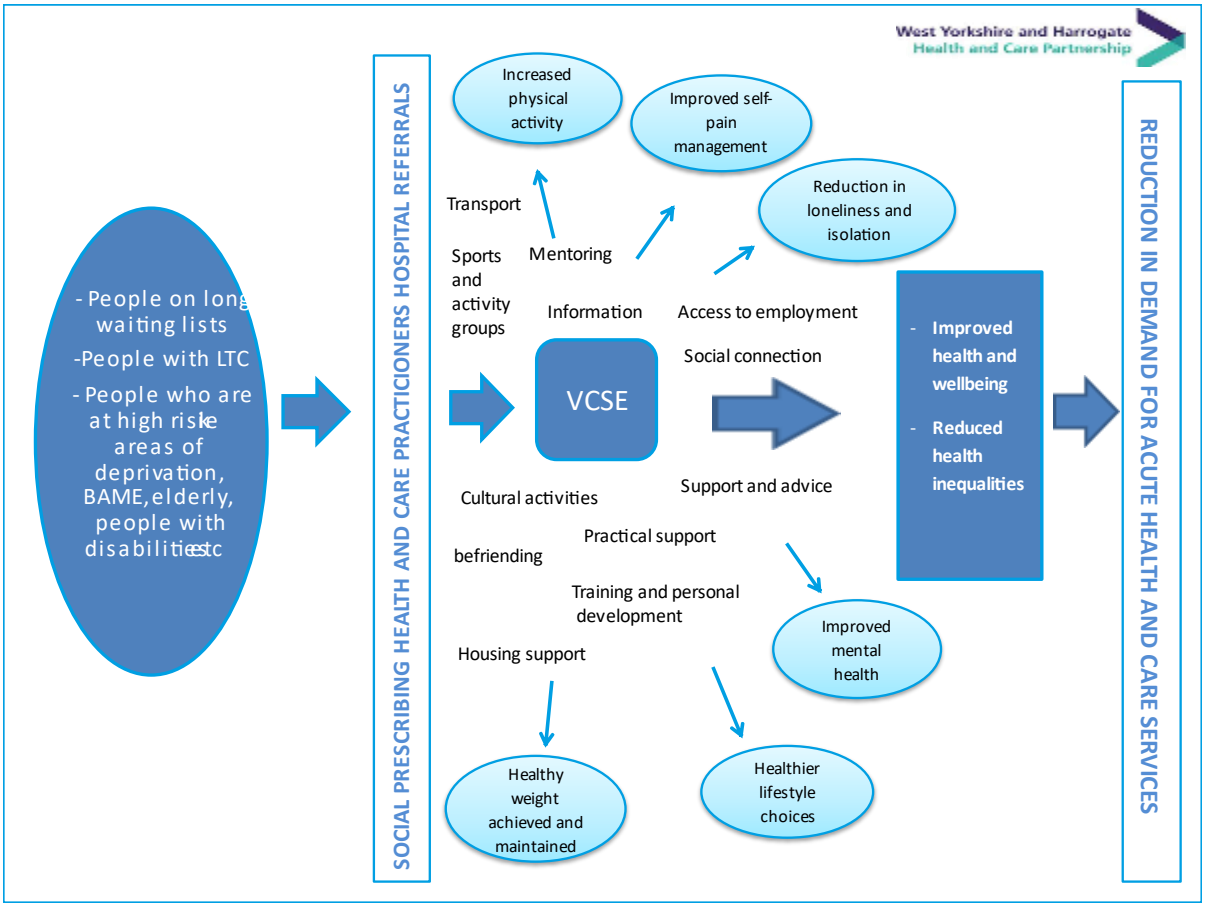
and see the good work they have achieved. One wave two grantee also suggested support from KCH to gain independent evaluations of their work, which would help secure further funding in future.

One grantee wanted to see co-design of monitoring, involving the local community, not just imposing an outside system on them. Others agreed that a more personalised approach to outcome monitoring was better for the people they work with.

Opportunities

As well as challenges coming from system change, there are opportunities open to the VCS in improving the health of their communities.

Voluntary, community and social enterprise (VCSE) health pathways (from West Yorkshire and Harrogate Health and Care Partnership)



"We bring something really different" as a sector, VCS representative

Covid has provided a positive impact for discussions between the healthcare sector and the VCS, one VCS representative said. A strategic commissioner said Covid had highlighted the importance of engagement and connectivity between sectors. It has also allowed "bureaucratic obstacles [to be] kicked aside", this person said. Another strategic commissioner said that the promises of the VCS

during Covid had been delivered, so these had been seen and valued. The examples above of delivery vaccination clinics, pop-up health checks and seconding VCS staff as health coaches all demonstrate this. A focus on health inequalities, such as through the PCN DES requirements, may provide opportunities to give "some power and resource to invest in community health offers", some stakeholders hoped.

"Community partnerships are so central in my view to the VCS", VCS representative

Some stakeholder thought a focus on a particular disease makes it easier to understand the role of the VCS. Examples include cardiovascular, respiratory, obesity, stopping smoking, diabetes. With diabetes, there is a higher prevalence among south Asian communities, a relatively large community in Keighley. One grantee said that services like Slimming World and Weight Watcher don't cater for the south Asian community, something her service does provide. Some of this is about diet and exercise, even encouraging gentle exercise like walking, but it also needs to track back to children, to reduce childhood obesity and lessen the threat of diabetes in later life. This preventative work therefore needs a 5–10 year timeframe, one strategic commissioner admitted.

One strategic commissioner believed there were opportunities elsewhere to target certain groups, such as uptake for cancer screening among ethnic minority populations. A GP said similar, with opportunities to engage people who don't use mainstream medicine for chronic issues, hypertension or hard to reach people. Another strategic commissioner thought there was an opportunity for the VCS at "interfaces", when people get handed off from one service to another. In fact, one grantee providing mental health support spoke about the community mental health team regularly referring people after coming to end of their sessions with them but still need some ongoing support.

"Very few health conditions the voluntary sector doesn't have a contribution to", strategic commissioner

When asked directly, several grantees spoke about a gap in mental health services for young people. One described the limbo age of 16 and 17 year olds, those who CAMS see as too old but adult services don't recognise as adults. A few also mentioned gaps in services for men, particularly around mental wellbeing.

As well as a focus on preventative healthcare, one strategic commissioner spoke repeatedly about "self-management". The VCS can have a targeted role in this, getting close to the community to support this self-care, such as with groups like asylum seekers or refugees. Another strategic commissioner said likewise that there is a big push for the population to take better control over their own health, such as exercising more, stopping smoking. A social prescribing coordinator also felt there was an opportunity to develop more peer support among people who access social prescribers, particularly around mental health.

Several stakeholders we interviewed, both strategic commissioners and VCS representatives, spoke about now being a "pivotal point", with a real opportunity to realise the 1% left shift. The implication is that if this opportunity is missed, it may take a long time to regain this ground. Or, as one strategic commissioner said, the window of opportunity doesn't always stay open for long. However, these people were hopeful that this would materialise.

If not taken now, "I fear the opportunity will be lost to make it happen", VCS representative

Local authority support

Other VCS representatives also spoke about opportunities coming from commissioners, including Bradford Council, purposely opening up workstreams to the VCS. One strategic commissioner believed local authorities have more flexibility with their spending than health agencies do. Another strategic commissioner said that this requires a shift in mindset, looking first to see what the VCS can deliver rather than automatically deliver work in-house by councils.

We also heard from strategic commissioners about the good relationships between health and local authority sectors, with people genuinely interested in understanding each other's world, their hearts pointing in the same direction. These leaders are genuinely committed to doing things in different ways, we were told. This also builds on a legacy dating back to initiatives in the 1990s like health action zones, so long-term work locally. One strategic commissioner spoke about the compact between the statutory sector and VCS back in 2005. He said what is needed now is a commission strategy for the voluntary sector, with the VCS seen as partners and delivery agents. This strategy would provide the confidence from strategic leaders to commissioning managers about the rules of the game, he said.

4. Wider lessons

This section sketches out some wider unintended impacts from the KCH funding, both positive and negative. It ends with wider lessons to share, particularly from grantees.

Unexpected impacts

Covid alongside the KCH had spurred several unexpected changes. The VCS response to the vaccination programme had been an "unintended positive consequence", one stakeholder said. For others, it was the reinvention needed during the pandemic, such as delivering services in different ways (such as virtually) or delivering different services (such as these community vaccinations). One grantee described longer-term benefits from upskilling and empowering the South Asian women they worked with during Covid, with greater ability to use smartphones. This included downloading the NHS app, so able to book appointments and order repeat prescriptions themselves.

Covid affected some grantees in more negative ways. One organisation that relies quite heavily on volunteers said the pandemic had reduced its resources to deliver services as some volunteers were shielding or fearful or coming out. Furthermore, two Kickstart grantees spoke about difficulties getting trustee signatures in person as part of the grant process. This was difficult during lockdown.

A potentially negative consequence, though probably foreseen, from KCH could be if there isn't a funding stream after the programme, a KCH commissioner recognised. What if 1% shift doesn't happen? Will this leave the organisations and people they work with in "a black hole"?

Wider lessons

Several grantees and others described wider lessons as part of KCH and their work delivering community health.

We heard of a real "willingness" to work together in Keighley, a connection between people and organisations working there, a sense of togetherness. Others spoke about collaboration instead of competition. One VCS representative was "unbelievably impressed" by the work of organisations in Keighley, in contrast to the bureaucracy of Bradford. Talking of the 1% shift, one strategic commissioner described Keighley as "one of most fertile places to do it".

"Being a united voice as a sector" VCS representative

One stakeholder spoke about how "vital" it was to have "the time it takes to build those trusted relationships" between organisations that "will allow people to understand each other and their organisations and priorities". One grantee said they would like to meet other grantee to explore shared experiences.

"I love the way the VCS and community organisations are trying to collaborate together there is a real sense of trying to work together / not compete." community innovation and development lead

Providing health support at a local community level also allows for more co-design of services to meet specific groups, tailored to language and cultural needs. This was happening with the pain pathway for musculoskeletal conditions, we were told. In fact, one grantee had originally set up activities in GP practices but had had to move into community settings because of Covid. They believed this was beneficial as it was in the community and away from medical settings.

One of the KCH commissioners believed that flexibility in funding and support to take account of the innovations and changes was important. A grantee agreed, advising other applicants to be flexible and adaptable if things aren't working. Another described this in practice, such as pulling a group together if six women want the same help around weight, rather than simply delivering one-to-one support. A key lesson from Covid for one grantee was being adaptable. She said this is "still uncertainty about the future". Building on this, several grantees spoke about not being afraid to talk to funder, particularly when things may change.

5. Conclusions and pledges

This evaluation has sought to see how the Keighley Community Health grant programme is helping to build the capacity of community-based organisations to improve the health of people in Keighley and helped to shift thinking among strategic commissioners.

The Covid-19 pandemic has thrown up challenges and opportunities. It has made it harder for the VCS to engage with social prescribers and limited much in-person work. However, we did hear about connections between primary care and the VCS, especially for Development grantees and as services came out of Covid lockdown measures. The pandemic has also stimulated different ways to delivery health services, including online. Some of these changes will be lasting. Even more importantly, it has shown the real value of community-based organisations that have stepped in to support the Covid vaccination programme, a tangible benefit of local connections between the VCS and primary care. Pop-up health clinics and a PCN seconding VCS staff as health coaches are two more examples of these links between primary care and community organisations.

There was understandable gratitude for the KCH grants from grantees. It has allowed some organisations to focus on community health initiatives for the first time (eg diabetes), it has given others the chance to test initiatives (eg hypertension) and it has given some the space to focus on longer-term business planning. Yes, grantees would like longer-term funding and have to juggle obligations from several funders.

There was also a lot of praise for the role of Modality's community innovation and development lead, a key role gluing together on the ground delivery in communities with primary care and strategic commissioners. Alongside this is a need for wider infrastructure support to build the capacity of smaller organisations in Keighley. While they know their communities well, they often struggle to understand how and where to bid for funding in a complicated health system.

Yet the VCS is strongly represented in strategic commissioning bodies for healthcare. There is a desire to transfer funding to the sector, turning 1% aspirations into reality. With funding already tight for healthcare agencies, there needs to be a "leap of faith" for the healthcare mindset to fund upstream prevention that is locally rooted. This also demands strategic leaders' desires to translate into actual funding decisions by commissioning managers and engage community-based organisations in deciding where funding is needed locally.

There are other barriers and challenges to overcome. These include showing the professionalism of the VCS, not just delivered by volunteers. Another challenge is the tension between large national

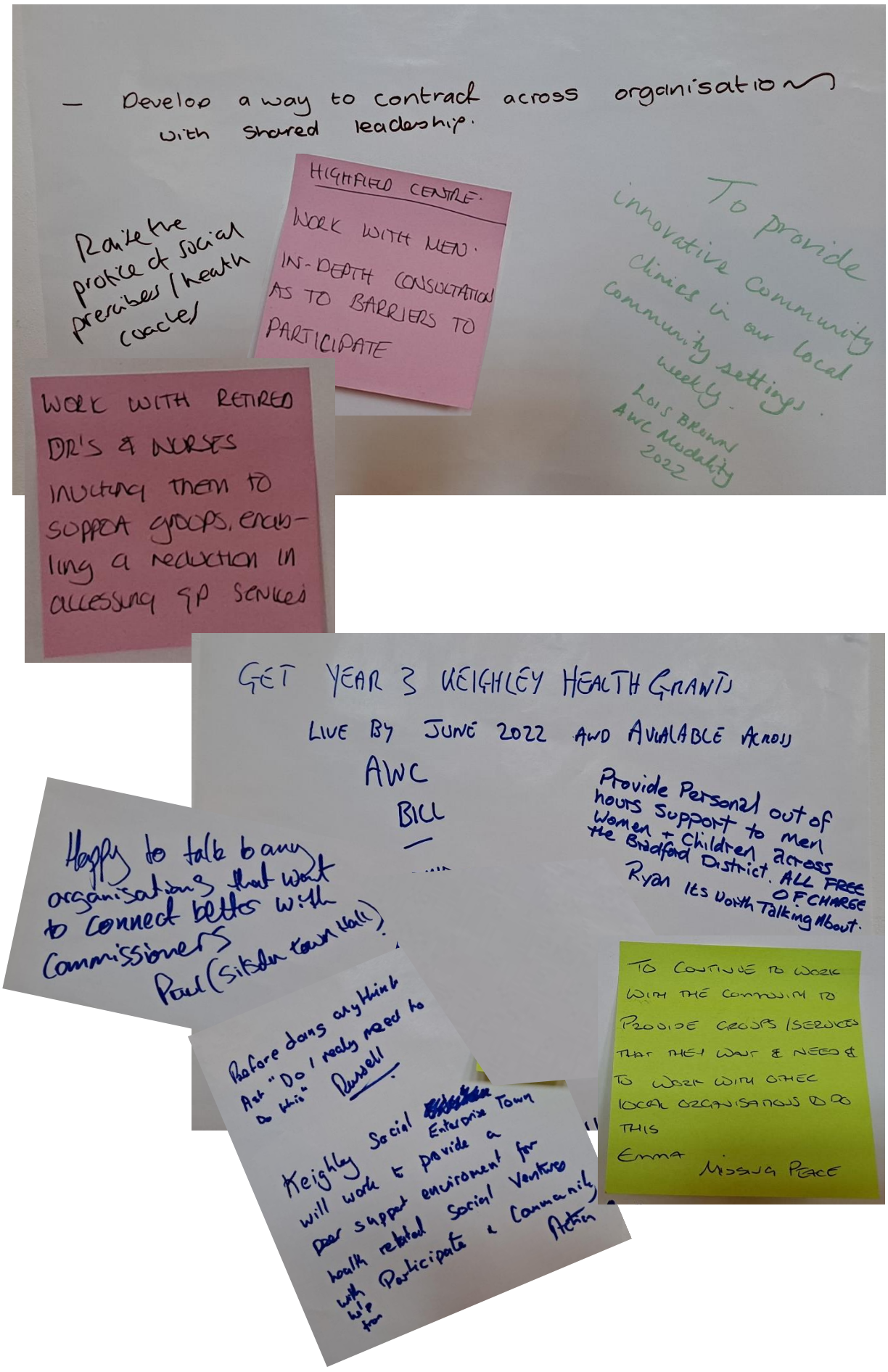
organisations that are better known and have greater capacity to raise funds, set against small, locally based groups that have better connections to their communities but lack resources to bid for contracts. Infrastructure support would help this but isn't always actively funded.

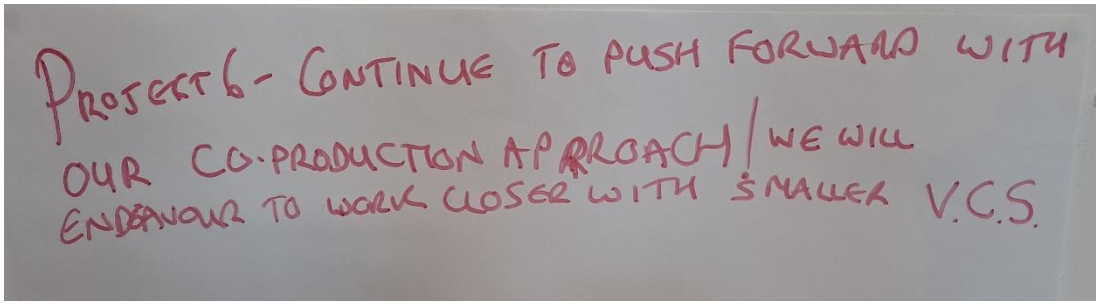
There are real opportunities for the VCS to support health services, including with particular diseases like cardiovascular, respiratory or diabetes, or delivering to targeted groups locally, including on obesity, smoking or with those who don't use mainstream medicine. Yet this does mean money has to follow patients with social prescribing and into the VCS. This needs to be more than small and short-term grants, ideally built into longer-term pathways. The VCS has a lot to offer, including its local roots in places like Keighley.

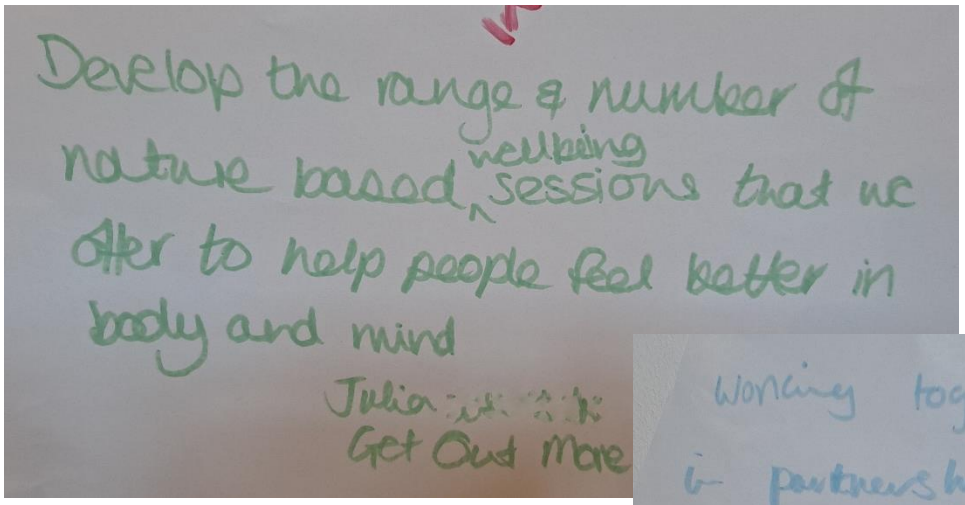
Keighley Community Health has shown that community-based organisations can be well connected into primary care, helping to improve the health of their communities. Targeted work with certain groups, whether by language and culture or particular needs (eg alcohol abuse), can pay dividends. Evidencing the long-term impact of this investment is beyond the scope of this evaluation, yet we can see how a closer connection with the VCS can support health initiatives. We hope that this evaluation helps support the further progression of the 1% discussions in and around Keighley to continue this community-based healthcare approach.

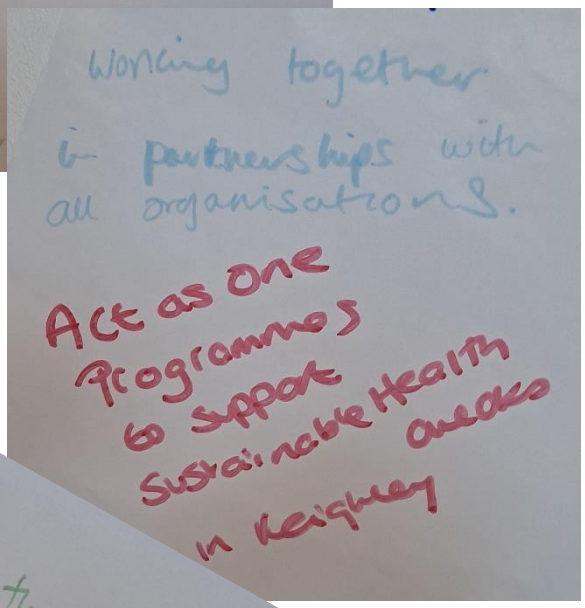
Stakeholder pledges

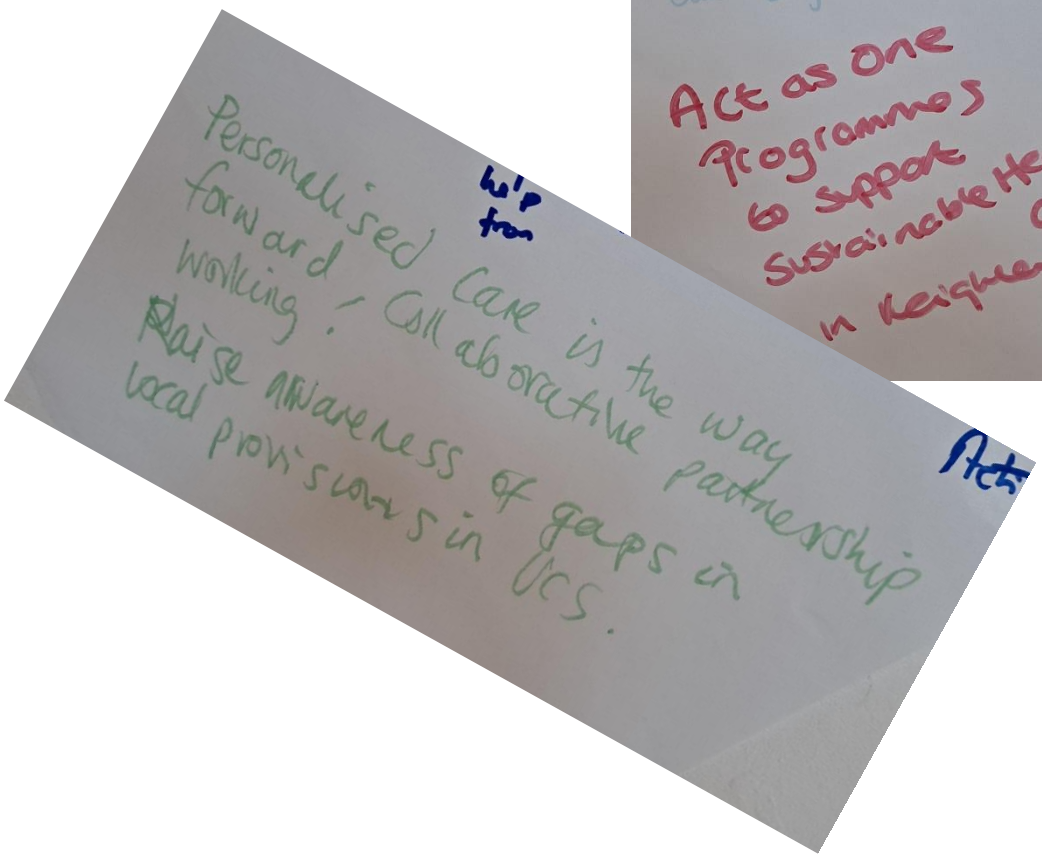
As part of the stakeholder workshop in March 2022 was a 'pledge board', an opportunity for those present to publicly commit to do something. Below are those pledges, which are even more powerful than evaluator recommendations as they are firmer commitments from those involved in commissioning and delivering community and healthcare services in Keighley. They also offer the opportunity for the local community to hold people to account for these public pledges.


– Develop a way to contract across organisation with shared leadership.
HIGHFIELD CENTRE.
WORK WITH MEN.
IN-DEPTH CONSULTATION AS TO BARRIERS TO PARTICIPATE
Raise the profile of social prescribes / health coaches
To provide innovative community clinics in our local community settings weekly.
LOIS BROWN AWC Modality 2022
WORK WITH RETIRED DR'S & NURSES INVITING THEM TO SUPPORT GROUPS, ENABLING A REDUCTION IN ACCESSING GP SERVICES
GET YEAR 3 KEIGHLEY HEALTH GRANTS
LIVE BY JUNE 2022 AND AVAILABLE ACROSS
AWC
BILL
Happy to talk to any organisations that want to connect better with Commissioners
Paul (Silsden Town Hall)
Provide Personal out of hours support to men Women + Children across the Bradford District. ALL FREE OF CHARGE
Ryan Its Worth Talking About.
Before doing anything Ask "Do I really need to do this"
Russell
TO CONTINUE TO WORK WITH THE COMMUNITY TO PROVIDE GROUPS / SERVICES THAT THEY WANT & NEED & TO WORK WITH OTHER LOCAL ORGANISATIONS TO DO THIS
EMMA
MISSING PEACE
Keighley Social Enterprise Town will work to provide a peer support environment for health related Social Ventures with Participate & Community Action


PROJECT 6 - CONTINUE TO PUSH FORWARD WITH
OUR CO-PRODUCTION APPROACH / WE WILL
ENDEAVOUR TO WORK CLOSER WITH SMALLER V.C.S.


Develop the range & number of
nature based wellbeing sessions that we
offer to help people feel better in
body and mind
Get Out More


Working together
in partnerships with
all organisations.
ACE as One
Programmes
to support
Sustainable Health
Awards
in Keighley


Personalised Care is the way
forward / Collaborative partnership
working / Raise awareness of gaps in
local provisions in VCS.

m·e·l research