

# Simply the best?

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Making Leeds the  
Best City to Grow  
Old In

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# Introduction

The Centre for Ageing Better commissioned Melanie Henwood Associates to undertake a short-term piece of research in Leeds exploring the local strategic policy context for care and health, and considering how the Leeds Neighbourhood Networks (LNNs) understand and contribute to the agenda. The work was undertaken during April and May 2019, and included collection and analysis of key documentation, and semi-structured interviews with 17 key stakeholders. Individuals to be interviewed were identified in discussion with Leeds City Council and with Ageing Better; some additional contacts and interviewees were suggested in the course of the work and subsequently contacted. Some interviews were undertaken face to face, but others via telephone; all interviews were digitally recorded with consent, and fully transcribed. The research consultant is very grateful to all participants for their cooperation and willingness to share insights. All interviews were undertaken in confidence and no individuals are identified in the reports.

Interviews did not take place with the LNNs, with local communities or with older people themselves; this was not the purpose of this piece of work which was focused on understanding the strategic health and care context and the implications of this for the LNNs. Previous research has been completed for Ageing Better that focused on the voices and perspectives of the Neighbourhood Networks.

A full report has been produced, and the purpose of this shorter document is to highlight the key findings for Leeds stakeholders, particularly drawing attention to opportunities, challenges and emerging issues.

# The Leeds Strategic Policy Agenda

The strategic policy agenda is set out in a suite of documents across the wider Council, and particularly around health and care. These cross-reference each other, and present a coherent and shared vision. The key dimensions are set out below. It is important to recognise at the outset that Leeds is highly aspirational and ambitious, thus its core goals include that Leeds will be:

- The best city for health and wellbeing.
- The best city to grow old in.

These bold objectives provide an important target for achievement; they are indicative of a city with a clear sense of direction and purpose. The goals should not be seen as indicative of arrogance or hubris, but of a determination to do the very best for local citizens. This is encapsulated in the Best Council Plan (Leeds City Council, 2019), which states:

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**“Our vision is for Leeds to be the best city in the UK, one that is compassionate and caring with a strong economy, which tackles poverty and reduces inequalities. We want Leeds to be a city that is distinctive, sustainable, ambitious, fun and creative for all, with a council that its residents can be proud of: the best council in the country.” (P.2)**

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The Health and Wellbeing Strategy (Leeds Health and Wellbeing Board, 2016) similarly has the clear objective that:

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**“Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.”**

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There are five key outcome domains associated with this objective:

- People will live longer and have healthier lives.
- People will live full, active and independent lives.

- People’s quality of life will be improved by access to quality services.
- People will be actively involved in their health and care.
- People will live in healthy, safe and sustainable communities.

The focus is on the whole city and the whole population, but different segments of the population attract priority. Cross-cutting themes that unite key objectives include: developing an age friendly city; supporting prevention and self-management, and ensuring strong, engaged and well-connected communities.

The objective of making Leeds an Age Friendly City is also embedded in the Health and Wellbeing Strategy, and recognises the importance of a strengths-based approach:

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**“Being an Age Friendly City means promoting ageing positively and maximising opportunity for older people to contribute to the life of Leeds. We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers.” (P.7)**

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The recognition and celebration of strengths is also identified with regard to the important role of strong and well-connected communities, for example:

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**“The relationships and resources in communities are building blocks for good health. Leeds has brilliant and diverse communities, well-established neighbourhood networks and a thriving third sector; we must harness these strengths.”**

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Alongside the population-wide strategies are further policies that focus on particular sub-groups in the city; the Better Lives strategy is therefore concerned with people who need care and support, and focused on ensuring that they can also live a fulfilling life, as reflected in the five key aims of the strategy (Leeds City Council, 2017):

- To promote well-being and increase personal and community resilience.
- To maximise recovery and promote independence so people can live independently in their own communities for as long as possible.

- To improve the quality of life for people with care and support needs.
- To provide choice and control for people who have care and support needs.
- To ensure value for money and the best use of the Leeds pound.

The Better Lives strategy was first developed in 2011, but refreshed in 2017 when the purpose was reframed around three key themes:

- Better Lives through better conversations.
- Better Lives through better living.
- Better Lives through better connections.

Delivering these goals is a key element within the major shift in the model of social work in Leeds.

The language and philosophy of strengths-based and asset-based working that characterises the framing of care and support is also expressed in the idea of ‘working with’ people, rather than doing things to or for them. This is described as a ‘golden thread’ that runs through different council strategies and initiatives, and which also characterises the approach of health commissioners and providers, and is evident in better integration of care and health through Committees in Common arrangements and in Local Care Partnerships. Strengths-based and asset-based approaches and ways of working appear embedded at a strategic level, and are becoming an integral component of ‘organisational DNA.’

Across health and care documentation and strategies there is a powerful ambition to ensure Leeds is the best it can be in delivering quality of life for all its citizens. Furthermore, the particular policy statements and strategies all reflect shared values and principles and underline the importance of:

- Person-centred support.
- Strengths-based approaches.
- Working with local communities and the third sector.
- Building social connection and engagement.
- Maximising independence.
- Addressing prevention and achieving ‘Left shift’.
- Achieving integration.

# Working with the LNNs

Leeds has a long history of working with and supporting the local third sector in general, and the development of Leeds Neighbourhood Networks (LNNs) in particular. The LNNs originally developed with a single scheme in 1985 (Belle Isle Elderly Winter Aid), focused initially on helping older people deal with severe winter weather conditions and fuel poverty. The network has spread and grown, and 37 Neighbourhood Networks cover the city of Leeds.

Support from the Council has been maintained and increased, and through periods of austerity efforts have been made to sustain support to the LNNs and the third sector. The Neighbourhood Networks benefit from considerable security of funding, with the latest round of grant awards giving them at least five years guaranteed support, and the likelihood of ten.

The essential role of the LNNs is to support local older people, and in particular to:

- Tackle loneliness and social isolation.
- Deliver a range of health and well-being activities.
- Support older people to access and be aware of other services.
- Directly involve older people in oversight and delivery of the service.

There are both opportunities and challenges in working with the LNNs within the new strategic policy context, and some of these dimensions are highlighted below.

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## Opportunities

Although the LNNs have an established history, there is an emerging opportunity for their role and contribution to move into a new phase and for them to relate more closely to the strategic policy objectives of the council and partner organisations. The following are of particular note:

- The third sector in Leeds, and the LNNs as part of that, are a vibrant and significant part of the social capital and assets of the city with enormous potential to add value to the work of the statutory care and health sector. Long term support from the council, and commitment from elected councillors, have been vital in protecting and growing the sector and contributing to strong and well-connected communities. This foundation is essential for the delivery of wider strategic goals for health and wellbeing in Leeds.
- The LNNs have grown from their communities, they are firmly rooted in their local neighbourhoods and understand the needs and preferences of local citizens they are in touch with.
- There is recognition within the city council of the importance of engaging more effectively with the LNNs and connecting them to strategic objectives. 'New Asks' have been incorporated within the conditions of grant agreement which reflect these wider goals.
- There are opportunities for more rigorous monitoring of LNNs and for the collection of relevant outcome data that will provide better evidence of the contribution of the networks, and of the mechanisms that have most impact.
- The LNNs have regular contact with significant numbers of older people and are well-placed to notice changes in the needs of people attending events, and to identify those who may require additional support from social care or other services. Involvement in the use of 'Talking Points' (part of the move to Strengths-Based social care) creates opportunities for the LNNs to be more directly connected to the implementation of the Better Lives strategy.
- The LNNs could develop a more outward looking style and connect people to a much wider range of community assets and resources than is often the case at present. This is contingent on the LNNs developing further and adopting a more explicit ABCD approach and facilitating connections to wider community resources.
- The expansion of Social Prescribing in Leeds is likely to create additional demands and referrals to Neighbourhood Networks, but this is recognised in additional support and funding for the networks via the CCG that is contributing 10% of the £3 million allocated to the LNNs by the Council. There is scope for the



networks to engage with a different and more diverse group of people than they may have done previously.

- There are opportunities for the LNNs to be more closely involved in supporting self-management for people with long-term conditions, and for health practitioners to benefit from being able to access groups of people needing support with diabetes, or COPD, or similar chronic conditions.
- The pursuit of the 'Leeds Left Shift' is contingent on the development of community-based resources, and the LNNs are well-placed to make a significant contribution to this capacity.
- The alignment of a number of key policy strands in Leeds, building on an established foundation of commitment to the third sector and the wellbeing of older people, creates unprecedented opportunities for change and attainment of bold ambitions.
- There are opportunities for Leeds to share more widely the benefits of its approach and experience. This is not to argue that there is a 'magic solution' in Leeds, but there is considerable experience and insight gained over a period of time in understanding the preconditions for building strengths-based models of support and developing better integration.

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## Challenges

There are undoubtedly also challenges in working with the LNNs in the context of a new strengths and asset-based model and approach, and the following were highlighted in the course of the research:

- The LNNs are extremely diverse, and this is part of their strength and appeal, but at the same time it makes little sense to refer to them all as a single entity. Some networks have a reputation for being more innovative and flexible than others, for example. The LNNs have the potential to be more than the sum of the parts, but this would require a greater consistency of approach across the entire network.
- The LNNs occupy a privileged status and are frequently described as ‘the jewel in the crown’ of the Council’s relationships with the Third Sector. While it is important to celebrate success and achievement, there might be some risks that other third sector organisations perceive their own contribution to be less valued.
- The LNNs need to respond to a changing older population and this is likely to require a different ‘offer’. New cohorts of older people approach old age with different expectations and aspirations than in the past, and they may be less attracted to the model of an older people’s organisation than were their forebears. At the same time, the ageing of the older population and the success in supporting people to continue living independently in their communities also creates new challenges for the LNNs which need to respond to higher levels of complexity and personal care needs.
- Asset Based Community Development, while initially tested in three LNNs, is a challenging concept and approach for the wider LNNs to adopt, and engaging with this agenda is work in progress and is supported with access to training. Adopting an ABCD approach requires LNNs to reorient themselves and to build and facilitate connections for people rather than necessarily offering direct solutions or services.
- There is scope for the LNNs to share experience and learning with each other, and with other Third Sector partners, more systematically. The appointment of a coordinator post for the networks was in progress at the time of fieldwork and could be very positive and could create a ‘meta-network’ within and between the individual LNNs. However, reshaping the way the LNNs interact will require cultural change and commitment to wider shared goals.
- Understanding what the LNNs do, and how they do it, needs to be the focus of more critical scrutiny. The approach to monitoring and contract compliance has in the past largely focused on counting

activity rather than examining impact. However, the need for a change of approach has been recognised by commissioners and additional asks are being made of the LNNs, but this is clearly an area of development.

- Building the evidence of the value of strengths and asset-based approaches is a challenge for care and health services, and for the contribution of the LNNs. Stakeholders recognise the importance of evidence but finding the right metrics and dimensions is complex, particularly for models that are not single interventions that can lend themselves to counter-factual comparison. Moving away from Randomised Controlled Trial (RCT) models to population-based outcomes, and individual-level outcomes requires imaginative and flexible approaches to monitoring and evaluation.
- The LNNs are individually constituted, independent bodies with their own management boards. While there are opportunities for increasing the synergy between the LNNs and the strategic policy objectives of care and health partners, and these are being recognised and developed, it is also recognised that there are some tensions with the continued independence and local focus of the networks. Ensuring that the LNNs as a whole commit to strategic objectives and to working in a more integrated way to that end is likely to require a rebalancing of relationships with commissioners and a greater focus on compliance, without undermining the essential vibrancy and localism that distinguishes the Neighbourhood Networks.
- The overall financial and political climate is a challenging one for public services, and continued uncertainty about future funding and the direction of government policy (particularly around adult social care) is recognised as a risk to sustainability in Leeds.
- While there are always risks of policy fashion bringing change and undoing previous work, there is a strong sense in Leeds of the embeddedness of strengths-based approaches, and real shared ownership across multiple stakeholders. It is recognised that there is mutual dependency between the organisations of the third sector and statutory health and care bodies. While the third sector, including the LNNs rely to a considerable extent on the assurance of continued funding, without the resources of the third sector it will be impossible for the strategic agenda (particularly the Leeds Left Shift) to be delivered in full.

# Conclusions

There are multiple opportunities to enhance the fit and coherence between the role and contribution of the LNNs to the strategic care and health agenda, and for the development of the networks to evolve rapidly. At the same time, there are considerable challenges to be addressed in achieving this goal. Leeds city council and health partners share the driving passion to make Leeds 'simply the best'; there are strong grounds for believing that this can indeed be a reality – for the benefit of all its citizens, and to the credit of all those involved both in statutory services and in the third sector and the Neighbourhood Networks - making Leeds indeed the best city to grow old in.

# References

Leeds City Council. (2017). *Better Lives Strategy 2017 - 2020*

Leeds City Council. (2019). *Best Council Plan 2019/20 - 2020/21 Tackling poverty and reducing inequalities.*

Leeds Health and Wellbeing Board. (2016). *Leeds Health and Wellbeing Strategy 2016-2021.*

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**Let's make ageing better.**



This report is part of our work on **Connected communities** and is freely available at [ageing-better.org.uk](https://ageing-better.org.uk)

The Centre for Ageing Better creates change in policy and practice informed by evidence and works with partners across England to improve employment, housing, health and communities. Ageing Better is a charitable foundation, funded by The National Lottery Community Fund.

