



Wifi:

Commissioning the Leeds Neighbourhood Network Evaluation

Wednesday 6 March 2019

@Ageing_Better

Welcome and introductions

Claire Turner, Director of Evidence
Centre for Ageing Bette

The role of the Leeds Neighbourhood Network – Leeds City Council perspective

Michelle Atkinson, Leeds City Council

Neighbourhood Network Schemes



Background

- Leeds is the second largest metropolitan district in the United Kingdom, extending 15 miles from east to west, and 13 miles from north to south. Equating to 562 square kilometres broken down across 33 wards.
- As of the last census point (27th March, 2011) Leeds had a population of 751,500 living in 320,600 households.
- There are 35 Neighbourhood Network Schemes spread across 37 geographical areas covering the entirety of Leeds providing support to Older People.
- Community developed and led organisations supporting older people across Leeds since the mid 1980s.



What is a Neighbourhood Network?

Neighbourhood Networks provide preventative support (no personal care) to older people (aged 60 and over) in Leeds to enable them to continue living independently in their own homes.

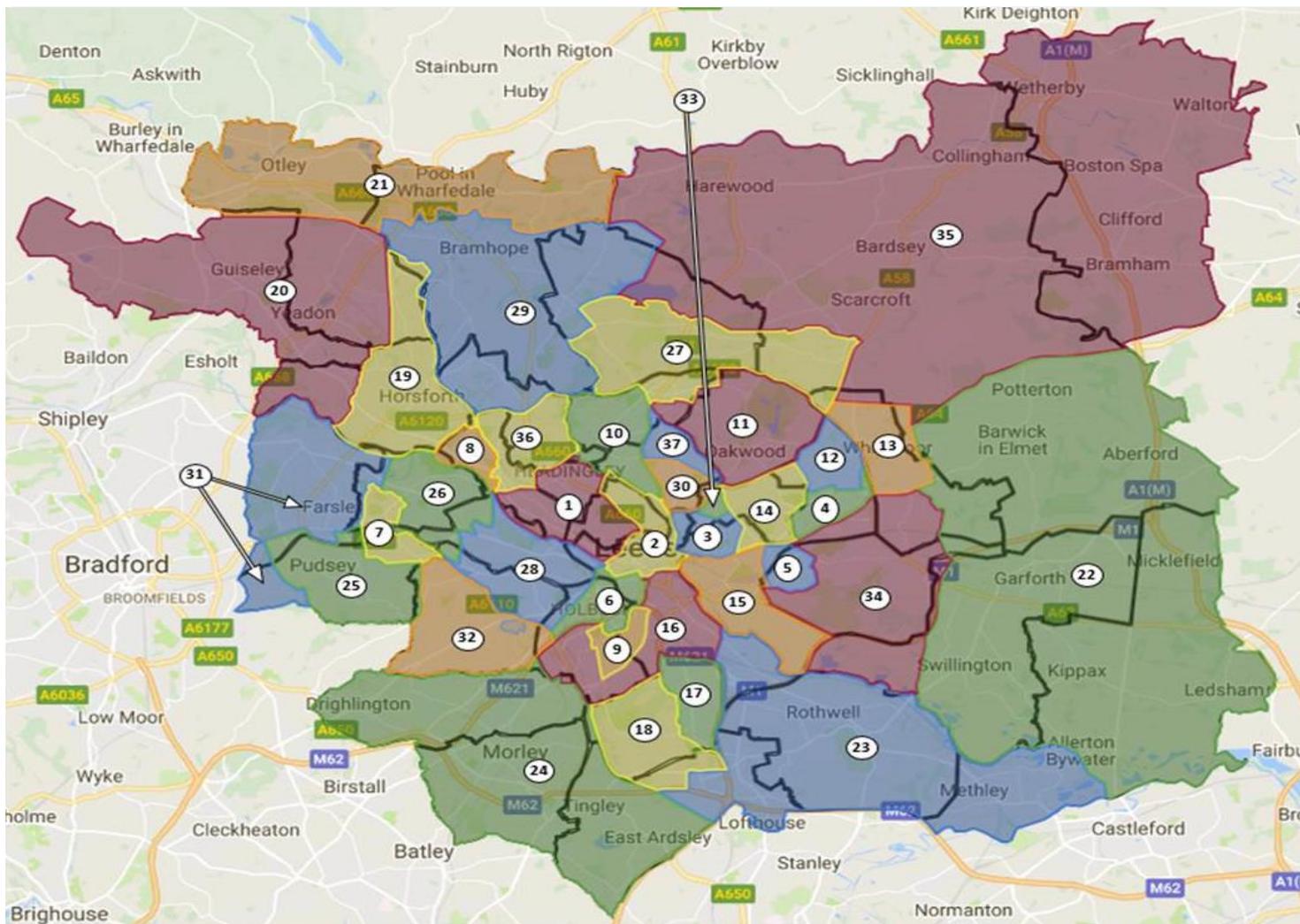
35 Independent organisations covering 37 geographical locations

Organisations have a range of Older People on their Boards/Committee's in a variety of roles

Responsive/flexible services able to respond to changing needs of their local community

Value added (funding, use of local services, partnerships)





Map Reference	
1	Kirkstall
2	Woodhouse and Little London
3	Burmantofts
4	South Seacroft
5	Halton Moor and Osmondthorpe
6	Holbeck
7	Stanningley and Swinnow
8	Hawksworth
9	Beeston (BME)
10	Meanwood
11	Roundhay
12	North Seacroft
13	Swarcliffe
14	Gipton
15	Richmond Hill
16	Beeston, Hunslet and Cottingley
17	Belle Isle
18	Middleton
19	Horsforth
20	Aireborough
21	Otley
22	Garforth
23	Rothwell
24	Morley
25	Pudsey
26	Bramley
27	Moor Allerton
28	Armley
29	Adel
30	Chapelton
31	Farsley
32	Farnley, New Farnley and Moor Top
33	Harehills
34	Crossgates
35	Wetherby
36	West Park
37	Chapel Allerton

What do they do

- Help provide greater choice and control in relation to day opportunities across the city (predominantly for older people aged 60 and over).
- Within a community setting, utilising local resources, deliver services that help tackle social isolation and contribute towards improving health and wellbeing.
- This is provided alongside additional support such as advice, guidance and signposting.
- The range and scope of activities offered by each organisation varies from area to area depending on, local demand, access to resources, staffing and volunteer capacity and skills.



Outcomes

The primary goal of the NNS is to support and empower local older people under 4 main outcomes that underpin the services:

- Reduction of isolation.
- Increased participation and involvement for older people in the Neighbourhood Network Scheme and community in which they live.
- Choice and control over their own lives.
- Enhanced wellbeing and healthier life choices.



Impact of the NNS's

- The service is on average is provided to 23,000 individuals
- Delivered by 184 paid staff members and 1,978 volunteers

2017 Monitoring Data

- 1,031 instances of preventing hospital admission
- 9,306 instances of one to one support with individuals
- 1,666 instances of intensive support at home



LCC Contribution

- Grants commenced on the 1st October 2018.
- Contributing funding towards Neighbourhood Networks for 5 years with the option of a further 5 years offering financial stability to these organisations.
- Annual value of £3 million and a total investment of £15 million over the 5 years.
- Funding ranges from £51k up to £141k.



Challenges

- Economic position of the Local Authority and other funders
- Demographic pressures (including sub groups of older people, e.g. dementia, frailty, learning disability, mental health, substance misuse)
- Increased expectations on small, voluntary sector organisations led and supported by older people
- Variety of premises and arrangements



Neighbourhood Networks Developing Role

- Increased recognition of the importance of tackling social isolation
- Links to Community/Strength based Social Work
- Asset Based Community Development
- More specialist support (e.g. dementia, drug and alcohol use)
- Digital communities
- Health and Wellbeing – physical activity, preventing malnutrition, winter friends
- Health & Care agenda - falls prevention, self-management, hospital discharge, frailty, new models of care
- Key in meeting the requirements of the Care Act
- A model for other Adult Services



Introduction to the Leeds Older People's Forum

Bill Rollinson, Leeds Older People's Forum

Ageing Better's strategic relationship with Leeds

Jo Volpe, Partnership Manager – Leeds
Centre for Ageing Better

Our Memorandum of Understanding

Signed October 2017



The Partnership

- Supports Leeds Strategic Commitment to be the Best City to Grow Old In
 - Age Friendly Leeds Board
 - Age Friendly Leeds Partnership

- Our initial shared priorities
 - Housing
 - Transport
 - Connected Communities

Leeds Neighbourhood Network Evaluation Steering Group





Purpose and Role of the Evaluation Steering Group

High-level role in steering the focus, purposes, delivery and use of the evaluation findings

- evaluation is delivered with sensitivity to any issues and relationships
- findings are used and acted upon
- provide their ideas and insights, helping to overcome obstacles
- make recommendations



Joanne Volpe

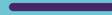
Leeds Partnership Manager

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Who and what are the networks?



Helen Kara

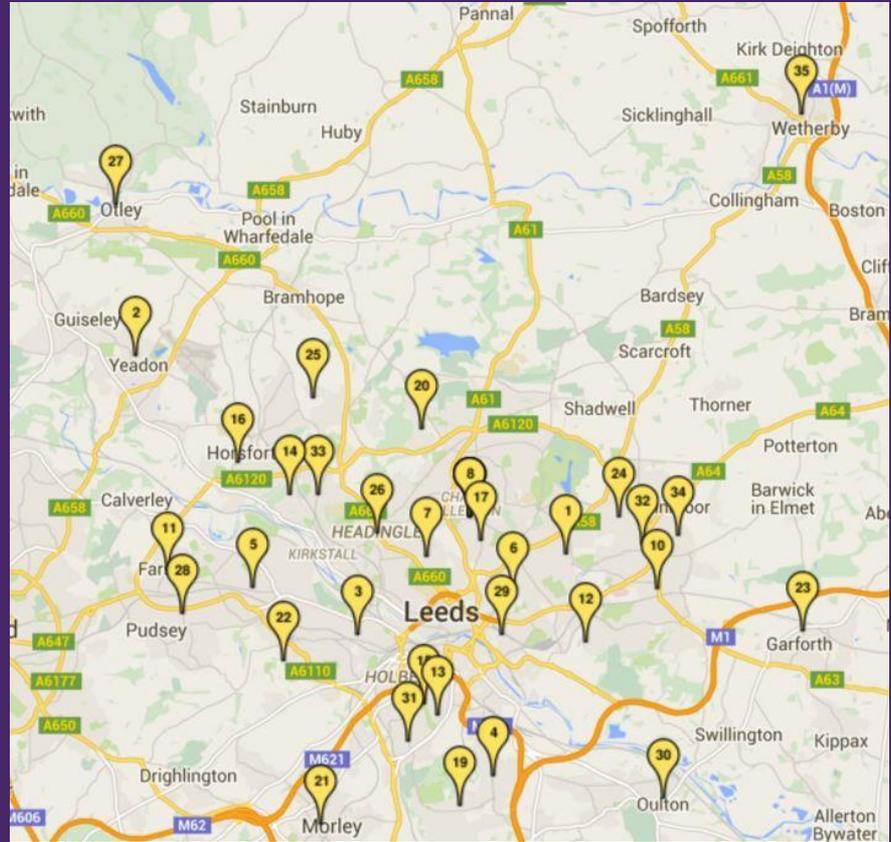
Independent Research / Evaluation consultant

Initial engagement with the LNN

Helen Kara

What are the LNNs?

- 37 Local networks for older people
- Volunteers and members
- Covers whole city
- Provides a range of (preventative) services
- Funded by Council and others



What are the NNs?

“Community based, locally led organisations that support older people to live independently and pro-actively participate within their own communities by providing services that reduce social isolation, provide opportunities for volunteering, act as a “gateway” to advice, information and services that promote health and wellbeing and thus improve the quality of life for the individual.”

www.OpForum/org.uk/nns

Development of the network – growth over time

- **Mid 1980s** Belle Isle – Winter Aid (Council funded)
- **Mid 1990s** Large growth modelling Belle Isle creating 34 NNs using Special Transitional Grant (in 2/3 stages)
- **Late 90s** – continued funding from Council and other sources
- **Early 2000s** – continued expansion to all parts of Leeds Met District area



The networks have many similarities, but also many differences



What do the networks do?

- Make use of local assets (inc volunteering, buildings, relationships etc)
- **Provide / refer to** wide range of services
- Put **older people at heart** of governance and decision making
- Value **reciprocity**
- Aim to be **responsive to local neighbourhood**
- **Responsive to individuals changing needs and requirements**
- But considerable variety across the network as to how these 'principles' are brought to life

They refer to and / or provide a wide range of services within the following categories:

- End of life
- Financial wellbeing
- Dementia
- Low level memory
- Strength and balance
- Advocacy
- Staying active (phys and mental)
- Social engagement and participation / isolation and loneliness
- Seasonal wellbeing
- Bereavement
- Housing related advice and support
- Strength and balance
- Depression and anxiety
- Nutrition and hydration
- Digital inclusion
- Welfare and benefits
- Carer support

But we know very little about the detail...

- Data is very patchy - only some networks listed specific services provided within categories.
- We don't know which services are provided, referred to or 'brought in'.
- We don't know the balance across the networks of different roles (outreach, triage and assessing needs, referral to other organisations funded through other funding streams v direct provision)

There is some commonality but also considerable diversity and difference across

- Size
- Reach
- Experience
- Leadership
- Governance
- Involvement of older people
- Quality and type of resources
- Management strategies
- Area demographics
- Relationship with statutory agencies
- Partnership and cross-boundary working
- Additional funding

**What outcomes do network organisations
say they contribute to?**

For members

- Physical health and reduced risk
- Independent living
- Social life and relationships
- Mental health and wellbeing
- Reduced carer burden / increased carer wellbeing





For volunteers

- Meaning and purpose
- Self-worth
- Sense of belonging
- Structure
- Social connections



For health & social care system / services?

- Lower expenditure
- In some cases, higher expenditure?

Community outcomes?

social capital – trust and social fabric

friendliness of neighbourhoods

community wellbeing

community 'resilience'

community assets

increased levels of volunteering

civic participation

Key challenges and opportunities for the LNN

- Relationship with health (and social care)
- Changing needs / new clients
- Changes in the volunteer landscape
- Changes in the availability of community facilities / resources / eligibility for statutory services
- Impact of other initiatives in the area e.g. Time to Shine
- LNN as a community of networks / learning



What did we learn about working with LNNs?

- Long lead in time for any meetings.
- Access during December and March is not possible.
- Communication needs to be plain English
- Willingness to help with evaluation but...
 - limited time
 - High expectations for feedback and learning
 - Concerns about data requirements



What data can be used in the evaluation?

- Some data, but likely to be limited value for evaluators:
 - Quarterly returns to the council
 - Other funders returns (for some)
 - Surveys / work with universities (for some)
 - 'Outcomes star' used for 1 in 10 clients
- Opportunities to review monitoring in future
- Need further exploration of data sets elsewhere in the system

What do LNN hope for from an evaluation?



1. Making the case

- impacts and cost benefits (esp to health)
- Telling the story

2. Learning and improving

- optimal service configurations,
- effectiveness of individual services
- How NNs operate with different approaches and resources
- About adapting to changing contexts

Deep dive into an example network

Dawn Newsome
Armley Neighbourhood Network

ARMLEY HELPING HANDS



Supporting Older people living in Armley & Wortley District of Leeds 12

Armley Helping Hands is a Registered charity supporting Older People in
Armley & Wortley District of Leeds, England

The Charity was established on Monday 5th June 1995. by a steering committee of Older People, Carers and Representatives who work with older people with in the local community

We are classified as a Neighbourhood Network (NNs) by Leeds City Council, the charity have a long established relationship with Leeds City Council in which we have succeeded in maintaining a Service Level Agreement and contract with Leeds City Council since 1995

A key element of the establishment of the charity is the persistent representation of older people on the steering Committee's and Board of Trustees

Armley Helping Hands has grow, in response to the needs and aspirations of local older people. We have carefully listened to our members' (older people) and tried to respond appropriately, by providing a range of services, advice, support and varied social and healthy living activities, enabling older people to live independently and to pro-actively participate within their own communities

The charities aim is to provide facilities for the advancement of education, recreation and leisure time activities with a view to improving quality of life, promoting independence, safeguarding older people and reducing social isolation



Our Community, our older people

- ❖ Armley and Wortley is in the District of Leeds, West Yorkshire England
- ❖ Armley grew in the industrial revolution and had several mills
- ❖ Armley is now a largely working class area of the city, which still retains many smaller industrial businesses.
- ❖ Armley & Wortley has a high levels of deprivation,
- ❖ The key domain of deprivation in Armley and Wortley is Employment, Health, Disability and Crime.
- ❖ Health statistics shows that the area has higher than the city's average for:
 - Existing health problems (20.12% compared with 17.3% in the city as a whole) and future health problems, based on current conditions and lifestyle (46.3% compared with 17.3%)
 - 25.5% of households have someone with a long term health condition or disability
 - Disadvantaged elderly people with poor diet and chronic health (3.3% compared with 0.5%)
- ❖ 7.4% of the housing in the area has no central heating (city average = 2.7%), leading to high heating costs, fuel poverty and winter health issues
- ❖ Lower life expectancy, probably relating to high levels of obesity, smoking, alcohol consumption and poor mental health . Life expectancy in Armley and New Wortley is 70.81 for men and 78.15 for women, compared to 78.9 and 81.6 across Leeds as a whole.



- ❖ Increasing frailty and other health issues, ageism, reduced income and, often, less resilience to the changes and challenges of these issues leading to loneliness and isolation.
- ❖ Changes within the family nucleus:- breakdown in marriage and the growth of more complex relationships and reconstituted families creates risk factors for Loneliness in later life,
- ❖ Working with aged offenders and older people on Licence
- ❖ Age discrimination: - older people's sense of powerlessness and ability to live a fully engaged life; it has a significant negative impact on older people's mental health.
- ❖ Experience of discrimination and prejudice, for example on the basis of race, ethnicity or sexuality can have a cumulative effect over the life course.
- ❖ State pension age rises will impact on individuals who will have a gap between earning and pensionable retirement. We are experiencing cases where individuals are dependent on benefits, who have a Sharpe fall in living standards; an increase in anxiety and mental health issues



Our commitment to our older people

- ❖ The charities protocol is to be the first point of contact for older people, carers and their families.
- ❖ We have 1216 older people registered to the charity
- ❖ We provide a comprehensive support service and weekly activity programmes to 157 older people with a view to improving quality of life, reduce social isolation and promote independence and enable the older generation to engage with their local community.
- ❖ Developing and delivering innovative and imaginative services and activities to meet older people and the community's needs by exploiting funding opportunities and establishing mutually beneficial partnerships.
- ❖ Creative approach to provide sustainable funding to deliver older peoples services
- ❖ Evaluating our service levels in line with the changing needs of our service users to ensure continuous improvement.
- ❖ To provide services that is of a high quality
- ❖ To provide courteous and flexible approach to older people and their carers.
- ❖ To provide value for money and cost effective services .
- ❖ To provide a door to door Transport Service to older people living in Armley and Wortley District of Leeds 12
- ❖ To ensure that our services are available and accessible equally regardless of race, colour, nationality, ethnic or national origin, religion, gender, marital status, sexuality, disability or age.



- ❖ Armley Helping Hands are committed in providing a quality and effective service to older people. The charity pride themselves on being able to consult with Service Users, Carers, Partnership agencies', professionals and the general public to evaluate existing services and identify the needs of the local community.
- ❖ Sustainability and Development: - As Government budget cuts hit statutory providers of care we are picking up the pieces and working with older people with multiple health and social problems. We are successfully involving them in activity groups and also giving relevant advice and support and liaising with other agencies on their behalf.
- ❖ Recruiting volunteers' of all ages and ranging in age from 18 to 93 years old. Volunteers' help us provide excellent service in helping us run groups, trips, parties and administrative help when needed. Our volunteer's projects enable us to respond to community need in innovative ways and meet social gaps, provide social, environmental and economic benefits. Overall, this contributes to economic regeneration reversing the spiral of decline within our communities and opening up opportunities to employment.
- ❖ Community Engagement and Diversity: - working in partnership with the community and listening to what people in the community need. Enabling them to maintain their independence and develop a community ownership.
- ❖ Partnership and Engagement with local Business with in the city, Developing Volunteer programmes for local businesses to develop staff outside of the workplace format and to improve their competencies as well as their relationship with the community that they live and work in and also to improve the company's relationship and reputation within the city.



- ❖ One of the key objectives of Armley Helping Hands is to early intervention and prevention, maintaining independence, good health and promoting wellbeing, interventions include combatting ageism, providing universal access to good quality information, supporting safer neighbourhoods, promoting health and active lifestyles, delivering practical services etc.
- ❖ Partnership and sharing good practice We have always had a strong working partnership with our GP practices and health practitioner's
- ❖ Strength Based Social Care Armley Helping Hands have always had a unique working relationship with our Social Workers with in the WNW Armley team. In which our key focus as always been a person centred approach and respecting each partners views and opinions on individuals older people care plan
- ❖ Enabling the older person to develop a self-care programme, promoting earlier intervention, independence and control of their lives'
- ❖ Raises individual's awareness and access to health and preventative services, enabling the older person to have earlier intervention of care and reducing the risk of deterioration



Meet Bruce

- ❖ Bruce is a 75 year old gentleman who lived alone for the last 30 years in a one bedroom flat on the second floor, of a high raised building in New Wortley. The flat is very minimal with no TV and only a radio to entertain Bruce in the evening
- ❖ Bruce is one of seven sibling but as not had any contact with his family since the late 90s due to his alcohol intake. He was never married and has no children
- ❖ Bruce as Chronic Obstructive Pulmonary Disease after smoking for most of his life, and had a Heart bypass in 2005.
- ❖ Bruce's Doctor and lead nurse were concerned about his alcohol intake, they was also concerned he's was not eating properly and he was underweight.
- ❖ Bruce spent most afternoons drinking in his local public house, due to his social isolation and he does not like been in his flat alone. The outcome was he was high risk of falls and regular caller to A&E
- ❖ Bruce is also witnessing anti-social behaviour on a day to day basis from his Neighbour (the area he lives in has a high level of drug and alcohol addiction and crime)



- ❖ To enable us to engage with Bruce the Practice Manager suggested that they arrange a review appointment with his doctor when Armley Helping Hands was delivering a Pop up café in the surgery so that we could try and engage with Bruce.
- ❖ Bruce was reluctant to engage in service and decline the offer to come to Supper club. One evening the practice nurse had a appointment with Bruce just before the club. The practise nurse made the excuse that she was coming over to see us, so she would walked him over to the supper club.
- ❖ Bruce particular enjoyed the free 2 course meal and unlimited cups of tea, it was very clear he was hungry and not eating properly. At the end of the session we offered Bruce additional vouchers, so that we could try and build up a relationship with the team and our transport driver offered to call Bruce the following Wednesday morning
- ❖ Over the last 4 weeks and a hospital admission with a head injury after gaining entry to his home we developed a strong working relationship with Bruce and identified the following issues he is facing :-
 - Money Management, majority of Bruce's money goes on alcohol which means he has limited funds for food and heating
 - Bruce's flat was cold and damp and in general poor condition
 - Bruce is isolated and as high levels of fear of been a victim of abuse and crime
 - He's is always back home before dark and will not answer the door or go anyway after dark
 - Bruce's general appearance and hygiene was poor and his clothes were not suitable for cold weather



- ❖ we introduced Bruce to our crime prevention officer who has supplied him with some crime prevention advice. The officer as also assured Bruce's that his concerns regarding crime in his area was raised with Sargent and West Yorkshire Police have increased the allocated beat time with the local PCSO around Bruce's community. Leeds city Council have been made aware of the issue with the other occupant living/residing within the flats in Bruce
- ❖ We have started talks with Bruce to look at alternative accommodation, with the potential to move into supported housing where he would be among other people and he would feel safe
- ❖ Bruce as participated in the health and wellbeing session at supper club and is really taking on board the need to have a good balanced diet and exercise. He also now attending our luncheon club, men's group shopping service and charity Holiday
- ❖ We accessed Mary Ann Hole funds to buy a good winter coat and warm clothing for Bruce.
- ❖ we have seen Bruce be more conscious of his appearance and personal hygiene. Bruce now as a meaning to go out and actually developed new friendship with people with in the community
- ❖ The biggest outcome is Bruce has reduced his alcohol intake, and not had a drink since August 2018
- ❖ Bruce is now really motivated and wants to be part of his community, we and the team at priory medical practise can see how Bruce's physical and mental well as drastically improved.
- ❖ We accessed benefits and Bruce now as deposable funds to enjoy life and maintain his independence with the community



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Commissioning the evaluation

Matt Baumann, Senior Evidence Manager
Centre for Ageing Better

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1. Background and evolution of this work
2. How we're thinking about the evaluation
3. Key challenges
4. Early ideas about overcoming challenges
5. Next steps

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Evolution of the vision for this work



Evolution of the vision for this work

March 2019



Case studies – strategic case for NNs

- Neighbourhood Networks as part of wider renewal of health and social care - Birmingham (Nov 2018 - January 2019)
- Understanding strategic perspectives on the NNs in Leeds (March 2019 – May 2019)



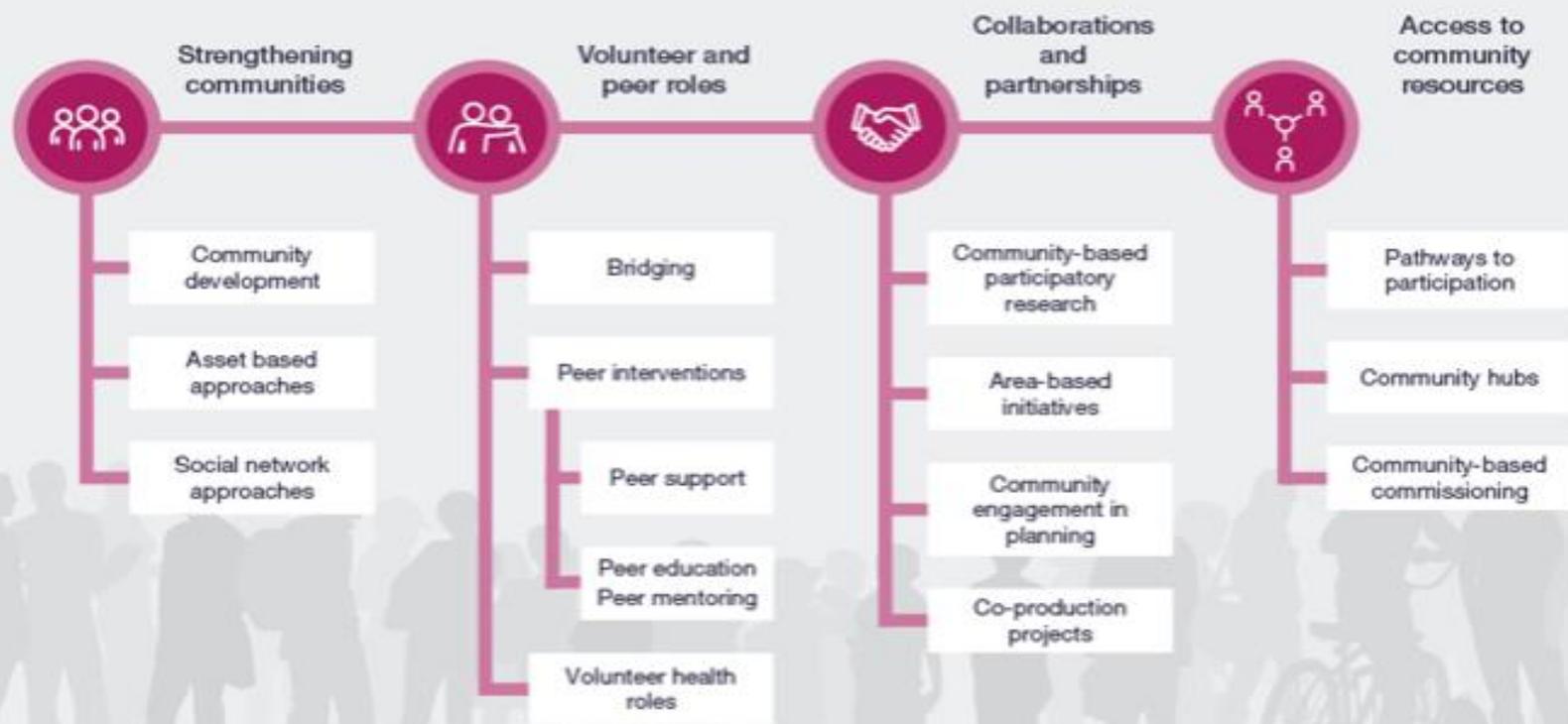
Research and reviews (March-December 2019)

Map, understand and draw out...

- Related **policy context** and agendas
- Wider range of **community based approaches** out there and what's known about them
- Evidence for specific **community services**
- Key **evaluation challenges**

Begin to identify demand for learning / communities of practice

The family of community-centred approaches



Learning and impact (June 2019 – June 2021)

Leeds

- Understand learning ambitions of network and network funders
- Work closely with the local network co-ordinator
- Provide outputs that contribute to local learning and development

Nationally

- Connect with learning fora, networks and nurture communities of interest
- Contribute targeted outputs that address key issues.

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Achievements to date (May 2018 – March 2019)

- Engagement with network organisations
- Evaluation steering group established, met 3 times
- Commissioned research, case studies and learning
- Engaged range of expert advisors
- Engaged local data / research experts and owners
- Scoped out evaluation issues and challenges

Evaluation of the LNN (May 2019 – February 2021)

Summative evaluation

- Exploring what 'it' is, how (well) 'it' works;

Formative evaluation

Understand how networks are

- initiating and responding to new learning structures and opportunities
- adapting to and responding to externalities

Example evaluation questions

- Set 1: Understanding and analysing the networks
- Set 2: Explore performance against evaluation criteria
- Set 3: Track and understanding outcomes and impacts
- Set 4: Modelling costs and impacts
- Set 5: Understanding adaptation and change

Evaluation 'waves'

Inception phase (May – August 2019)

Three waves (?) of fieldwork, analysis and reporting:

- Wave 1 (September 2019 – February 2020)
- Wave 2 (March 2020 – August 2020)
- Wave 3 (September 2020 – February 2021)

Distribution of outputs across the evaluation life cycle (illustration)

Inception phase outputs	Outputs during wave 1	Outputs during wave 1 Wave 2	Outputs during wave 1 Wave 3
Output 1, 2	Output 3, 4, 5	Output 6, 7, 8, 9, 10	Output 11, 12, 13, 14, 15

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Limited Monitoring data

- Limited monitoring data collected
- Concern not to burden sites or to disturb relationships

Multiple evaluation objectives, questions and stakeholders

- Formative and summative objectives
- Stakeholders – network funders, network organisations, Ageing Better, public
- Emergent requirements / decision making
- Emergent programme of research, evaluation and learning
- Range of outputs across 18 months

Complexity and impact evaluation

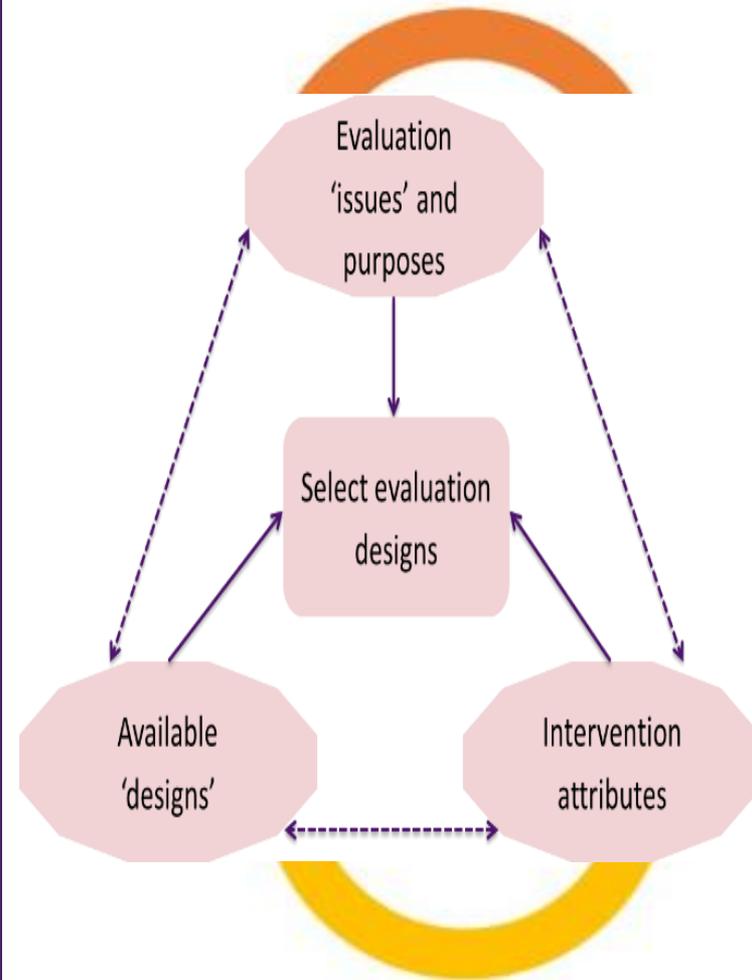
- Intervention – ‘multi-faceted’, multiple outcomes
- Variation across the network – what ‘it’ is, who is served, how well. Variation in contexts delivered. Variation in participant engagement
- Emergence – changing environment
- Sampling – organisations, services, clients?
- Need for longitudinal data on multiple outcomes
- Assumptions unlikely to be met for experimental / quasi-experimental approaches

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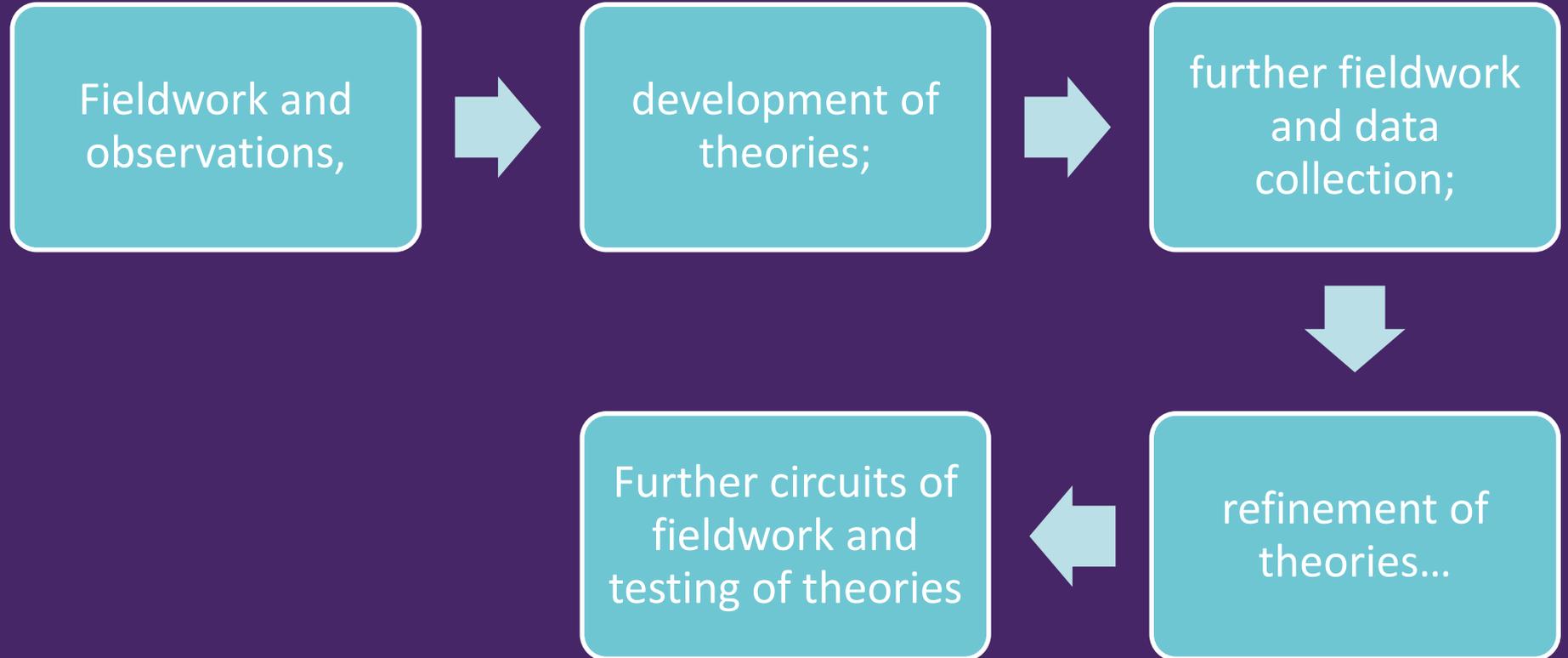
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Prioritise and take an iterative approach

- Prioritisation – based on evidence gaps, steering group preferences
- Waves of exploratory fieldwork and analysis
- Iterative improvement of evidence base
- Iterative assessment of plausibility of evaluative approaches over time



Take a Theory Based approach to Evaluation (TBE)



Data opportunities

- Local analysts supportive
- PCT Evaluation Support Service
- Leeds Data Model
- Opportunity to influence monitoring of NNs / sample of NNs



Make use of Leeds Data Model

What: Client level, pseudonymised data set with 3-5 years of rolling data

Includes:

Inpatient, outpatient, A&E; calls to 101, walk in centres, GP data, disease incidence, patient demographics, LSOA identifier, use of community care services

Access:

- Application to local information governance team
- Ethical scrutiny will be required.

Advice from experts

- (Virtual) advisory group to provide regular appraisal of proposed approaches
- Advice from local analysts
- Advice from NIHR teams

Agree a profile of outputs in partnership

- Agree a realistic number of interim outputs linked to question sets and waves of research to feed into learning activities
- A few polished final reports

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Procurement timetable



March 7-20	Opportunity for further feedback
April 5	Finalise & issue specification of requirements
May 1	Deadline for clarifications
May 24	Bids received
w/c 10 June	Interviews

What are we looking for?

- Understanding, Experience and capability
- Iterative approach, not fixed plan
- Community development and health social care
- Agile working, facilitation *and* leadership
- Evaluation design
- Social Research methods
- Experience in theory based approaches
- Economic modelling
- Stakeholder engagement
- Understanding of complex causality and implications for evaluation
- Good understanding of realist ontological / epistemological perspectives

Lunch and networking

Panel Q&A

Summary and close

Claire Turner, Director of Evidence
Centre for Ageing Bette