Centre for Ageing Better

The role of the Leeds Neighbourhood Networks during the COVID-19 pandemic

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Age friendly Leeds — Making Leeds the best city to grow old in

About us

Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Sheffield Hallam University: Centre for Regional Economic and Social Research

As a leading UK policy research centre, CRESR seeks to understand the impact of social and economic disadvantage on places and people, and assess critically the policies and interventions targeted at these issues.

Clients include government departments and agencies, local authorities, charities and foundations, international organisations, and the private sector. We offer research expertise covering a wide range of qualitative and quantitative methods, evaluation, policy advice and guidance, and consultancy.

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1. Introduction

The Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University is undertaking an evaluation of the Leeds Neighbourhood Networks (LNNs) on behalf of a strategic partnership between the Centre for Ageing Better (AB), Leeds City Council (LCC) and Leeds Older People's Forum (LOPF). The partnership was established in October 2017 to enable Leeds to adopt evidence-based practice into city systems, pilot innovative approaches, and generate new evidence that can be shared locally, regionally, nationally and internationally. The evaluation commenced in September 2019 and will conclude in December 2021.

1.1. Evaluating the LNN response to the COVID-19 pandemic in 'real-time'

Following the onset of the COVID-19 pandemic, and the decision on 23rd March 2020 to put the UK in 'lockdown' and 'shield' many older and clinically vulnerable people, the evaluation was paused and repurposed to focus on the LNNs' response to the pandemic. A plan was developed for a 'Real Time Evaluation[1]' (RTE) of the LNNs during the COVID-19 and commenced in June 2020 with the following aims:

– To understand and share learning about the LNN response to the COVID-19 pandemic, focussing on what is working well and what could be improved at a city and neighbourhood level.

– To understand and monitor the impact of the COVID-19 pandemic and its consequences for the LNNs as civil society organisations, focussing on the implications for current and future funding, their relationship with key stakeholders, implications for staff and volunteers, and how these affect their sustainability and ability to 'thrive'.

– To understand what role the LNN could play within the COVID-19 pandemic recovery at a city and neighbourhood level, including how individuals, communities and the health and social care system have experienced and benefited from the LNNs' work.

[1] For more information see: https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Real-time-evaluation.pdf

This report builds on an earlier 'Snapshot Report'[2] to develop a detailed understanding of the LNN response to the COVID-19 pandemic between March and July 2020 by exploring the following questions

i.   What have been the main characteristics of the immediate LNN response to the COVID-19 pandemic?

ii. What has been the reach of the LNN response to the COVID-19 pandemic?

iii. Where do LNNs fit within the wider Leeds COVID-19 crisis response?

iv. How can a) the LNN specific response and b) LNN involvement in the wider response be adapted and/or improved at city and neighbourhood level?

v.   What are the similarities and differences in how individual LNNs have responded so far and have these affected how 'effective' the response has been?

1.2.   Research methods

The report draws on the following data collected in June and July 2020:

a.   A review of key documents and wider material (including social media) about the COVID-19 pandemic response in Leeds, covering city and neighbourhood wide information and LNN specific information.

b.   Interviews with 5 key local stakeholders with an overview of the LNN response (representatives from social care, public health and the civil society organisations involved in co-ordinating pandemic response)

c.   Interviews with key staff from 22 LNNs operating in a variety of different social-economic and geographic contexts, including neighbourhoods in areas with high levels of economically deprivation and better-off neighbourhoods, urban and more rural neighbourhoods, and neighbourhoods with high and low density of Black, Asian and minority ethnic communities.

The analysis presented also draws on the Evaluation Team's prior knowledge and understanding of the LNN, developed during the evaluation scoping phase undertaken between September 2019 and March 2020. Key activities during this phase included:

– Two 'design workshops' with the Evaluation Steering Group.

– Two meetings of the Local Learning and Communications Group.

[2] See: https://www.ageing-better.org.uk/publications/real-time-evaluation-leeds-neighbourhood-networks

– Two workshops with the LNNs as part of their quarterly Forums.

– Focus groups with the LNN Older People's Commissioning Team and Public Health Older People's Team in LCC.

– Regular discussion groups with key staff from the Centre for Ageing Better.

In keeping with the principles of RTE, ongoing informal discussions and feedback loops with key local stakeholders have also informed the Evaluation Team's interpretation and analysis of the data for this report.

1.3.   Report structure

The remainder of the report is structured as follows:

– Chapter 2 provides some background to the LNNs and the policy context in which they had been operating prior to the COVID-19 pandemic

– Chapter 3 discusses how the LNNs have responded to the COVID-19 pandemic

– Chapter 4 discusses the role of the LNNs within the wider COVID-19 pandemic response in Leeds

– Chapter 5 highlights some of the main challenges and opportunities for the LNNs arising from the COVID-19 pandemic

– Chapter 6 provides a summary of the main findings before discussing their implications for the LNNs and their role within the health and social care system in Leeds

This section provides an overview of the existing knowledge and understanding of the LNNs prior to the COVID-19 pandemic. It draws on a review of key documents about the LNNs and learning from stakeholder engagement activities undertaken during the evaluation scoping phase.

2. Background to the Leeds Neighbourhood Networks

2.1. What are the LNNs?

LNNs aim to support older people to remain living independently and to participate in their communities through a range of activities and services that are provided at a neighbourhood level. The networks have expanded considerably over the past 30 plus years and there are now 37 NNs provided by 32 different organisations covering the whole city of Leeds. The LNNs grew from a single initiative established in 1986 as Belle Isle Elderly Winter Aid that was set up to help older people cope with winter weather and the challenges of staying warm and well. The form, function, activities and services of LNNs are diverse but they also share some key characteristics:

- They are all run with the involvement of older people: each NN has a management committee drawn from the local community, including older people and usually elected local councillors.

- The activities provided by the NNs vary from network to network, but typically include provision for older people such as information and advice; advocacy; activities to improve health and wellbeing; social opportunities; and social activities. Most NNs also provide a mixture of universal (i.e. open access) and targeted (i.e. specific population groups or health conditions) provision.

- The NNs have been commissioned by LCC to address four major requirements (i.e. outcomes for older people): to reduce social isolation and loneliness; to increase contribution and involvement; increase choice and control; and enhance health and wellbeing. These requirements will be monitored for the duration of their current service contracts (five years from 2019 onwards, in the first instance).

2.2. Where do the LNNs fit within the wider policy context?

The 'Simply the Best'[3] report produced by Melanie Henwood Associates documents the strategic health and care policy context in Leeds in some detail. This has several dimensions exemplified in the stated ambitions that Leeds will be the "best city for health and wellbeing" and the "best city to grow old in."

This provides the basis for a shared agenda across the council, the local health economy and civil society and it appears in different forms across key statutory policy and strategic documents: The Best Council Plan; the Health and Wellbeing Strategy; Leeds Health and Care Plan; the Better Lives Strategy, and the Frailty Strategy. The central objective of the Health and Wellbeing Strategy is that "Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest." 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 of these strategies is the whole city and the whole population, but different population groups have been prioritised and there are some cross-cutting themes that connect directly with the work of the NNs:

– Developing Leeds as an age-friendly city.

– Supporting prevention (through the 'Leeds Left Shift' ambition to shift resources and ways of working in this direction).

– Ensuring strong, engaged and well-connected communities.

Person-centred and 'working with' approaches, and the language of 'assets' and 'strengths' are key features of the policies and practices of the City Council, and of health commissioners and providers. This is epitomised by the Better Lives strategy, which has three dimensions structured around better conversations, better connections, and better living.

Devolved neighbourhood level working with institutional support is a key feature of this local policy environment. Improved integration of health and care is being pursued by devolving many aspects of service delivery and implementation to Local Care Partnerships (LCPs), which, although not

[3] See: https://www.ageing-better.org.uk/publications/simply-best-making-leeds-best-city-grow-old

coterminous with the LNN geographies, do overlap and partnership working between LNNs and LCPs will be key moving forward. Furthermore, the new model of primary care set-out in the NHS Long Term Plan in 2019 includes the development of Primary Care Networks (PCNs) – groups of General Practice's covering populations of c.50,000 – through which a new model of personalised care will be rolled-out. This includes new funding for social prescribing link workers who will broker links and make referrals between GPs and community organisations.

Reflecting on this context, it is clear that prior to the COVID-19 pandemic there was potential for a symbiotic relationship between the LNNs (and wider civil society in Leeds) and the ambitions of the city's strategic agenda. Key stakeholders had already begun to recognise that their ambition of achieving the 'Leeds Left Shift' toward prevention and developing community-based resources and assets could not be delivered without the continued and enhanced involvement of the LNNs.

Although the outbreak of the COVID-19 pandemic meant that these progressive policy agendas in health and social care were placed on the back burner out of necessity as city partners focussed on addressing the acute needs brought about by the crisis, the pandemic also provided an opportunity for the LNNs to demonstrate their value by being part of this response at a city and neighbourhood level. The remainder of this report aims to demonstrate the extent to which this was realised in practice by exploring how the LNNs responded to the pandemic and where they were positioned within the city wider response. It also explores some of the opportunities and challenges for the LNNs during the crisis response and considers the implications for the immediate and longer term as the COVID-19 pandemic enters the so called 'recovery' phase.

"We were all instrumental in making sure there was no pause in provision, we literally changed things round within a day, nothing affected us in contacting people or responding to people or crises." (NN13)

3. How the LNNs have responded to the COVID-19 pandemic

This chapter discusses how the LNNs have responded to the COVID-19 pandemic by supporting older people and the wider community across Leeds. It begins by highlighting the speed of the initial response from LNN prior to and following the decision to put the whole country into 'lockdown' on 23rd March before discussing the different types of support provided.

3.1.   The initial response

Following the decision to put the whole country into 'lockdown' on 23rd March the initial response from LNNs was to focus on the needs of their members. Most began by contacting members by telephone to assess what their immediate needs might be and work out what they could do to meet those needs or signpost to other services as appropriate.

"We have 900 members and we all took lists of members to ring, we spent the first couple of weeks just ringing everyone and talking to them and finding out what they needed." (NN1)

It was clear from those NNs who were interviewed reacted swiftly to the pandemic and in many cases took proactive steps based on their existing knowledge and facilities. Some NNs made preparations and even closed services before lockdown was officially announced. One NN (NN2) consulted service users through 200-300 phone calls made in a three-day period before lockdown, to ask what support people would need and provide reassurance.

"It's been quite overwhelming, the way the staff have used agility, flexibility and supported the [work of the NN during the] pandemic. We very quickly a week before lockdown had a staff meeting which we made our decisions in advance of lockdown that we knew what was coming. We didn't want to be caught out and so we decided to consult our service users." (NN2)

In another neighbourhood (NN12), even before the council helpline was set up, the NN had got together with their Asset Based Community Development Connector [4], a local councillor and others to discuss how to respond to the crisis. They developed a 'Community Aid Project' which was led by the NN and local churches and the Children's Centre. This meant these organisations were already working together, with governance systems in place, when the hubs model[5] was announced, so that NN put itself forward for the hub.

Another NN (NN13), which was not a hub, used their petty cash to set up a small emergency food bank very early on, before Government food parcels went out, because they could see there would be a need. One NN (NN4) pointed out that NNs could respond to a range of day-to-day needs without having to go through the procurement protocols of larger organisations.

The speed and flexibility of the LNN response was also acknowledged by the local public sector stakeholders who participated in the interviews, one of whom recognised that, perhaps understandably, they had been able respond more quickly than some public bodies.

"So obviously as a (public sector body) we have to wait for the guidance, then we have to ensure that we understand the guidance. So, and then we've got to plan for what we're going to do and all that takes time in such a large organisation so I think one of the key benefits of the networks is being their ability to respond really, really quickly." (SH1)

NNs were able to mobilise volunteers quickly in their response to the pandemic. There were different elements to volunteering involvement and some NNs utilised existing volunteers, or directly recruited volunteers from people approaching them wanting to help out, whilst other NNs and hubs were able to use the influx of volunteers from Voluntary Action Leeds (VAL) swiftly and flexibly.

[4] Asset Based Community Development (ABCD) builds on the skills, knowledge and potential within the community and its members. Community Connectors are local people who know and are known by their neighbours and who link others in their local community with activities and organisations that can help improve their quality of life.

[5] One of the main differentiating factors in the NNs response was whether they took on a 'Community Care Hub' role, which involved co-ordinating local volunteer efforts to support the most vulnerable people of any age, particularly those shielding and at risk of financial hardship.

> **"Ours all came from our local area. We have had some that helped us on things as a one-off basis. Our [name] Live At Home scheme had access to the VAL volunteers, and they've helped us on occasion when we've had to get deliveries out and things like that... We had about 40 new volunteers in our organisation. We probably have about 140 volunteers now, we had about 100 before". (NN1)**

The balance between these different sources of volunteer involvement seemed to vary considerably between NNs and probably related to existing patterns of involvement. Where possible, NNs designated as hubs tried to use VAL volunteers to respond to referrals and tasks coming through the hub, whilst existing volunteers tended to respond to the needs of their members. The challenge for some NNs who received a lot of volunteers especially early on was contacting them and keeping them engaged.

> **"We had 90 volunteers referred on to us from LCC but only about 40 actually engaged with us and only probably 30 are or [so] have been active." NN14**

Many who signed up were unable or unwilling to commit to the work needed, because they were shielding or because the weekday times they were needed were not convenient for them.

Also, as people returned to work from furlough, many of those who could volunteer during weekdays no longer could.

> **"Having the new volunteers has been amazing, the ones that we have got, we couldn't have done it without them. Now they're coming daily and saying they're coming off furlough and going back to work so we're having to double up with a lot of things with volunteers. Today I've had two conversations with two volunteers who are here every day and now looking for paid work, reality is kicking in, we will lose good volunteers". NN14**

Many NNs have continued to offer a lot of support by phone, proactively contacting all members every month or so. There was a strong sense that if NNs did not do this, older people living alone with complex health needs might struggle to receive the support they needed.

"We are talking about people here who are living alone, who don't have anyone else. They need prescriptions, they need shopping, they need food, they have complex health issues, they can't get out. They are completely compromised, without us what would they have done? It is a very serious emergency reaction to people who were getting by because of us, by coming to our activities, and if they were stopped by the government which quite rightly they were, what happens to them? So we had to engage with them continuously to enable them to live alone without ending up in A&E or other terrible things happening to them. Malnutrition, mental health, you know lack of medicine. It is a very serious implication of the pandemic when you're working with such a vulnerable community, people, you know. So it was a very serious response that wasn't a, it wasn't a conscious decision, we had to do it." (NN2)

Beyond this general welfare role in support of their members, NNs provided a range of different types of support and performed several different roles as the pandemic developed, as outlined in the following sections.

3.2. Provision of basic and essential needs

Almost all NNs, whether hubs or not, offered some kind of food provision, particularly for members who were shielding. This could be shopping, food parcels, and/or hot meal deliveries. The type of food provision depended on what was needed and on what the NN was able to offer. Most NNs also picked up and delivered prescription medication for shielding members. One NN (NN3) said this required negotiation with local pharmacies and implementing a controlled drugs protocol for medication like painkillers. In their role as a local hub, another NN (NN4) were picking up methadone prescriptions for some people and were liaising with GPs and other professionals to ensure that people had transport to a range of appointments with health services.

In some instances, NNs were supplementing care services that were previously paid for and delivered as part of personal care plans but had to stop during lockdown, such as hot meal deliveries. One NN (NN5) described how they had teamed up with a local café to deliver hot meals. Some of the people receiving the meals were already paying for them through personal care plans, but others may need to start paying for theirs soon. Another NN (NN6) identified people who relied on launderette services and would not have had any clean clothes for weeks. One NN (NN3) identified problems with hearing and hearing aids, not all of which could be resolved by telephone, in which case socially distant home visits

were carried out, when absolutely necessary and taking appropriate precautions, to identify the problem.

> **"That [home care visits that stopped due to Coronavirus restrictions] posed a problem for me because a lot of our homecare staff were cooking a meal for them as well and doing the cleaning, and also making the bed for them. We had sort of incontinence issues so it produced a whole sort of series of problems that had to be quite quickly tackled." (NN5)**

The fact that some support could not be provided at a distance or digitally was also recognised by public sector stakeholders, one of whom reflected on the specific challenges of supporting people with hearing loss.

> **"One of the GPs said to me that he hadn't realised how many of these – the older people that he sees – had obviously been lip reading for a long time." (SH2)**

For older people in these situations, the importance of willingness of the NNs to go 'over and above' and still provide face-to-face support for those with the most acute needs, should not be underestimated.

3.3. Provision of social and emotional support

The NNs were also keen to ensure that vulnerable and isolated older people in their communities had access to social and emotional support whilst under lockdown or having to shield. Initially, contact was mostly made by telephone. One particularly important task was clarifying members' understanding of the pandemic and restrictions in the face of confusion and anxiety caused by what were perceived to be as unclear and mixed messages from Government.

> **"I think the biggest kind of thing was first of all making sure everybody understood what was going on. I think for our first two weeks it was literally, you know, telephoning everybody, all of our members, to explain, you know, what was going on, why it was happening, did they understand what was being asked of them to stay at home and what that meant and you know, a lot of quite in depth conversations really because a lot of people just didn't get it, they didn't quite understand what they were being asked to do and still to this day some people don't, as much as we've tried doing everything that we possibly can." (NN3)**

> **"So when, we're getting a lot of anxiety now because when the government relaxed the lockdown on everybody, my older people are still shielding so, when they're seeing high capacity of footfall and cars back on the road, one they feel more isolated because they're still shielding, but two, they're quite concerned about the impact outside."** (NN4)

Telephone befriending services expanded with the help of new volunteers from VAL and elsewhere such that those in greater need, for reasons such as loneliness or mental ill-health, could receive more frequent calls. In some NNs the members with higher levels of need are called by staff, while those with lower levels of need are called by volunteers.

> **"We've gone from 4 telephone befrienders to 10, and staff are also telephoning cases that are more significant."** (NN7)

A few NNs have successfully encouraged their members to keep in touch with each other by getting members' permission to share telephone numbers so they can contact each other providing an additional layer of support. In some areas there is a sense that the need for this kind of support is reducing as lockdown lifts.

Digital inclusion was part of many NNs' work, recognising that many people were unable to access essential information, services and support when face-to-face services or groups shut down and moved online. Certain social media platforms including WhatsApp and Facebook were useful for those who had access, and for family members who were able to raise concerns about NNs' members from as far away as Australia. One NN (NN10) moved their chair-based activity sessions onto their Facebook page and directed people there to help them to keep staying active. WhatsApp groups have been used by some NNs to share information, recipes, and photos, and to keep in touch. NNs that were able to use social media effectively increased their reach beyond members to their families and carers.

One NN was able build on its existing partnership with 100% Digital Leeds through which a 'Digital Health Hub' had been established in the six months before lockdown. The Digital Health Hub utilised volunteers to train and support 55 older people to get online during lockdown and they developed a toolkit to help people access online platforms such as Zoom. They have also been able to loan older people laptops and iPads with a paid for Wi-Fi facility to increase the number of people who are digitally included. This enabled this NN to run virtual groups and a weekly programme of online talks, boredom busters, coffee mornings, IT classes, and a range of other activities. If this partnership had not existed prior to the pandemic this

activity would have been much harder to do. It is hoped that this learning can be shared widely across the LNN and help promote digital inclusion moving forward.

Some NNs have increased the frequency of their newsletters and utilised volunteers to deliver them to people's homes as part of their strategy to reach members who are not online.

"What we're looking at now, every activity we did before, how we can deliver that safely or direct people to what they can do. Obviously online is easiest but we're mindful of people who are not online and don't have family to help them." (NN7)

Staff and volunteers of some NNs have delivered weekly or monthly activity packs to some of their members. These have included a variety of options such as craft equipment, crosswords and puzzles, seeds and flowerpots.

"We've been looking at ways to try and keep people active by, and mentally or physically, by delivering activity packs out to people so they've got quizzes or exercise packs in - the latest one we do we've got like a card making kit, a craft kit or some flower seeds so they can grow little pots and things like that. We've got a little journal. So just little things each month." (NN9)

The activity packs had to be adapted over time, according to personal interests, as a 'one size fits all' approach didn't work.

"We had a bit of a hiccup at first because we just kind of put anything in a box so we ended up having to be quite bespoke because, you know, not everybody wants knitting needles and crochet." (NN3)

Even where members did not want activity boxes (especially men) this exercise facilitated discussion and helped NNs understand what less engaged members wanted but didn't feel they could ask for – often simply someone to talk to.

Some NNs also made one-off mass deliveries around special occasions like VE Day and the Queen's Birthday.

"When it was VE Day, we sent out a VE day sheet and a card and we did a full afternoon tea for free. So we put scones, fresh

strawberries and cream and everybody felt so appreciative on that afternoon - particularly the veteran service users, that they were included in that afternoon tea that we would have had as a gathering otherwise and so we sent out probably 100 afternoon teas." (NN2)

More recently, NNs have been thinking about and moving to face-to-face contact. This has involved visiting more vulnerable/shielding members and having 'garden conversations'. Several examples of how the NNs have proactively developed their services in response to government guidance and restrictions have been identified:

– NN10 is restarting their allotment project: staff are taking a couple of members to the allotment so they can spend time there.

– NN11 have started to do socially distanced outings, picking people up and taking them out for picnics. Some members have loved this while others have felt it is a bit too soon for them to be going out.

– NN3 have set-up a mobile library and started providing assisted shopping trips out for members who may have become physically deconditioned during lockdown or may feel less confident to go out under strange new conditions. They have also successfully applied for funding for iPads for some of their members, which will be rolled-out to those who need them.

3.4. Who has been helped by the LNNs?

The first priority for all NNs was their existing members, in particular their more vulnerable members such as those with dementia. Some have also contacted less active or past members on their books, who hadn't been attending activities or groups, through the 'ring all members' system.

"I think it's probably the first time in a long time that we've made contact with everyone and had a much, much bigger, much more contact with all us members." (NN9)

Some have increased their connections with the wider community as a result of increased visibility from deliveries of shopping, medication, hot food and activity packs, leading to new self-referrals. Many were also getting new referrals from the council helpline, existing members, and staff of partner agencies and expressed determination to continue to do whatever they could to meet the needs of their existing members and any new referrals.

> "Definitely the COVID helpline has brought more new members in. We tend to find it's word of mouth, a lot of it. We did some activity packs, 'my neighbour/friend wants one' so you get another five referrals. It's lovely that they're passing things around in the community. In the past, the biggest link we've had is this frailty work, so now the team at the doctor's surgery are suddenly interested in what we can do, it's definitely helped with that partnership working. They definitely know what we do now, whereas they probably didn't beforehand". (NN7)

The reach of NNs, particularly to older people with less acute needs who have gone without a range of support services, was recognised by public sector stakeholders, but they also suggested there are other people in the community with needs that are not being met.

> "[one of the]...biggest issues has been where services haven't delivered support to [the] sort of people who require a little bit of lower level care and support, not personal care because personal care services have continued unless people have said themselves." (SH3)

This reflection was not intended as a criticism of NNs. Rather, it was made to reinforce the importance of the types of things NNs had been doing, and to argue that more low-level community level support was needed.

Those NNs that became hubs supported a wider range of people, including younger adults, families, and children. Many of them also supported people from outside the NN's geographic locality as the hub covered a wider and/ or different area. This meant that some NNs ended up supporting communities with which they were unfamiliar, such as minority ethnic groups, and required support themselves to understand those groups' specific needs such as culturally appropriate dietary requirements.

3.5. Being a Community Care Hub

'Community Care Hubs' have played a key role in the formal Leeds citywide response to the pandemic, providing a mechanism through which to co-ordinate support and voluntary efforts at a community level. Some NNs chose to become hubs (14 in total). Some chose not to, reasoning that the available funding would not cover the increased workload and that they could end up being unable to provide a good level of service for older people. And some (such as NN3 and NN14), became the hub by default because there were no other suitable organisations in their area.

Those NNs that became hubs had to split their focus in half and run two parallel sets of services. These were resourced by existing NN staff and volunteers plus a small amount of funding and, in most cases, some new volunteers for the first 2-3 months. This meant a large additional workload, with many staff describing 70-hour weeks, or even more, at the height of the pandemic.

"We were managing with four or five staff who also had to isolate. Sometimes we were down to two staff managing very urgent and complex queries, working weekends – not sustainable, and an immense responsibility and pressure on them to act as a critical service." (NN3)

This additional resource impact on NNs who were acting as hubs was recognised by key stakeholders as well, who were also concerned that it may detract from their core mission in the longer term.

"I feel there's a little bit of a worry around the reach and what neighbourhood networks are having the capacity and the capabilities of doing." (SH3)

Those NNs that chose not to become hubs were often willing to work closely with, and support, the organisation that did become the local hub.

3.6. Variations in scale and reach of the NN response

A few NNs have not made an extensive effort to respond to the pandemic, due to restricted resources and not wanting to promise beyond what they could deliver. Some clearly wanted to do more than they were able to do. One wanted to set up a shopping service for their members, but they could not get online slots, many of their volunteers were shielding themselves, and the NN was unable to work out a good way to manage payment. So they had to wait for the council's voucher scheme which took several weeks to establish.

Some NNs scaled up existing activities. For example, one NN (NN2) was delivering meals on three days a week before the pandemic and increased this to seven days a week during lockdown. Those that took on hub roles have taken on new activities and expanded to cover new geographic areas.

Several NNs used existing and new partnerships to increase the scale and reach of their response. A few (NN3, NN14), are in areas with little option for partnership working, and ended up becoming hubs by default, working in quite broad isolation from other providers.

> **"(NN12) has taken on a similar role of the hub, but has got the churches involved and got support that way. We've got nobody. No organisations to say 'let's do this together'. It's certainly been a matter of, we haven't had anyone to say 'can you help with this?', we as a five-people team have had to co-ordinate everything coming in and going out, food, volunteers, everything. It's just exhausting, mentally." (NN14)**

3.7. Factors affecting how NNs responded in different ways

Despite these broad similarities in how the LNN has responded to the COVID-19 pandemic, it is important to recognise that there had also been considerable variations in how individual NNs have responded. There have been variations in the type, scale and reach of what they have done, and variations in the extent to which they have been integrated with wider efforts at a city and neighbourhood level. Through the analysis undertaken for this report we have been able to identify some of the key factors that have affected this variation.

Overall, the various starting points of NNs influenced their response. Things like the size of the organisation; size and make up of membership; leadership; size and shape of staffing team; size, shape and make up of volunteer team; funding level and mix and level of reliance on Leeds City Council core funds; range of services; and the demographic mix of the area, were all factors that help to explaining the differences in how and why NNs have responded in different ways.

NNs were able to use their pre-pandemic working arrangements and local knowledge to manage their COVID-19 response and meet local needs. Stable and enhanced funding was recognised as critical to cover the increased workloads and the labour intensive, lengthy activities and processes reported by many NNs. Some NN's described the importance of accessing additional funding, for example, NN5 needed to cover the cost of their hot meals service and NN2 emphasised that they needed to raise funds in order to deliver the services they deliver in their area. Other contextual enablers included willingness of local businesses to support the work of the NN's, such as cafes and chip shops, as well as pharmacies who NN staff and volunteers had daily contact with. Proximity between older people and support networks for more affluent communities, when compared with more deprived areas, was also identified as a key contextual factor by some NNs including NN3 and NN6. In more affluent populations, families have often moved away, whereas in more working-class communities older people are often more closely connected by family support.

Being a hub also made a difference as it required NNs to respond to needs beyond their immediate membership and operate on a larger scale in many, if not necessarily all, cases. On the whole responses across all NNs were very similar, because the aims of the NNs were very similar. It was apparent, though, that whether NNs were already running services that could easily be adapted (e.g. catering for lunch clubs; shopping services; telephone support services) or whether NNs would have to set things up from scratch influenced their response.

> **"when I did a quick look I could see that other neighbourhood networks were responding to issues, you know in similar and different ways. So, some of them..., they'd got shopping services... they'd provided shopping services in the past so they were all setup you know, geared up and they extended those shopping services but using volunteers, some of them were setting things up from scratch, some of them had kitchens and they provided lunch clubs and were taking hot meals out to people. We didn't have..., we never ran a lunch club, we don't have a kitchen so that wasn't something that we could do..." (NN15)**

The activities NNs were willing to get involved in were to some extent also influenced by their perceptions of risk and whether they were prepared to ask volunteers to take on particular tasks. One LNN (NN15), for example, said that there had been a suggestion that they could involve volunteers in a dog walking service but they had dismissed that straight away as they felt it was too risky a role. Dog walking was included on a list of suggested activities that volunteers could undertake produced by LCC, but having reviewed the list they decided that they could do some of the activities (such as getting prescriptions for people) but not others (including dog walking). By contrast, another NN had decided it was okay to involve existing regular volunteers (those who were not shielding) in dog walking for members who could not go out.

There was also a sense that some NNs wanted to concentrate on their members, whereas some were more outward looking in the way they approached things. One interviewee reflected:

> **"We're not massive risk-takers but I think what our – from the early actions it has been, before I got here, and hopefully this has carried on, is we've been quite forward-looking. Compared to other neighbourhood network schemes, it's – you know,**

comparing it to other [unclear] organisations. But we've always been quite forward-looking, and we have taken a bit of risk; we have. Sort of, creatively about things." (NN18)

Another interviewee also highlighted the role leadership played in setting a NN's direction and the importance of having access to effective support from Trustees.

"...individual leaders of networks are very powerful people, very powerful and their personality and approach sets the tone for the network." (SH4)

"I think it varies and I think the Trustees, you know, as I said, I think in some organisations the Trustee Boards are ciphers, I think in some they try really hard, in others, you know, the leads have realised well actually we need to recruit different people to our Trustee Board... so it's about having the right people around the table, whatever the age is, really and in some of them they just haven't." (SH4)

Resources and funding were key factors in the way NNs responded including the funding mix of the organisation, and level of reliance on core funds from Leeds City Council. NNs received unsolicited donations during the pandemic and some spent time and resource applying for new funding so that they could continue to respond in the way that they had. Other NNs were more constrained in their activities and responses as they were solely reliant on core funding and did not want to over commit or promise what they could not deliver. NNs are experiencing a loss of income due to COVID-19 and their ability to fundraise and access new funding will play a part in determining their ongoing response and future direction and collaboration.

"Some neighbourhood networks, the funding that they receive from adult social care is sufficient to run their neighbourhood scheme. We are not one of those neighbourhood networks, we have to fundraise to enable us to deliver the services that we need to deliver." (NN2)

For hubs, the money they receive for operating as a NN has enabled them to cover some of the cost of the additional workload but these NNs have had to work incredibly hard. This has been a great opportunity for some NNs but it has had a massive impact in terms of the intensification of work and burden on individuals.

> "...as a staff team they are very proactive and we are very used to developing new services, always looking to future development of the organisation. Therefore, on that basis, it's not a shock to the staff. It's the want, it's very much a will, - the staff wouldn't want to be, I wouldn't want to furlough them if it wasn't necessary, and the staff wouldn't want to shy away in any way and not deliver in the manner they have done." (NN2)

Staff and volunteer resource and commitment played a big part in NNs' responses.

> "A lot of our volunteers have been shielding. There's only two doing shopping for us, whereas some other Neighbourhood Networks are able to rely on volunteers to do a lot of that. So staff members are doing it. The staff are doing a huge amount of work." (NN7)

Organisational enablers included the dedication of staff and their willingness to work long hours during the height of the pandemic, as well as a willing and flexible set of volunteers. Regardless of the resources that each Hub or LNN had, there appeared to be a significant pressure for them to provide critical services such as delivering food and medicine and carrying out shopping. NNs emphasised that their staff (and some volunteers) have had to work more intensively – both longer and harder – in order to sustain their response to the crisis. This was particularly acute for NNs acting as community hubs, but pressures were being felt across the LNNs and these were not expected to lessen anytime soon.

NNs have utilised existing volunteers and/or VAL volunteers to enable them to deliver services. It was apparent that there were disparities across the city and that for some NNs recruiting volunteers was more of a challenge. It was easier to recruit volunteers in some areas than others, with a suggestion that this was to do with socio-economic / demographic make-up of the area.

> "I mean the other interesting thing is some of the hubs have been overwhelmed with volunteers coming forward and other areas you know, very, very few volunteers and they're struggling and volunteers who were originally recruited from one area ended up working hubs in other areas and it's sort of, it's that reflection of what's happened." (NN15)

> **"There are very few volunteers in [area name], it's an area of deprivation, we don't get many skilled volunteers. We're second lowest, in [area name] for volunteers. It's hard to get people to commit. If people come from outside, we tell them about their local Neighbourhood Network." (NN7)**

The demographic make-up of the area was also seen to affect who was using services (particularly for the hubs), as well as who was volunteering for them, and what the nature of the need was. In some cases the people who had been referred into hubs were pretty similar to the usual types of people that NNs would work with, whereas in others there were lots of referrals of people with much more complex needs and it was perceived that this could be possibly do with the demographics of different areas and levels of deprivation.

> **"There are different problems in leafy suburbs than a majority council property area such as ours. We have lots of different issues, similar to the other deprived areas in the city". (NN7)**

The different levels and types of need within the local community and amongst members also affected NNs' response. The suggestion being for example, that in some NNs members are more isolated than in others, and this affects need and therefore response. For other NNs needs went beyond issues such as social isolation and encompassed other groups in the community as well as older people.

Some of the variation between NNs seemed to reflect the strength of existing relationships. Many NNs utilised their established relationships and partnerships in their response. Some NNs had already been doing work to build relationships with other organisations in their local areas in recent years, and they had been able to draw on those during the pandemic. Having links with businesses and supermarkets and other organisations enabled the response to be particularly effective in relation to shopping and food.

> **"We obviously deliver a lot of services and we need to raise a lot of money on an annual basis to pay for these services, and so in terms of looking at those risks and we've tried to spread our fundraising into working with local businesses and city wide businesses. That partnership development brings a lot to us. We have developed probably 10 really good relationships with businesses in the city who are bringing a lot of pro bono value to our organisation." (NN2)**

Related to the strength of relationships was the mix of other organisations and the network of other groups in a NN's area. What these other organisations and groups were doing in their local area influenced the opportunities for NNs to collaborate and coordinate. This included private sector organisations (from supermarkets, to small catering companies). An example of this was NN11, which operates in a small market town. A number of local groups – including the NN – got together at the start of the pandemic to plan a joint response, including delegating responsibility for different types of activities amongst themselves. More simply, this was about the presence of other organisations in the local area – some NNs, for example, said that they were really the only organisation in their community, others were one of many.

4. The role of the LNN within the wider COVID-19 pandemic response in Leeds

This chapter discusses the role of the LNN within the wider COVID-19 pandemic response in Leeds, focussing on how they have fitted-in with city-wide systems and processes, how they have worked within the communities and neighbourhoods in which they are based, and providing some reflections about the overall co-ordination of the pandemic response and the LNN's role within it.

4.1. An overview of LNN involvement in the city-wide pandemic response

The initial phase of the COVID-19 pandemic response in Leeds was characterised by high levels of relatively productive and collaborative partnership working between civil society organisations, the council and other key public sector stakeholders across Leeds and this was generally viewed in positive terms. There was significant variation in the ways that NNs perceived, fitted in with and engaged with formal structures in Leeds, In general, the main differences were between NNs that became 'Community Care Hubs' and NNs that remained outside of the Hub model:

– NNs that had become hubs appeared to be more connected with city-wide structures by virtue of the demands placed on them to support a more varied client group, which required increased engagement with a range of services and volunteers.

– For NNs that were not hubs, their connection to wider city level responses appeared to be minimal, other than being kept generally well informed.

Other differences that cut across hubs and NNs included the extent of their historic relationships with local community groups and wider services.

Some NNs have got on and done their own thing, acting independently to support their members, and were less engaged with a city-wide response. For example, as mentioned earlier some NNs with links to larger national

charities have largely utilised their existing volunteers and resources rather than any other organisations or service providers. However, many other NNs have been much more engaged with other local services in the COVID-19 response. NN2 worked closely with another city-wide charity, including providing access to buses so that they could be used to support hospital discharge from Leeds General Infirmary. NN7 have worked collaboratively with the local community organisation which is running the local hub, and have formed a new consortium with them and a number of other small local providers. Business in the Community has provided NN7 with IT equipment to loan out to members, and they have a frailty worker which has helped their partnership working with the local doctor's surgery.

Although NNs had received some additional funding from the council to operate as a hub, it was pointed out that the NNs operating as hubs were able to respond in the way they did because of their core funding (from LCC) as NNs, and this had caused some tension and conflict with how they balance the demands between their existing members and being a hub. Whilst some NNs have handled the situation well and have seen this as a strategic opportunity for their future direction, for others it has been more difficult.

"...it's taken them away from maybe some of the work with their service users that they might have liked to have done or that's been more skeleton than they would have otherwise liked." (SH4)

Despite the variance in levels of engagement, the general perception among NNs was that the NN response to COVID-19 was fairly joined up across the city.

"Pretty joined up. We don't get a lot of emails through from Leeds City Council. They have given us information on various things that are going on and what have you and we are always asked if you know" (NN16)

However, NNs highlighted the vast amount of information - guidelines, reports and protocols - received in relation to COVID-19 guidance from local and national sources. This was described as somewhat overwhelming to manage, and an additional responsibility for NNs to ensure that their communication with members and volunteers was accurate.

"a lot of the times we've spent trying to sift through the emails and edit what needs to go onto the Facebook page with some of the important information." (NN5)

Several stakeholders echoed the challenges that NNs had experienced navigating information.

"So something is amiss because we are flooding everybody and agencies etc., organisations, third sectors, we are flooding them with information, but what they are finding very difficult then is to navigate how to access the right thing that they need at the right time." (SH3)

"..they've had to deal with glitches with the council and VAL and that's made things difficult so ...for example, that stuff around data and using the council's systems has been really tricky and actually tried to get off the ground a bit late so I think things like that have been tricky but I think one of the strengths of the Neighbourhood Networks is they just get on and do." (SH4)

Some NNs relied heavily on volunteers that came through VAL, particularly to deliver hub services, whereas others said they had enough of their own volunteers so did not recruit through the VAL list. There was a sense from those NNs that utilised additional volunteers that these were essential, especially where the overall numbers of existing volunteers had dropped off as people were asked to shield or had other issues such as childcare. Generally, the VAL scheme worked well but NNs experienced some challenges and pointed out that these volunteers still had to be managed.

"it's a really good way of if you're reacting to an emergency situation and you need volunteers to hit the road running, it enabled me to sort of look at the risks of safeguarding people and through Voluntary Action Leeds, that supported the safeguarding issues. However, we still have to, once we've got them, manage them. They introduce you and that is fantastic but it's still our bag if you see what I mean?" (NN2)

There had been administrative issues and some NNs said that the process became a bit onerous – receiving lists with hundreds of potential volunteers on it, and others commented on the difficulties in managing a volunteer list

where abilities and commitments varied and constantly changed. Allocating tasks to volunteers that NNs did not have pre-existing relationships with could sometimes pose difficulties, for example matching hub volunteers with people for befriending. As NNs did not know them like usual volunteers, some NNs took additional steps to get to know VAL volunteers or only utilised VAL volunteers for supporting hub referrals and not their own members. Developing relationships with volunteers and ensuring volunteers feel part of a team is an important aspect of NNs' approach. Generally, the sense was that the supply of volunteers outstripped the demand.

It was useful that VAL volunteers had gone through some basic induction and had things like driving documentation already sorted. One NN also explained that access to the VAL volunteers was a real positive as previously volunteers did not know about the NN and now they did, so the scheme had helped raise the profile of the NN with new volunteers. The profile of these volunteers was also different as they were often younger. Some NNs were beginning to take stock with the new volunteers to establish whether they were likely to stay and carry on volunteering.

4.2. An overview of NN involvement in the local-level pandemic response

Some NNs reflected positively on the local (i.e. neighbourhood) level response which had often involved collaboration between NNs, local businesses and other local civil society groups and organisations. The scale and speed of this activity was regarded as particularly impressive. However, some other NNs seemed to be pretty much working in isolation.

Some NNs also worked with other NNs that they already had links with. For example, one NN that was operating as a hub had close links with other nearby networks. When referrals from over 60s came through the hub from outside their area the hub could pass some of these referrals on to the other NNs. Utilising these links meant that such referrals were offered ongoing support and a longer-term solution that was not just about the immediate COVID-19 situation. Having a nearby local hub also helped relieve the pressure on other NNs.

"So having access to another service that's supporting our area as well is making it definitely a lot easier because then it means that our members and the potential new members, the wider community that might have been calling on us to support them we could have been quickly overloaded but having another one that's dedicated just to doing that has helped tremendously". (NN9)

Other examples of local partnerships included working with local community transport groups and food surplus organisations to help distribute food and working with the fire service to help distribute prescriptions. Mostly this was with public and other civil society groups/ organisations but for some this also included private sector companies, including supermarkets (although some were better than others), pubs, cafes and take away services. Some had provided food and catering for free but others had charged. Some were existing relationships, but additional new and potentially lasting partnerships have also emerged.

"A lot of work with obviously adult social care, community matrons, people in need, the Health sector. We've also been working with [this] local, you know, local churches, done work with the local fire service, they've been very supportive and with PCSOs as well who have been kind of struggling trying to find, you know, work that they can do so they've done a lot of things like leaflet deliveries and dropping off food parcels as well…" (NN17)

However, some of the problems that NNs had in accessing and delivering prescriptions for members highlight the critical role of NNs within community healthcare systems, which has evolved in response to issues as they arose throughout the pandemic but remains largely informal. NNs and particularly hubs had also found themselves to be an extension of social services, often involving co-ordinating with multiple services and family members to identify a range of complex social issues.

"So, like I say, just the simple thing from the referral coming to our door, you've then got to call the person, the initial referral might be the food parcel but then you might get the emotionally distressed person/woman who's got 3 children who's no finances coming in who may have long term condition. It's not just simple." (NN4)

Welfare checks were being carried out by NNs where concerns were raised by staff, volunteers, family or neighbours. However, in some cases social housing officers were contacting NNs to ask them to carry out welfare checks with their tenants (a matter that has been disputed when discussed with council housing representatives).

"Yes, so, if they've not been able to, all council officer and you know, housing officers have got a welfare list of their most vulnerable tenants, they've been ringing them, if they haven't been able to get a hold of them they've been ringing us and asking if we can go and do a welfare check.' (NN4)

4.3. Reflections on the co-ordination of the COVID-19 pandemic response

This emerging interface between the NNs and social care services was acknowledged by one stakeholder, who identified the potential for NNs to mitigate the impact of home care service restrictions to vulnerable older people.

"so what we have tried to do through our volunteer coordinators work under the commissioning staff, has been to link in with our home care providers so that the home care agencies can target and prioritise the work around delivery of personal care, and the other bits around the shopping and the other, you know and none personal care related support, seeing if the neighbourhood networks or the volunteering scheme can pick up those elements in a persons' package." (SH3)

However, from an NN's perspective, supplementing lost home care provision remained a significant issue. Furthermore, as mentioned in the previous chapter, some older people with lower-level needs that may not be 'acute', and who did not qualify for formal statutory support, have gone without a range of support services. While NNs have met some of those needs there may still be other needs to be met, but more work was needed to understand what these were and who was best placed to respond (and how). However, overall, it was felt that the pandemic response had been well coordinated at a neighbourhood and city-wide level, with lots of collaboration and partnership working happening between key public, private and civil society actors in addition to the 33 hubs.

"I think the partnership working between the third sector and the council and key stakeholders across Leeds and I think the partnership working and new links that's gone on locally between the Neighbourhood Networks, local businesses, other local organisations has just been absolutely phenomenal " (SH4)

Examples included NN12 working with a children's centre on a project which was crucial for dealing with family referrals and complex cases. This partnership is likely to increase opportunities to develop new opportunities for intergenerational work. NN4 have also established a new process with a local GP by attending complex case and care management meetings and sharing information, which also presented an opportunity to strengthen links for future working.

"Setting up the hub was a challenge, but a good one because it worked extremely well. I think that's in part because we, together, already had these relationships formed, with Leeds Mencap, the church and the community scheme from the Council. It was a matter of over Zoom just bashing our heads together and saying how do we do this? The uptake at first was huge, and I know there was a backlog with referrals coming through from the Council, but we just pulled out all the stops and made sure the needs were met." (NN13)

There was a sense from some NNs and hubs that information and practices could be better shared between them to save 'reinventing the wheel', and also to avoid the duplication of services such as food delivery, which took place largely at the start of the pandemic. However, this coordination seems to have improved as time has gone on.

"It's like I have to come up with a brand new risk assessment because I'm now going shopping but one of the other networks have already done a shopping service and got that done, could we not share that?" (NN3)

"In the beginning it was very much, we were encouraged to be the lead hub, and that's been very very challenging, very difficult. LCC have done a fantastic job when I look back, at the time it was so so stressful, referrals coming through, lack of information and we didn't have expertise in some areas." (NN14)

Where NNs felt that they were not co-ordinating with each other in a substantial way, the Leeds Older People's Forum Development Worker role was widely acknowledged as helping to overcome this. It appeared to be city-wide, coordinated message from the council in relation to COVID-19 that were lacking.

"I've always said it probably in, you know, lots of different kinds of situations but certainly in this situation there isn't anybody just standing up and saying you're not allowed to do this or you shouldn't do this or, you know, we can do this or we can't do the other. It's very much what do you think? What do you think we should do and how does that work for you? Which is great in all normal circumstances because it's collaborative and everybody's got input into it but sometimes in an emergency situation you just need to be told, you know" (NN3)

One stakeholder hinted at the potential for the council to take a greater coordination role in facilitating collaboration between NNs and wider civil society organisations in the future.

"instead of just saying to a neighbourhood networks here you go, your brief has now been expanded to include wider age groups, instead whether we could match and buddy neighbourhood networks with other community groups that are already operating in their geographical patch" (SH3)

There was also a sense from some NNs that there was a broader agenda around expanding their remit, and that they were not yet fully informed about this.

"But they've got their agenda for this area, they're driving it forward to become a community organisation. I've had to say I can't do that, ultimately it's older people, we're here for older people. [Parent organisation] that I work for are here to reduce isolation in older people, LCC who pay our wages want us to do the food delivery that we're doing. But [the councillors] want us to become a community hub for all ages. They're expecting us to go on doing what we're doing. I've had to draw the boundaries." (NN4)

5. Challenges and opportunities for the LNN during the COVID-19 pandemic: looking back, facing forwards

This chapter reflects on some of the challenges and opportunities for the NNs during the COVID-19 pandemic and looks to the future, as the pandemic moves from the initial phase of acute crisis response, into one of (hopefully) recovery. Looking back, the key issues faced by NNs during the pandemic can be grouped into four categories: reconfigurations; reach; resources; and relationships. Looking to the future, issues that loom on the horizon for NNs include how to restart previous services and activities, understanding the needs of their members, how to make best use of resources, and their longer-term strategic development.

5.1. Reconfigurations

As we have demonstrated in the above sections, most NNs were quick to reconfigure their services to both comply with the requirements of lockdown and to meet the needs of their members. The speed at which they responded, and continue to respond, demonstrates the agility of the Network. The challenges which they faced in making the transition should not, however, be underestimated. As one LNN lead explained:

"none of us had a method of working, none of us had a model of working, none of us had a timescale, we have had to change things on a daily or weekly basis, what's working now, what's the demand in-coming." (NN4)

With so much of the work of the LNNs – prior to the pandemic - being based on face-to-face, group activities, having to stop all of that and switch to new ways of working so quickly was physically and emotionally challenging:

"The hardest week of my career was the first week. [....] that was like the hardest because, as I say, you're used to doing – getting people out and about. So then – so that changed" (NN18)

"I think the hardest thing is obviously the change, and trying to keep up staff morale because obviously it is quite depressing. Phone calls, and everybody's working from home, so it's a different kind of work. I think the first few weeks we had a couple of staff that probably felt like they were going to have a breakdown; they found it quite difficult" (NN8)

There were also several practical / logistical challenges which all the LNNs faced associated with the reconfiguration of their services. In the early days of their response such practical challenges included, for example, establishing how best to handle the transfer of money associated with providing food/shopping delivery services, how to get staff set up for home working, and whether / how to close down buildings:

"the challenge is trying to work out the logistics obviously about payment. I mean that has been a real headache" (NN17)

"One day we were working normally, everything was going great, then you're told the next day to shut the office and work from home. None of us has worked from home before so that was a massive challenge. When you're sat remotely at home you don't know what's going on in the wider picture." (NN1)

The new services, roles and responsibilities that the LNNs have taken on in their responses to COVID-19 present both a challenge and an opportunity for LNNs. This was most apparent for those that had become Hubs. Becoming a Hub represented a considerable opportunity to some NNs – enabling them to meet new needs, extend their reach, raise their profile and develop new relationships (we discuss these points in further detail below). At the same time, however, becoming a Hub also raised considerable challenges for the NNs, particularly in terms of dealing with the associated bureaucracy (which was felt to have increased over time), learning how to respond to the needs of communities/individuals that they had less

experience of working with (e.g. young families, minority ethnic groups), and ensuring they could meet the demand for their services within (limited) available resources. Reflecting on the constraints put on from being a Hub, one NN lead commented:

"...we can be reactive and make very quick decisions about what we're going to do and how we're going to do it, but they obviously have particular systems have to go through certain protocols and at the very least need to be kept in the loop and given very clear guidance about what they need and when and how..." (NN17)

Another said:

"it was actually, basically the processes were causing us more work than the actual work. The work itself was relatively... you know... doing the referrals wasn't a problem. It was... we were getting emails from people [...] different people, asking what we were doing, how is it going, can you send us a report on this, can you tell us about this?" (NN11)

In later months, an ideological as well as a practical challenge had been raised for NN Hubs as requirements were brought in by the Council around means testing for potential service users: some felt they did not know how to approach means testing; some felt that they should not be means testing as this went against the whole ethos of the LNN.

5.2. Reach

As indicated above, many of the NNs had extended their profile and reach through responding to COVID-19. Again, this presented a series of both opportunities and challenges. The level and scale of demand for their services was seen as an indicator of the trust that members – and their families - had in the NNs, and the position that they have in their local communities: people knew they could turn to the NNs for support for either themselves or their loved ones. For some, this level of demand was increased by high numbers of referrals coming through to them within a short space of time upon becoming a Hub.

While all the NNs had concentrated on responding to the needs of their members, for many their response to COVID-19 generated new members and/or saw them engage more intensely with previously inactive members. In this way, COVID-19 represented an opportunity to build membership bases and to engage with existing and new members in new ways.

For those NNs which had become Hubs, COVID-19 had also provided an opportunity to engage with other local residents, who fall outside of their usual membership bases. For some, this was about reaching into new geographical areas (the footprints of the Hubs were often not the same as the NNs) or into new demographic groups. This has raised challenges in terms of understanding how to meet the needs of these new groups, which may have been more complex or just different to their usual groups (e.g. homelessness, alcohol/drug dependency, mental health, specific dietary requirements). In some cases, it led to feelings of being divided between concentrating on their main mission to meet the needs of their members/ older people in their local community, and on meeting the needs of these additional users. This was seen both a short term and a longer-term issue (see below).

5.3. Resources

Having the right resources to meet the needs of their members and service users was vital. Resources were talked about predominantly in terms of financial resources and human resources - staff and volunteers - but were also evident in terms of the emotional resources drawn upon in their responses.

Most of the LNNs involved in the evaluation felt that they had enough financial resource to meet the current level of demand they were experiencing/the services they were running as part of their response. This was facilitated by the core funding they received from the Local Authority and the flexibility that this allowed, but also through the reserves that some had been able to build up over time and were now being drawn upon. Some LNNs had attracted considerable additional financial resource for their COVID response, with some receiving spontaneous monetary and in-kind donations from members of the public and local businesses, and some having set up donations functions on their websites and/or applied for various pots of funding (with variable success). One NN reflected that COVID-19 had been quite 'financially lucrative' for them due to the level of donations that they had received.

While most said that they had sufficient financial resources for their current response to the pandemic, there were some concerns about future sustainability (see below). Further, for those that were Hubs, while they had received funding specifically for that work, some felt that it had not been sufficient to cover the work that had been required: being a Hub had been a drain on resources.

In terms of human resources, the picture is complex and differentiated across the LNNs, in part reflecting underlying differences in how the LNNs were resourced prior to the pandemic. For many NNs, their ability to respond effectively to the needs generated by the crisis was a reflection of the

strength and resilience of their team (paid and unpaid). Some commented upon the flexibility and adaptability of staff, enabling them to be deployed into new roles. It was clear, however, that their response to COVID-19 had led to an intensification of work, with staff often working long hours and taking on new roles and responsibilities, placing a considerable strain on the human resources of many NNs and was taking a toll on staff wellbeing.

"I can see that physically and mentally I am starting to get tired, so I am looking forward to having a break of some description and trying to kind of get things more on an even keel" (NN19)

Some, but not all, had furloughed their staff or had some received volunteers who were furloughed from elsewhere.

In parallel with this intensification of work for paid staff many existing volunteers within the LNN had stepped down, due to age or health related shielding requirements, some had continued to volunteer in existing roles or been re-deployed into new roles. In addition, most of the NNs we spoke to had recruited new volunteers – either new volunteers coming to them directly or through VAL. It was apparent, however, that the availability of volunteers was uneven across the Network, both before and during the pandemic. As one LNN lead reflected:

"A lot of our volunteers have been shielding. There's only two doing shopping for us, whereas some other Neighbourhood Networks are able to rely on volunteers to do a lot of that. So [here] staff members are doing it. The staff are doing a huge amount of work" (NN7)

The mobilisation of volunteers during the pandemic again represented both an opportunity and a challenge. On the one hand, it provided the LNNs with vital additional human resources, and for some brought a more diverse range of volunteers than they had previously been able to attract, with a hope that some would continue to volunteer in the longer term. As one LNN lead reflected:

"there is a potential reservoir there of new volunteers" (NN15).

On the other hand, however, the involvement of volunteers in itself took up resources (how to recruit, organise and manage them; or even just how to respond to the bureaucracy associated with receiving volunteers through VAL). Most felt that the supply of volunteers had considerable outstripped the demand. One NN lead reflected:

"so that was actually more time consuming than helping people – responding to the people that wanted to help" (NN11)

Responses to COVID-19 drew on considerable emotional resources, of both staff and volunteers, but particularly amongst NN leaders who shouldered the responsibility for adapting services and supporting staff and users. Emotional challenges were expressed in terms of dealing with the issues experienced by members/service users (some, for example, talked about deaths amongst their members and/or their families), but also dealing with their own anxieties associated with working and living during the pandemic (e.g. having to overcome concerns about going food shopping not just for their own needs but to shop for members).

5.4   Relationships

As we have described in earlier sections of the report, many NNs have drawn upon and built relationships with various groups and at different levels as part of their response to COVID-19. These relationships have represented another series of opportunities and challenges.

Within the local communities where NNs operate, there was a general sense that relationships had been strengthened during the COVID-19 pandemic. These included relationships with other civil society organisations (e.g. foodbanks), public sector bodies (e.g. GPs, local council) and private sector organisations (e.g. pubs, supermarkets, tech-companies). Experiences were, however, varied. While some NNs had worked quickly and closely with other groups and organisations in their local communities – coming together to identify need and to share roles and responsibilities for meeting them – in some areas NNs were working more in isolation, particularly where there was a lack of other groups for them to work with. Regardless of partnership working at a local level, most felt that their profile and relationship within their local communities (i.e. with community members/local residents) had been strengthened through their response to COVID-19.

Similarly, the development of relationships beyond each NN's immediate 'patch' had also offered opportunities and challenges. Overall, LNNs were positive about the level of coordination in the city-wide response to COVID-19 and their position in it. Most felt that barriers that might have existed to joint working in the past had quickly been overcome to enable an effective, joined up response. However, some (particularly those who were Hubs) felt that over time LCC were trying to assert greater control over their activities in a way which they were uncomfortable with, some felt that there had been a blurring of boundaries in terms of who was responsible for what (with LNNs increasingly seen as critical services within local health and social care systems, although without proper access to associated resources

such as PPE), and one felt that they had become ensnared in a political tussle between two other parties about what the role of LNNs should be within which they were caught in the middle.

5.5. Looking to the future

When the interviews were conducted, in June/July 2020, there was a sense that the country was moving into a new phase of COVID-19, and that the NNs were transitioning from the initial response phase into a (potential) recovery phase. Demand for the services which had dominated the NNs' responses in the initial phase – such as shopping and to a certain extent befriending calls – was declining, opening up new spaces for the NNs to reflect on what might come next. This new phase raised a new set of challenges and opportunities for the Networks. Here the issues raised can be grouped into four sets of questions:

a. What are they allowed to do?

As lockdown was beginning to ease, the LNNs were struggling to stay on top of and understand the rapidly changing regulations regarding what is and what is not allowed. Whereas national guidance at the beginning of lock down had been clear – all group-based activities had to cease – it is now more opaque and open to interpretation. All were keen to re-open their doors and to re-start group-based activities. Differences were apparent, however, in their understanding of what was and was not allowed and in approaches/attitudes towards risk. Some were clearer and more confident than others in terms of what the next stage of their response might look like.

b. What will members want to do?

Questions were also raised about what members would want to do, or feel able to do, as lock down eased. Some NNs suggested that it might take a considerable period of time and plenty of reassurance before their members would start to feel confident enough to return to group-based activities, or even to leave their own homes and enter public spaces such as shops. Concerns were raised about 'deconditioning' and anxiety amongst older people, particularly those who had been shielding due to underlying health conditions.

This also, however, extended to questions about engaging older people in digital or online activities. While some LNNs had already been running online forums and activities for members online, and others had planned to do so soon, others were concerned either about the willingness or ability of their members to get and stay online (although some did suggest that it was perhaps their assumptions about members' digital capabilities which created the barrier). This raised a series of questions and concerns about digital inclusion: who has and who has not got access to the equipment, Wi-Fi and 4G connectivity, skills and support necessary to engage in online

activities? It also exposed differences in approaches that the LNNs had taken prior to COVID-19 – some already had initiatives up and running to engage their members in digital activities, whereas others had done far less. The challenge of getting people on-line without the ability to support them through formal face to face sessions was highlighted.

c. What will their resources allow them to do?

While a lack of resource was not identified as an immediate issue for most of the NNs interviewed, it was regarded as a concern for the future. The sustainability of funding was an issue: certain sources of income had dried up (e.g. charges for activities, ability to fundraise against activities that are no longer running) and reserves would not last indefinitely. Many NNs we spoke to suggested that they had enough resources to continue their work until Christmas, but if the crisis continued into 2021 then their ability to sustain their services would be more questionable. Applying for funding was taking up a considerable amount of time. As one person reflected:

"I think the biggest challenge is now our financial challenges, whereas at first it was just reacting and getting on with it, now we are looking at ways to continue to support all the members but with a limited income coming in, or reduced income coming in. And that's where the effort is: fundraising and looking at other funding pots and grants available is becoming a priority now" (NN9)

Concerns were also raised that the supply of volunteers may dry up, particularly that those who had been volunteering while on furlough would return to work and stop volunteering. As one LNN lead reflected:

"Having the new volunteers has been amazing, the ones we have got, we couldn't have done it without them. Now they're coming in daily and saying they're coming off furlough and going back to work so we're having to double up with lots of things with volunteers. Today I've had two conversations with two volunteers who are here every day and now looking for paid work. Reality is kicking in: we will lose good volunteers" (NN13)

There was also some concern about the ability of staff to maintain the current intensity of work, both in terms of physical and emotional intensity, and there was a real risk of burn out.

"Overall, yes overall I'm feeling quite good, but I will, I will admit that yes, I am starting to get tired and mentally tired". (NN19)

d. What might their future hold?

Some NNs were also grappling with longer term strategic issues of how to develop as a Network in light of their experiences during the COVID-19 pandemic. The experience of being a Hub and the associated engagement with a wider range of service users, for example, had led some to question whether they should be broadening their remit: to provide services not just to older people in their communities but to a wider range of residents.

"we've been really pleased to support people within the local community which goes beyond... it doesn't matter that it's beyond our remit [...] and I think it will be a question for the organisation, you know, how far do we continue with this role of supporting the broader community" (NN17)

Some felt that enduring challenges within the Networks had been further exposed through their responses to COVID-19 and would require new approaches in the future. A couple of NNs, for example, expressed concerns about weaknesses that had been exposed within their governance structures, particularly in terms of the diversity of board members, which had left them vulnerable during the crisis. Involving older people / members as committee members was a great strength of the Network, but when board were made up solely of older people – who had then had to isolate/ shield through COVID-19 – this could be seen as a risk As one LNN lead reflected:

"but in terms of support for myself as the manager, from the committee, yes there have been a couple of phone calls but overall it has been the other way around – I've been aware that they're older people, some with health issues, and I've kind of checked on them" (NN19)

6. Conclusions

The Leeds Neighbourhood Networks (LNN) support older people to remain living independently and to participate in their communities through a range of activities and services that are provided at a neighbourhood level in 37 areas of the city. This report has explored how the LNNs have responded to the needs of older people, and others, in their communities during the COVID-19 pandemic; and considered the wider implications of the crisis for their work. The key messages from the report are summarised here.

6.1. Key findings about the LNN pandemic response

Some common themes about the role of the LNN during the early stages of the COVID-19 pandemic have emerged through the qualitative interviews and subsequent analysis.

a. The ability of the LNNs to respond to need in the community, quickly and flexibility

Following the decision to put the whole country into 'lockdown' on 23rd March most NNs were able to respond quickly and flexibly to adapt to the new needs and circumstances of their members and the wider community. Their work has focussed on ensuring basic and essential needs of vulnerable and isolated people have been met, doing things such as shopping, providing food parcels and/or hot meal deliveries, and getting people the medicines they need. It has also involved ensuring people's social and emotional needs can be met as far as possible through regular welfare phone calls and the provision of activities that can be accessed whilst adhering to social distancing and other guidelines. As the pandemic and associated restrictions have developed and evolved many NNs have explored new ways through which to provide people with the help and support they need, and they will continue to do so in the future.

b. The embeddedness of LNNs within the wider pandemic response at a city and neighbourhood level

Most NNs have played a key role within the wider pandemic response at a city and neighbourhood level. Some NNs have become 'Community Care Hubs' responsible for the co-ordination of voluntary action in their area whilst others have supported this work and received new volunteers via the VAL volunteering programme. There have also been examples of NNs collaborating spontaneously outside of formal crisis response structures and processes by working with each other, linking to other local civil society

organisations, supporting locally-led public sector initiatives, and engaging the private sector to co-ordinate help and support in their area. In some ways this amounts to a re-embedding of existing collaborative endeavours, but there is also evidence of entirely new partnerships forming around the shared goal of supporting vulnerable local people.

c. The COVID-19 pandemic has presented the LNN with a combination of challenges and opportunities that seem likely to shape their work in the short, medium and longer term.

Factors affecting the LNNs' work during the pandemic have included the need to reconfigure their work, first in response to lockdown restrictions; and then following the 're-opening' of society, which has involved adopting varied and complicated processes and procedures which are subject to change on a regular basis. There has also been the challenge of balancing greater reach and demand for services with the availability of human and financial resources to carry-out the work effectively. Finally, there have been opportunities to build on existing relationships with key local actors, and develop new ones, to ensure that the response can be co-ordinated as effectively as possible from the NNs' perspectives.

In the longer term, LNNs have identified issues associated with: what they will be able to do to support older people in the context of COVID-19 guidance and restrictions that seem likely to continue for an indefinite period; what their members might want to do, based on their understanding of the risks of getting out and about again, the effects of lockdown on their physical and mental health, and their capacity to engage with digital and online provision; and what is possible with limited resources. For many NNs the future feels quite uncertain, and their experience during the COVID-19 pandemic is likely to have a lasting impact on their strategy, governance and sustainability.

d. Greater visibility and awareness of the LNNs and their work

The combined effect of LNNs' role and contribution during the COVID-19 pandemic has been greater visibility of, and awareness and understanding about, their work. This visibility has driven an increase in referrals, with new members joining NNs, providing greater reach than before the crisis. It has also driven a rise in volunteers, with new (often younger) volunteers coming forward from within communities. In the longer term it may also open-up opportunities for NNs to attract more funding to enable them to further broaden the reach and scope of their work.

However, this visibility is not without risks for the LNNs. It could bring further scrutiny and control from the public sector, which wider evidence suggests can detract from the associational nature of neighbourhood organisations. Further upward accountability may also limit the scope of NNs to develop responses from the bottom-up if limits are placed on their independence and flexibility to respond to local needs.

6.2. Factors that explain the LNNs' pandemic response

The ability of the LNNs to respond to the COVID-19 pandemic in the ways described was underpinned by a number of inter-related enabling factors under three broad categories that sit outside of the geographic, economic and demographic contexts in which the individual NNs operate: i) resources, ii) strategy and leadership, and iii) mission, vision and values

i. Resources

The resources available to NN can be distilled further to financial resources and human resources. In terms of financial resources, each NN receives a grant from LCC to cover key staff costs and to enable the provision of activities and services. The certainty and relative flexibility of this funding gave the NNs space to adapt and respond to needs as they emerged in real-time. Not all funding for local civil society organisations has this flexibility 'built-in', but the benefits of such an approach have been evident in the way the LNNs have been able to respond to the COVID-19 crisis. In addition to this core funding, a number of NNs have been able to draw on wider financial resources, including reserves and philanthropic donations, in order to maximise their response.

In terms of human resources, key staff within NNs have demonstrated high levels of commitment and leadership to ensure members' needs have been foremost in their work. Although there are long term implications around this intensification of work it was arguably necessary in the short term to ensure that the response was effective. The availability and sustainability of existing volunteers, and the supply of new volunteers from various sources, was also a key factor in the range, scale and reach of the LNNs' activity during the pandemic.

ii. Organisational strategy and leadership

Whilst these were rarely explicit, each NN's overarching strategy and leadership was a key factor in determining how they responded to the crisis. Many NNs are increasingly outward focussed and looking to increase their engagement with other providers and key stakeholders at city and neighbourhood level. These NNs tended to be more involved in collaborations and partnership working, meaning their work tended to complement wider provision. A minority of NNs, however, are still quite inward facing and have focussed their efforts on supporting their existing members first and foremost. This may be entirely appropriate in the context of their wider resource and capacity constraints and needs in their locality, but it does mean that these NNs' work has tended to be separate from, or supplementary to, wider co-ordinated efforts.

iii. Organisational mission, vision and values

Again, whilst NNs' mission, vision and values were rarely explicit, it was clear these were an important factor in how and why they responded in the way they did. Each NN has been developed from the 'community-up', which means they are deeply embedded in the local communities in which they are based. This local embeddedness is inherent in many NNs and conferred a number of benefits during the COVID-19 crisis such as an ability to understand needs and aspirations, often at an individual level; access to and involvement in wider systems of support; and a level of trust from people in the community that they would be able to help in a timely and appropriate way. These local neighbourhood centric values were evident in key staff within NNs, who appeared prepared to do 'whatever it took' to meet needs in their communities.

These factors were evident in different ways and to varying degrees in each of the NNs interviewed for this report and the analysis has revealed a degree of unevenness in their level and distribution between the NNs. This unevenness has affected the scale and reach of their response and their ability to work in partnership and collaborate with other key actors at a city and neighbourhood level. A degree of unevenness, or difference, between NNs is entirely appropriate given the variety of different social, economic, demographic and service contexts in which they are working. However, moving forward the LNNs and their key stakeholders – Leeds City Council, NHS primary care providers, and civil society umbrella bodies - may wish to consider the extent to which this unevenness may need to be 'levelled-up' to ensure sustainability and consistency, with agreement about what constitutes an NN 'floor' or 'minimum' provision in each area, and how that might be achieved in practice.

6.3. Next steps

This report marks the conclusion of the RTE of the LNN COVID-19 pandemic response. The LNN Evaluation will continue, however, with a second wave of data collection and analysis planned between November 2020 and March 2021 that will focus on the contribution of the LNNs to **'healthy ageing'** [6]. Specifically, it will explore how the activities, opportunities and services they provide (1) contribute to **primary prevention** through community-based activities and support, (2) support people to **manage long-term conditions** in order to delay the onset in severity that may impact on their quality of life and need for more acute services, and (3) support people with **intensive support needs** in order to reduce the burden on their carers and acute services.

[6] We utilise the World Health Organisation (WHO) definition of healthy ageing as "as the process of developing and maintaining the functional ability that enables wellbeing in older age". Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to: meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society.

Recommendations

The Leeds Neighbourhood Networks are an essential part of Leeds's community-based approach to delivering their aim to "Make Leeds the Best City to Grow Old In". The existence of the LNNs prior to the COVID-19 pandemic, and the role they have played during the crisis, highlights their continued importance in ensuring that people in later life can be supported to stay well, connected and active in their communities.

Despite the difficult, and likely ongoing, fiscal context for both local authorities and civil society, it is important to recognise that this kind of work is only going to become more important with regards to supporting the growing number of people in later life. By exploring the role of LNNs and the ways in which they have supported residents through the pandemic, including working through local strategic partnerships, we have gathered important insights into how local areas can learn from their approach to supporting local older residents:

1. National government needs to provide adequate and flexible funding for local authorities and other local commissioners to develop and sustain social and community infrastructure such as the LNNs. Ringfencing small proportions of physical infrastructure investments, such as that of the proposed national infrastructure bank, to be spent on community infrastructure is one way to achieve this.

2. Funding models that allow for long-term, outcome-focused and unrestricted core funding are essential to supporting approaches like the LNNs. Funding should be as flexible as possible to ensure local organisations can be agile in response to events such as COVID-19 and easily collaborate with different sectors to reach those at risk, without undue bureaucracy.

3. Current investments in community-based approaches like the Leeds Neighbourhood Networks need to be prioritised and protected where possible. Building long-term partnerships and fostering local capacity will ensure that areas have the resources, knowledge and flexibility to respond to crises in the future.

4. Local authorities should continue to play a fundamental role in supporting and facilitating community-based organisations to be part of a wider ecosystem of support. Crucial to this is encouraging collaborative cross-sector partnership between civil society, health and business, with shared responsibility for resourcing and protecting community infrastructure.

5. As Integrated Care Systems continue to develop, it is essential that the value of community infrastructure such as the LNN is recognised and incorporated into how these new ICS operate. This can be done by ensuring that civil society organisations are represented within these new governance structures and by making use of these partnerships to deliver services.

Let's take action today for all our tomorrows.
Let's make ageing better.

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