

## **Appendix 6:**

**Report by Collaborate for Social Change - The bigger you go, the less you know**



# "The bigger you go, the less you know"

Why place-based, relational approaches to public services must be core to Local Government Reorganisation

Prepared for Test Valley Borough Council by Collaborate CIC May 2025

# Contents

<b>Introduction .....</b>	<b>3</b>
<b>The case for change.....</b>	<b>4</b>
A golden opportunity .....	4
We know what doesn't work, and what wrongs need to be righted .....	4
We can see a better way .....	5
Learning from Goldilocks .....	7
Culture eats structure for breakfast.....	8
<b>Outcomes: what improvements do place-based, relational approaches contribute to? .....</b>	<b>10</b>
Understanding the size of the prize .....	10
Place-based outcomes .....	11
Place-based outcomes: the evidence .....	12
Service-led outcomes .....	14
Service-led outcomes: the evidence .....	16
Financial outcomes .....	20
Financial outcomes: the evidence .....	20
<b>The building blocks of place-based working.....</b>	<b>24</b>
Conditions that enable effective place-based approaches .....	24
What place-based, relational approaches look like in practice .....	25
<b>Conclusion.....</b>	<b>29</b>
<b>Appendix A: What is place-based working? .....</b>	<b>30</b>
What is a neighbourhood? .....	31
<b>Appendix B: Examples of Practice .....</b>	<b>33</b>
Case in practice: Local Conversations, People's Health Trust (2014-2023) <sup>60</sup> .....	33

Case in practice: Community Health and Wellbeing Workers <sup>61</sup> .....	34
Case in practice: Local Community Networks <sup>62</sup> in Somerset <sup>63</sup> .....	35
Case in practice: A New Era for Wigan <sup>64</sup> .....	36
Case in practice: Changing Futures Northumbria <sup>65</sup> .....	37
Case in practice: Asset Based Community Development in Leeds <sup>66</sup> .....	38
Case in practice: Participatory budgeting in Barking and Dagenham <sup>68</sup> .....	39
Case in practice: Community Wealth Building in Lewes <sup>69</sup> .....	40
Case in practice: Active councillors - Barnsley Metropolitan Borough Council <sup>70</sup> .....	41
Case in practice: Plymouth Family Hubs <sup>71</sup> .....	42
Case in practice: Adult Social Care in Somerset <sup>72</sup> .....	43
Case in practice: Local Area Coordination in Swansea <sup>74</sup> .....	44
Case in practice: Community Micro-enterprise Programme <sup>75</sup> , South Lakes, Furness & Eden .....	45
Case in practice: Levenshulme Inspire <sup>76</sup> .....	46
Case in practice: Community Asset Transfer, Bramley Bath in Leeds <sup>77</sup> .....	47
Plymouth Octopus Project <sup>78</sup> .....	48
Case in practice: Social Prescribing <sup>79</sup> .....	49
<b>Appendix C: References</b> .....	<b>50</b>



## Introduction

The English Devolution White Paper speaks of shifting power and resources from the centre and sets out a bold plan for Local Government Reorganisation to enable this.

Place-based and relational approaches can help rebuild the social contract between communities and the organisations that serve them. By working at a scale of place that people identify with, building better relationships with communities, giving them more power over the decisions that affect them, and investing in preventative, relational, and asset-based ways of working, local authorities can not only continue the spirit of devolution, they can reduce demand and deliver better services more cost effectively.

Based on a comprehensive literature review, interviews with practitioners and Collaborate's work in places across the country, this paper sets out the benefits produced by place-based, relational approaches to public services. We outline the underlying conditions that enable these approaches to be effective and give examples of what the work looks like in practice, illustrated by brief case studies.

This evidence base has been created in support of an argument that place-based, relational working should be at the heart of the operating model for new strategic authorities.

## The case for change

### A golden opportunity

Local Government Reorganisation offers a once in a lifetime opportunity to re-examine and re-shape the operating model of local government.

The English Devolution White Paper set out the government's vision for simpler local government structures. It proposes that these structures can lead to better outcomes for residents, improved local accountability, and savings which can then be reinvested in public services. It doesn't say how this will be achieved. Instead, it is for each place to determine an effective organisational and administrative structure, based on what they know about the people who live there and the geography in which they live.

This process is an opportunity to remind ourselves and recommit to what local government is for, what it can do, and why it matters. It's an opportunity to put purpose at the heart of decisions about what new, old, and amalgamated institutions and their partners do, how they do it, and who they do it for.

### We know what doesn't work, and what wrongs need to be righted

Decades of having to 'do more with less' has hollowed out services, increased thresholds for support, stripped out opportunities for early intervention and prevention, and decimated social infrastructure. There's a growing level of dissatisfaction, with many feeling that vital public services<sup>1</sup> don't meet their expectations, with this being felt most acutely in those places that have the least, highlighting entrenched geographic and social inequalities.

Those people that services are supposed to support feel they have to fight to get what they need and often the needs of the most vulnerable go unmet, leaving people bouncing around the system with unresolved problems and increasing costs with every contact. Not only is this not helping people, it negatively affects those who work in public services, contributing to poor staff recruitment and retention rates, high sickness levels, and decreasing productivity.

Service failures sit within a challenging context in which demand is increasing alongside a population that is growing, and ageing, and presenting with ever more complex and interrelated problems, far outstripping the ability of the current mode of delivering public services to effectively meet people's needs.

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<sup>1</sup> [Can Labour deliver? Public services face inequality crisis](#), IPSOS

New Public Management has run out of road. The importation of private sector practices and the introduction of market concepts such as choice for ‘consumers’ and competition between providers has contributed to a system of managing services that is dehumanising, slow to learn, fragmented, and expensive, with commercial providers driving the costs up at every turn. It is part of a bureaucracy whose ‘do to’ mentality fails to see and lift up the assets of people and place and recognise communities’ knowledge and abilities. A system of management where a focus on organisational boundaries, ring-fenced resources, competitive commissioning, goals, and targets block the ability of place-based systems to effectively work together to support their place and its people to thrive.

It all adds to the rising sense of dissatisfaction and loss of trust in public services, in the institutions that provide them, and in the politicians in charge.

## We can see a better way

“No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systemic injustices... The only way the world is going to address social problems is by enlisting the very people who are now classified as ‘clients’ and ‘consumers’ and converting them into co-workers, partners and rebuilders.”<sup>2</sup>

There is a growing movement towards a focus on neighbourhoods as an ‘engine of change’<sup>3</sup>, towards councils working alongside residents to build community capacity and capability and services co-locating to work together at a hyper-local scale. This movement is a direct response to rising demand, public service failure and an unmet appetite for people to have more influence over their own lives and the places that matter to them.

This different approach to local government and public services has been emerging for many years. The mounting body of evidence is captured in the overwhelming number of reports about neighbourhood and place-based approaches that are available. From the LSE’s 1999 report ‘Neighbourhood Management’ to ICON’s Neighbourhood Policy Green Paper published this month there is a long-term, escalating call to invest in building community capacity and social capital, backed up by data and insight from multiple initiatives across the country.

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<sup>2</sup> Edgar Cahn, US-based civil rights lawyer and inventor of Timebanks

<sup>3</sup> [Neighbourhoods as engines of change](#), James Plunkett

Despite the proven promise of these approaches, they have tended to remain on the margins of organisations or systems, often struggling to get the support, investment or attention needed to be sustained or expanded beyond the pilot phase, or to survive political shifts.

Local Government Reorganisation provides the opportunity to take the great practice happening at the margins into the mainstream by embedding it within the operating model, culture, and practice of the new strategic authorities. To do so requires an understanding of scale.

### Bigger isn't intrinsically better

Devolution and the transfer of power to a more local level is welcome, but the creation of new strategic authorities comes with an organisational design challenge. How can the model for the new organisations, serving larger populations, be built to enable the new, emergent practice and avoid replicating the same blockers to innovation, but at a larger scale?

Learning from places across the country, and the councils that serve them, means responding to evidence showing that within the current operating model, running services at ever larger scales, doesn't make them more efficient or cost effective. It means recognising that **the bigger they go the less they know** about the people they're serving. This lack of insight into people's lives – what their lives are like, and the ways that *where* and *how* they live affects them, and what a good life looks to them – makes it impossible to address the root causes of demand for public services.

Place-based and neighbourhood approaches can reduce demand and make services more effective through building better relationships with local people and communities, by giving them more power over the decisions that affect them and greater access to the resources local government and other partners hold. Focusing on a scale of place that people identify with, enabling community power, and investing in preventative, relational, and asset-based ways of working, all have the potential to improve outcomes as well as enable better use of resources and sustainable cost reductions for the long term.

This may seem challenging to an orthodoxy that sees increased scale as the best route to efficiency savings. But this movement has been emerging for many years, producing many examples of inspiring practice, a growing body of evidence and an understanding of the underlying enablers of success. Services that are failing to improve people's lives are not efficient, even if they cost less to deliver.

Close collaboration with communities and with local partners, systems leadership, developing new capabilities across the workforce, and local government taking on the role of enabler and place shaper are all key ingredients. This is happening in metropolitan boroughs like Wigan, London boroughs like Camden and Barking and Dagenham, in rural counties including Gloucestershire and Cumbria, and in districts and boroughs including Test Valley. There are plenty of stories, case studies, and evidence to learn from and help shape the next generation of public management.

## Learning from Goldilocks

“Civil society grows proportionate not to the extent people’s needs are addressed by institutions but by the strengths connected and addressed by citizens”<sup>4</sup>

Creating a new tier of large unitary councils with populations over 500,000 risks further disconnecting local communities from the decisions that affect them. This is especially so in rural communities which risk losing access to services and viable local democracy. The new organisations need to adopt an operating model that enables them to remain close to the diverse range of communities living within their boundaries, developing the local insight that enables them to be responsive, approachable, and trusted.

The danger is that reorganising local authorities to a larger scale and a ‘higher altitude of operation’ will have a homogenising effect, weakening the link to the specific nature and needs of the patchwork of neighbourhoods that make up local places.

Small can be beautiful. New strategic authorities need to be designed to find a balance and appropriate scale to operate at in order to support different activities. They can be bigger, if they can also connect effectively at different spatial levels with the diverse populations within them. They need to be able to work at the human scale, accommodating human needs and human relationships, and at a system scale, connecting, coordinating, and stewarding all the resources that will enable places to flourish. Organising principles could successfully borrow from the way networks operate rather than replicate the monoliths of the past. These are akin to the principles at play in the best of place-based working – a focus on relationships, collaboration, and interconnectedness and flexible structures that are adaptable to change and innovation.

Local councillors are generally seen as more trustworthy than national politicians<sup>5</sup>, although there is evidence<sup>6</sup> that creating larger councils erodes local democracy with a negative impact on trust in councillors, public engagement, and voter turnout. The new operating model needs to place active councillors with deep local insight and trusted relationships at its heart to counteract this risk.

The ‘democratic gap’ will affect places in different ways<sup>7</sup>. Where there are effective parish and town councils, communities have a hyper local route to mobilising resources, managing local assets, and shaping the decisions that affect them most. But only 36% of England’s population is covered by parish councils and even in places where they are present, there is no guarantee that they will be active or effective enough to make a difference without support to do so.

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<sup>4</sup> Rekindling Democracy, Cormac Russell

<sup>5</sup> [Trust and Confidence in Councils - What the public think](#), APSE

<sup>6</sup> [English Devolution White Paper: DCN’s briefing](#), DCN

<sup>7</sup> [Local. Actually: Establishing hyperlocal governance in England](#), Re:State

New unitary councils must consider how to accommodate, enable and connect with hyper-local forms of governance that enable smaller places to exercise democratic control over public spaces and amenities in line with community needs and be genuinely democratically accountable. This will require key capabilities around participation and engagement. The role of local councillors will be core to closing the gap between communities, understanding the strengths and assets available to a place, and advocating for what they need.

In this way, LGR efforts can find the optimum scale – one that is not so big that the link with local people and places is lost, and one that is agile and flexible enough to enable and nurture the proliferation of the small, local initiatives that are key to flourishing neighbourhoods.

## Culture eats structure for breakfast

The NHS reorganisation around Integrated Care Systems shows that structural changes alone do not guarantee a change in outcomes. For LGR to successfully shift public service delivery to operate at a neighbourhood scale, there must be a focus on developing a culture grounded in a mindset that is collaborative, systemic, long-term, and conscious of power and how it can be shared more equitably<sup>8</sup>.

Core to this mindset shift is a renewed sense of the purpose of local government – the reason councils exist, and the outcomes they are trying to achieve. Many local authorities are reframing their purpose around creating the conditions for people and places to flourish, and identifying their role as an enabler of, or platform for, citizens and partners to address common challenges together.

This shift requires a bold, enabling approach to place leadership in which leaders embody the commitment to working in partnership with communities; entrusting staff with the freedom to innovate and enabling community power.

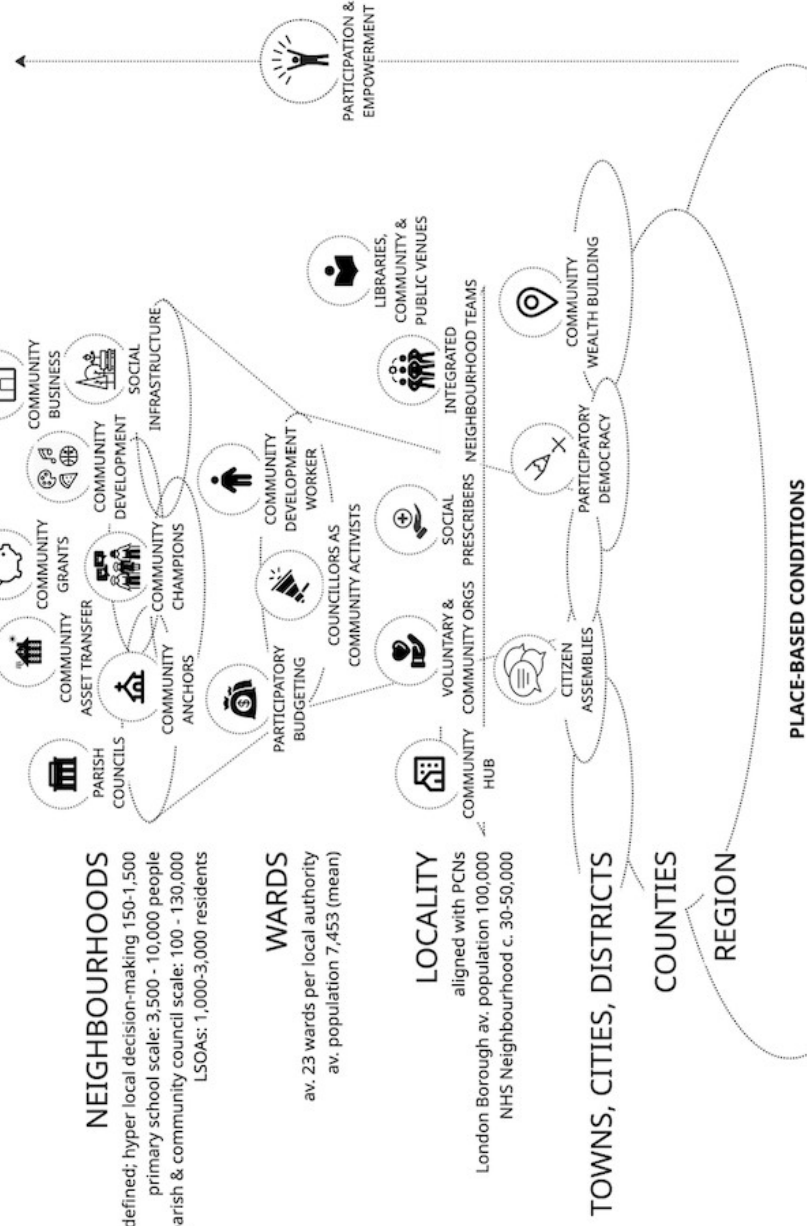
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<sup>8</sup> Introducing New Operating Models for Local Government, Nesta & Collaborate



## BUILDING BLOCKS OF PLACE-BASED WORKING (A WORK IN PROGRESS)

Stronger local economy as flourishing micro- and community businesses create local job opportunities and keep service spend local.	Reduced demand for emergency services.	Reduction in cost of direct payments and home care through lower cost services from local micro-businesses.	Reduced missed appointments, hospital admissions & improved hospital discharge times.	Reduced demand for residential care homes.	Reduced costs as a result of lower staff sickness and turnover.
FINANCIAL SAVINGS					
<div> <div> <h3>SERVICE OUTCOMES</h3> </div> <div> <div> <h4>PREVENT FAILURE DEMAND</h4> <p>People receive more <b>personalised and flexible support that better meets their needs</b> &amp; help to navigate the system.</p> </div> <div> <h4>REDUCED STAFF TURNOVER</h4> <p>Increased worker satisfaction and <b>reduction in staff turnover</b>.</p> </div> <div> <h4>EFFECTIVE COMMISSIONING</h4> <p>Stronger collaboration between VCSE and statutory partners enables collective action and problem-solving to <b>improve outcomes and make better use of resources</b>.</p> </div> </div> </div>					
<div> <div> <h3>PLACE-BASED OUTCOMES</h3> </div> <div> <div> <h4>COMMUNITY COHESION</h4> <p>When there are <b>spaces and opportunities to come together</b>, people discover common ground, and drive aspirations for their communities, <b>building community cohesion</b> and <b>safety</b>.</p> </div> <div> <h4>WELLBEING &amp; RESILIENCE</h4> <p>Increased <b>social connections</b> and <b>networks of support</b> within neighbourhoods <b>strengthen community wellbeing</b>, <b>reduce anti-social behaviour</b> and <b>build resilience</b>.</p> </div> </div> </div>					
<div> <div> <h3>CIVIC PARTICIPATION &amp; TRUST</h3> </div> <div> <p>People with the <b>power to change</b> what happens in their community, increases community-led decision-making and ownership of local initiatives and projects, <b>building civic and democratic participation</b> and <b>boosting trust</b>.</p> </div> </div>					



People have the **ability to influence** what happens in their community and shape the services and places that matter to them.

Strengthened spaces and **opportunities for people to come together** to develop collective goals and drive aspirations for their communities

Local **voluntary, community and faith organisations are strategic system partners**, working with public sector across organisational boundaries to create, pursue & implement opportunities for **collaborative working**.

Strategic focus on **local, relational neighbourhood-based working**, recognising the value of trusted connections within a community.

SYSTEM CONDITIONS		
<b>Strategic, intentional approach to partnership across a place</b>	Alignment of vision & principles; collaborative governance structures; sharing of resources, including data and insight.	
	<b>Trusted, collaborative relationships and behaviours</b>	<b>Culture of learning that enables adaptation</b>
	System partners invest in building mature, equal, & trusting relationships across the place.	Partners collectively reflect and use their learning to shape decisions and adapt their approach.
		<b>Bold, enabling place leadership</b>
		Leaders embody commitment to working in partnership with communities; entrusting staff with freedom to innovate and enabling community power

## Outcomes: what improvements do place-based, relational approaches contribute to?

### Understanding the size of the prize

Places are complex social systems. Any change in outcomes will be the product of many different variables interacting in a variety of ways, shaped by local context. The way that the impact of initiatives is understood needs to reflect this – it is unlikely to be the result of a series of traceable, measurable, causal actions.

However, new approaches suffer from an ‘evidence paradox’ in that the way impact is understood is governed by the rules and modes of the old system. “Community power practice, approaches and initiatives are required to demonstrate their own worth according to measures that are not set up to recognise their value. The value of community power is best captured qualitatively, yet the metrics are quantitative.”<sup>9</sup>

This is something many places and organisations have been working to overcome, producing a growing, albeit dispersed, evidence base.

In reviewing neighbourhood approaches we observed a spectrum ranging from those that were seeking service delivery outcomes and those that focus on community development outcomes. Different approaches are more commonly seen at different scales of place, with those that are more service focused typically being seen within administrative boundaries and those that are community focused at the more hyper local level.

Place-based approaches can have different starting points:

1. Led by local authorities, health, or VCFSE organisations acting at place-shapers, designed to build connections within and between local people and place, getting upstream of social problems to create the conditions for people to flourish.
2. Led by services, designed to improve links between local people and services, engage people in shaping those services to best meet their needs and ultimately reduce or delay demand.
3. Led by communities themselves, designed to make their place better in a way that meets their needs. Local authorities can play a crucial role in enabling these initiatives, offering them active support including access to assets, skills, and resources.

This report focuses more on those initiatives that are started or led by local authorities and the services they provide. However, the distinctions between them are not hard and fast and all effective place-based, relational approaches contribute to creating the conditions for people and places to flourish.

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<sup>9</sup> Community power: the evidence, New Local

## Place-based outcomes

For communities to thrive and unlock their potential, there is strong evidence that many factors need to work together simultaneously. Social infrastructure is vital to social integration and community cohesion, helping communities to build meaningful and lasting relationships with each other. Social infrastructure is an ecosystem, made up of a mix of “hard infrastructure” – buildings and other spaces – and “soft infrastructure” – the groups, networks, online forums and individuals which bring the physical facilities to life<sup>10</sup>.

It's not enough just to have a space, there needs to be activity to bring it to life. For bridges to be built between different communities they need to come into positive contact in shared spaces, enabling connections across differences. Higher levels of social capital<sup>11</sup> are beneficial and are associated with better outcomes in health, education, employment, and civic engagement<sup>12</sup>. Community or social cohesion can be seen as a product of bonding and bridging capital<sup>13</sup>.

Community anchor organisations are a key ingredient in activating social infrastructure to generate social capital and creating a platform for associational life.

The following outcomes are strongly associated with place-based initiatives that help develop social infrastructure, bring people together to form connections and support active collaboration with and between communities themselves.

- **Civic participation and trust:** People having the power to change what happens in their community contributes to increased community-led decision-making and ownership of local initiatives and projects, building civic and democratic participation and boosting trust. People will identify more strongly with where they live and be prepared to contribute more.
- **Community cohesion:** When there are spaces and opportunities to come together, people discover common ground, and drive aspirations for their communities, building community cohesion and safety. Linked to higher levels of neighbourliness, lower levels of loneliness and isolation, more positive attitudes towards others, particularly those from other groups.
- **Wellbeing and resilience:** Increased social connections and networks of support within neighbourhoods can strengthen community wellbeing, reduce anti-social behaviour, and build resilience. Communities are better able to quickly mobilise and support each other in times of crisis and change, provide mutual support, and survive systemic shocks.

<sup>10</sup> [Connective Social Infrastructure: How London's Social Spaces & Networks Can Help Us Live Well Together](#), Good Growth By Design

<sup>11</sup> [What is social capital?](#), DEMOS

<sup>12</sup> [Rapid evidence review of community initiatives](#), DCMS

<sup>13</sup> [Social capital – what we mean by it and why it matters](#), Belong Network

## Place-based outcomes: the evidence

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### Local Conversations<sup>14</sup>

The *Local Conversations* programme, was a long-term grant initiative supporting residents in 13 neighbourhoods to come together to identify and agree local priorities, and then take action to help address them, utilising the flexible funding model of the programme. Evaluation undertaken by the New Economics Foundation found that the programme:

- Led to improved social and personal wellbeing including greater social connectedness and sense of belonging
  - Survey results showed that **65% of respondents agreed or strongly agreed that their Local Conversation had helped them feel more confident**
  - **62% said their Local Conversation had helped them develop and learn new skills.**
  - Participants reported being more satisfied with life, less anxious, and more likely to feel that what they do is worthwhile – compared to both national averages and other similarly disadvantaged neighbourhoods.

Supported residents to increase their engagement with local decision-makers by building their capacity for influence through stronger relationships with local organisations and institutions.

- In 2019, **14 out of 16 neighbourhoods were attempting to influence people in power, including councillors, MPs, and NHS**

### Somerset Local Community Networks<sup>15</sup>

There are 18 Local Community Networks (LCNs) covering the Somerset Council area, acting as the ‘voice’ of local communities and serving as hubs for engagement, partnerships and local decision-making. Their establishment is part of a move to ensure that all of Somerset is ‘parished’, involving the devolution of assets and services to town, city and parish councils (set out in their 2020 business case for moving to a single unitary council for Somerset, “One Somerset”). Somerset believes LCNs will contribute to:

- Effective local engagement, ensuring residents, businesses, and partners can influence council activity and service delivery.

<sup>14</sup> [Evaluating the impact of Local Conversations 2016 - 2021](#), People's Health Trust

<sup>15</sup> [Local Community Networks: Questions and answers](#), Somerset Council; [One Somerset Business Case: Final Submission](#), Somerset County Council

- Democratic participation: promoting active community decision-making, scrutiny, and enhanced participation in local democracy
- Collaboration: bringing together representatives from partner organisations, city, town and parish councils, community groups, and others to share information, ideas, and solutions.
- Local influence: helping to ensure that local priorities across economic, social, and environmental issues shape council and public service activity.

### Asset-based community development (ABCD) in Leeds<sup>16</sup>

ABCD is a core element of Leeds City Council's approach to public service. ABCD is a neighbourhood-based model that focuses on identifying and harnessing local strengths, relationships, and networks to support citizen-led change.

A co-produced evaluation by Leeds Beckett University, Leeds City Council and community organisations found that in Leeds, ABCD has **“supported better social connections and new friendships, with greater community cohesion: bridging differences in generations and neighbourhoods being more inclusive of people with disabilities.”**

### Barking and Dagenham Giving<sup>17</sup>

Through Barking and Dagenham Giving (BD Giving), the borough has created a model that challenges traditional grant-making and investment by shifting decision-making power directly into the hands of local people. BD Giving was established in 2020 as the UK's first 100% community led investment fund. BD Giving's approach is about more than distributing money; however, it is about building the capacity and confidence of residents to shape their neighbourhoods.

Residents who participate in BD Giving's work report feeling **more aware of local issues, more likely to engage in democratic processes, and more connected to their community**. As people participate, their confidence grows, prompting them to question existing systems and explore new approaches. The process aims to build sustained civic engagement, as participants become more likely to volunteer, support local initiatives, and take ownership of community outcomes.

<sup>16</sup> [Asset-Based Community Development: Evaluation of Leeds ABCD Programme](#), Leeds Beckett University

<sup>17</sup> [Barking & Dagenham Giving](#), BD Giving; [Trustees' Report and Consolidated Financial Statements for the Year Ended 31 March 2024](#) for Barking and Dagenham Giving, UK Charity Commission

## Local Area Coordination in Surrey<sup>18</sup>

In 2022, Surrey County Council introduced Local Area Coordination (LAC) as part of a broader strategy to support independence, promote prevention, and address health inequalities across the county. Residents supported by LAC have reported **improvements in their sense of confidence and wellbeing, as well as increased engagement in community life**. In some cases, individuals have gone on to take active roles in their communities, contributing to local initiatives and offering support to others.

### Service-led outcomes

Many of the service-led initiatives we have explored contribute to the place-based outcomes listed above, being designed to move attention and resources upstream of direct service delivery to focus on creating the conditions for better outcomes with communities. However, these are longer term aspirations with a primary driver focused on more immediate goals – reducing, delaying, or preventing demand for services and service improvement.

Some councils have implemented a 'locality model', co-locating different services in centres that are closer to where people live, but still aligned with PCN footprints. These 'Integrated Locality (or Neighbourhood) Teams aim to make services more accessible and convenient and enable them to engage more with people who need support. Many are focused primarily on health and social care and aim to improve health and well-being in the area by working collaboratively with various services, agencies, and groups. There is an emphasis on:

- Being closer and more accessible to communities, and visible to residents
- Making better use of shared resources, reducing running costs through shared use of high quality, sustainable buildings.
- Working in partnership, using integrated working to create a simpler, more joined up system that offers the right support at the right time.
- Supporting a transformation in culture and practice, based on recognising strengths, networking, and being based in community.

Adult Social Care services are often drivers of innovation at the community level, working in partnership with health and VCSE colleagues to use methods including Asset Based

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<sup>18</sup> [An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided](#), Community Catalysts; [Local Area Coordination in Surrey: Independent Evaluation 2024](#), Duggal Consultancy



Community Development, Local Area Coordination, and micro-business market development as investments in prevention.

Service level initiatives produce a wide range of outcomes, for service demand, for the system - and for individuals.

- Delay, reduce, prevent demand
  - People live happier, healthier, independent lives for longer.
  - People live in safer communities with fewer incidences of anti-social behaviour.
  - People find local solutions and use their own assets and strengths.
  - People volunteer and get involved in delivering local services.
- Prevent failure demand
  - People receive more personalised and flexible support that better meets their needs and supports them to navigate the system.
  - People can find the services they need on their doorstep, without navigating complex systems.
- Reduced staff turnover
  - Increased worker satisfaction and reduction in staff turnover.
- Effective commissioning
  - Stronger collaboration between VCSE and statutory partners enables collective problem-solving, driving progress on outcomes, not just outputs, to maximise value.
- Individual improvements to health and wellbeing
  - Increased independence, improved relationships, connections, and access to community resources, and improved personal safety, security, and stability<sup>19</sup>.
  - Reduced reliance on prescription drugs, reduction in the number of visits to the GP, being signed off from treatment by a clinician<sup>20</sup>

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<sup>19</sup> [Transforming adult social care systems? A systematic review of the costs and outcomes of local area coordination in England and Wales](#)

<sup>20</sup> [Building Community: An evaluation of asset based community development \(ABCD\) in Ayrshire](#)

## Service-led outcomes: the evidence

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### Old Ford and Nest Estates Local Conversation (Gateshead)<sup>21</sup>

The Old Ford and Nest Estates Local Conversation in Gateshead led to partnerships with schools, universities, local authorities, a counselling organisation, and GPs. As a result of these partnerships, community development workers were based in GP surgeries to support patients with non-clinical issues. Their evidence showed that **patients accessing the scheme reduced their appointments by over 25%**, saving money and ensuring people were receiving the support they needed.

### Wigan: Progress with Unity<sup>22</sup>

A key feature of Wigan's new ten-year approach, *Progress with Unity*, is its shift to smaller-scale, neighbourhood-based delivery. For example, adult social care has been recommissioned using a neighbourhood model, with teams empowered to deliver asset-based, relational support grounded in local knowledge and collaboration.

Seven 'service delivery footprints' have been established in the borough to reflect 'natural communities'. These footprints serve as the foundation for integrated, multi-agency teams working from shared neighbourhood hubs. Wigan has found that co-located working in these hubs enables rapid, place-sensitive responses to local needs and that working at a neighbourhood scale ensures that public services are better connected to the lived realities of communities, fostering trust, responsiveness and improved outcomes. Some of these improved outcomes outlined by the Kings Fund 2019 report include:

- **Increase in healthy life expectancy** between 2016 and 2019
- **Improved school readiness** between 2016 and 2019
- **Increase in physical activity** between 2012 and 2015
- **A higher rate of older people still at home 91 days after discharge** than in England as a whole
- High rate of **care home quality improvement**
- **Lower emergency re-admissions from care homes** than England average
- **Low rates of delayed transfer of care from hospital**
- High rate of **decrease in rates of premature mortality from cardiovascular disease and of premature mortality from cancer**

<sup>21</sup> [Evaluating the impact of Local Conversations 2016 - 2021](#), People's Health Trust

<sup>22</sup> [A new era for Wigan Borough: from The Deal to Progress with Unity](#), Collaborate & Wigan BC; [A citizen-led approach to health and care: Lessons from the Wigan Deal](#), The King's Fund

In addition, underpinned by behaviours such as ‘Be kind’ and a culture which encourages staff to work differently, Wigan’s approach gives staff the freedom to take relational and person-centred approaches which prioritise the wellbeing and independence of those they work with. Wigan’s approach has resulted in improved staff satisfaction, stronger partnerships with the VCSE sector and a shared sense of purpose across their services.

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### Somerset Adult Social Care: micro-business market development<sup>23</sup>

Somerset’s adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. A key part of Somerset’s approach to adult social care is the support for micro-providers and since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset. The increased capacity of local, responsive support has enabled:

- Stronger local support: people are supported at home or in their communities by providers from their neighbourhoods, fostering trust, flexibility, and continuity of care.
  - People and families know good support is available locally. As a result, **people come home earlier from hospital**.
  - People-centred support: people design support together that is more personalised. “Creative people on both sides of the care equation find ways to do things differently”.
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### Community Micro-enterprise programme: Westmorland and Furness<sup>24</sup>

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support. Outcomes included:

- An established network of responsive, high-quality, and sustainable community micro-enterprises that provide a wider choice of care and support to older and disabled people in their homes.
- **Increased the local care and support offer, with 125 people receiving 400 hours of support each week.** (25 using direct payments, 100 self-funded).

<sup>23</sup> [Get help at home with micro-providers](#), Somerset Council

<sup>24</sup> [Community micro-enterprise development in Westmorland and Furness](#), Community Catalysts

- Reduced unmet need – commissioners, local health and social care teams, and people seeking care and support know that good support is available. As a result, people can choose from a range of care and support options locally.
- Increased choice and control over the support they choose – there is more choice locally for people who draw on care and support and people can choose to have a Direct Payment to pay for their support from a community micro-enterprise.
- Improved quality of service – personal relationships are at the heart of the community micro-enterprises. They offer support that is flexible and responsive to the person's needs, and foster rich connection with others, which supports people's quality of life.

### Local Area Coordination in Surrey<sup>25</sup>

Initial insights from the implementation of LAC in Surrey have highlighted a range of early outcomes and there are indications that the model is contributing to broader shifts in service delivery. Improved health and mental health outcomes among residents suggest that Local Area Coordinators may play a role in reducing demand for crisis intervention over time. Feedback also points to strengthened relationships with local NHS services and community partners, including improved pathways for GPs to introduce patients to LAC.

Nationally, the LAC model has been subject to 15 independent evaluations across England and Wales, with findings indicating positive outcomes for individuals, communities, and wider systems. These include **simplification of service pathways and greater cross-system collaboration and integration across agencies**.

### Community Health and Wellbeing Workers<sup>26</sup>

Community Health and Wellbeing Workers (CHWWs) are recruited from the communities they serve. They are not medical professionals, but trusted local people selected for their empathy, integrity, cultural competence and persistence. Operating across small geographies of 120–150 households, they make monthly visits to every home (regardless of need) to build relationships and offer holistic, proportionate support.

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<sup>25</sup> [An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided](#), Community Catalysts; [Local Area Coordination in Surrey: Independent Evaluation 2024](#), Duggal Consultancy

<sup>26</sup> [Community Health and Wellbeing Workers \(CHWW\) Programme](#), National Association of Primary Care

In Westminster, where the model was first implemented in the UK results have shown that:

- The households were **47% more likely to have immunisations** that they were eligible for and **82% more likely to have cancer screenings** and NHS health checks.
- There was a **7.3% reduction in unscheduled GP consultations** among these households.
- Residents were appreciative of the ease of access, support and comprehensive approach provided
- Engagement had been maintained with 60% of residents and increasing. Residents who engaged with CHWWs did not disengage
- Multiple instances of issues being unearthed around suicidal ideation, child carers, domestic violence and intractable housing.

Additionally, in Cornwall, the model showed a **90% improvement in resident wellbeing** (as measured by the MyCaw tool).

## Social Prescribing<sup>27</sup>

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England.

Evaluations across the country show that social prescribing can not only improve wellbeing but also significantly reduce pressure on health services:

- In Tameside and Glossop, an evaluation of 1,751 referrals showed a **42% drop in GP appointments**.
- In Kent, **A&E visits reduced by up to 23%** for the 5,908 people supported.
- In Kirklees, support for frequent service users led to **50% fewer GP appointments and 66% fewer A&E attendances**.
- In Rotherham, **frequent A&E use reduced by up to 43%, with cost reductions of up to 39%**.

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<sup>27</sup> [The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice](#), National Academy for Social Prescribing

## Financial outcomes

Much of the evidence reviewed used one of three ways to assess the financial outcomes of particular initiatives - cost benefit analysis, social return on investment or diverted costs.

Money saved in one part of the system due to the action of another is problematic under current public sector accounting arrangements. It is often the case that investments made by local authorities save costs for the health system. Those developing an operating model for the new strategic authorities should consider how to take a 'total place' approach to assessing costs.

We identified the following outcomes that are likely to have financial benefits:

- Stronger local economy as flourishing micro- and community businesses create local job opportunities and keep service spend local.
- Reduced demand for emergency services.
- Reduction in cost of direct payments and home care through lower cost services from local micro-businesses.
- Reduction in missed appointments, hospital admissions & improved hospital discharge times.
- Reduced demand for residential care homes.
- Reduced use of unplanned hospital care.
- Reduced cost of temporary accommodation.
- Reduced costs as a result of lower staff sickness and turnover.

## Financial outcomes: the evidence

### The Wigan Deal<sup>28</sup>

The Wigan Deal reframed the relationship between Wigan council and residents, encouraging co-production and strengths-based support which necessitated services which are built around individuals and families. This movement for change has enabled Wigan council to deliver over **£180 million in efficiencies** whilst improving services and maintaining the lowest council tax rate in Greater Manchester.

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<sup>28</sup> [A new era for Wigan Borough: from The Deal to Progress with Unity](#), Collaborate & Wigan BC; [A citizen-led approach to health and care: Lessons from the Wigan Deal](#), The King's Fund



## Changing Futures Northumbria<sup>29</sup>

Changing Futures Northumbria (CFN) is a collaboration across six local authority areas focussed on freeing up the creativity and compassion of front-line caseworkers,

delivering more focussed and effective support by co-creating solutions and approaches with citizens, and building towards sustainable outcomes that stand a greater chance of reducing demand into services into multiple services, thus reducing costs and by being more effective, reducing inequality.

Changing Futures Northumbria found that **a person they had been supporting, who had used over £450,000 of public service resource in the year prior to his engagement with their support, reduced his public service use to 0.3% of that level, within 18 months of being supported in a Human relational way, using only £1,932 in months 12 to 24 following the Changing Futures Northumbria intervention.**

## ABCD in Leeds<sup>30</sup>

ABCD is a core element of Leeds City Council's approach to public service. A co-produced evaluation by Leeds Beckett University, Leeds City Council and community organisations estimated up to **£14.02 of social value returned for every £1 invested.**

## Somerset Adult Social Care<sup>31</sup>

Somerset's adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. A key part of Somerset's approach to adult social care is the support for micro-providers and since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset.

The increased capacity of local, responsive support has enabled more cost-effective services, as the **cost of care delivered by micro-providers is lower, and is associated with an increase in uptake of direct payments (which similarly have lower costs associated than commissioned care)** as people and families know good support is available locally and so people come home earlier from hospital.

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<sup>29</sup> [Changing Futures Northumbria Example of Practice](#), Human Learning Systems

<sup>30</sup> [Asset-Based Community Development: Evaluation of Leeds ABCD Programme](#), Leeds Beckett University

<sup>31</sup> [Get help at home with micro-providers](#), Somerset Council

## Local Area Coordination in Swansea<sup>32</sup>

Swansea's Local Area Coordination (LAC) programme is part of the council's Tackling Poverty Service based within Adult Services.

The Local Area Coordination model is explicitly designed to be place-based and relational. Its effectiveness is reflected in academic evaluations: a Swansea University study found that **for every £1 invested, LAC returns £2–3 of savings to the wider system.**

Local Area Coordinators also helped facilitate 28 new community groups and supported nearly 100 others to access funding – bringing over £85,000 into local communities via the council's Enabling Communities Fund.

## Local Area Coordination in Surrey<sup>33</sup>

In 2022, Surrey County Council introduced Local Area Coordination (LAC) as part of a broader strategy to support independence, promote prevention, and address health inequalities across the county. A Community Catalyst report reviewing six individual stories estimated **£25,000 in likely immediate costs avoided from these six cases alone** as a result of preventative action taken before crises emerged.

Nationally, the model has been subject to 15 independent evaluations across England and Wales. Where social return on investment has been measured, findings suggest a **return of at least £4 in social value for every £1 invested** (LAC Network, 2024).

## Social Prescribing<sup>34</sup>

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England. Evaluations across the country have shown that social prescribing can have positive economic returns:

- In Newcastle, **secondary care costs were 9% lower** than in a matched control group.
- A national evaluation of the Green Social Prescribing programme found a **social return on investment of £2.42 for every £1 invested**, alongside significant improvements in wellbeing based on ONS wellbeing measures

<sup>32</sup> [Local Area Coordination: Impact Report 2023](#), Swansea Council

<sup>33</sup> [An Analysis of 6 Stories of Local Area Coordination in Surrey: Positive Changes and Costs Avoided](#), Community Catalysts; [Local Area Coordination in Surrey: Independent Evaluation 2024](#), Duggal Consultancy

<sup>34</sup> [The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice](#), National Academy for Social Prescribing

## Barking and Dagenham Giving<sup>35</sup>

BD Giving was established in 2020 as the UK's first 100% community led investment fund. As of May 2025, BD Giving has distributed over £950,000, including ~£778,000 in grants and approximately £77,000 distributed to the residents involved in participatory decision-making processes.

The largest share of BD Giving's grant funding has gone towards Employment, Skills, and Enterprise, largely driven by their GROW Fund, which **supports local businesses in scaling up and seeking further investment**. Following this, funding is almost evenly distributed across arts, health, community cohesion, and education initiatives.

## Local Conversations<sup>36</sup>

An evaluation by the New Economics Foundation found that the Local Conversations programme helped local lead organisations and residents access additional resources. On average, **lead organisations secured between £192,000 and £216,000 in additional funding**, which they attributed to their involvement in Local Conversations.

## Community Micro-enterprise programme: Westmorland and Furness<sup>37</sup>

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support. Outcomes included:

- **26 local jobs created** - people can work locally, earn an income and make a positive difference.
- The **money flow stays within the local economy**.

## Levenshulme Inspire Community Hub<sup>38</sup>

In Levenshulme, located four miles south-east of Manchester city centre, is the **Inspire Centre**, a community hub owned by the people of Levenshulme. **Through training, mentoring and enterprise activities, they have supported local residents into employment, started micro-businesses, and strengthened digital and social infrastructure.**

<sup>35</sup> [Barking & Dagenham Giving](#), BD Giving; [Impact Dashboard](#), BD Giving

<sup>36</sup> [Evaluating the impact of Local Conversations 2016 - 2021](#), People's Health Trust

<sup>37</sup> [Community micro-enterprise development in Westmorland and Furness](#), Community Catalysts

<sup>38</sup> [COVID Impact Report 2020/2021](#), Levenshulme Inspire; [How to Set Up, Run and Sustain a Community Hub to Transform Local Service Provision](#), Locality

# The building blocks of place-based working

## Conditions that enable effective place-based approaches

System conditions are the factors that influence how a system behaves. The relationships and interactions between them determine the system's performance, and ability to achieve positive outcomes. Addressing the underlying conditions creates a powerful lever for change.

Effective place-based approaches share a common set of underlying conditions that are reflected in multiple examples of practice. They provide the foundation on which the different approaches and methods are built. We have split them into (1) system conditions - speaking to the network of organisations and institutions that make up the governance of a large-scale place e.g. local authorities, health partners, constabulary, VCSE etc; and (2) place-based conditions within neighbourhoods.

### System conditions

- **Strategic, intentional approach to partnership across a place**  
Alignment of vision & principles; collaborative governance structures; sharing of resources, including data and insight.
- **Trusted, collaborative relationships and behaviours**  
System partners invest in building mature, equal, & trusting relationships across the place.
- **Culture of learning that enables adaptation**  
Partners collectively reflect and use their learning to shape decisions and adapt their approach.
- **Bold, enabling place leadership**  
Leaders embody commitment to working in partnership with communities; entrusting staff with freedom to innovate and enabling community power

### Place-based conditions

- **People have the ability to influence what happens in their community** and shape the services and places that matter to them.
- **Local voluntary, community and faith organisations are part of strategic system partnership**, working with the public sector across organisational boundaries to create, pursue and implement opportunities for collaborative working.
- **Strengthened spaces and opportunities for people to come together** to develop collective goals and drive aspirations for their communities
- **Strategic focus on local, relational neighbourhood-based working**, recognising the value of trusted connections within a community.

## What place-based, relational approaches look like in practice

There are many different methods and modes of operating and a variety of component parts in use to enable place-based, relational approaches and places are innovating, adapting and combining continually. This is fertile ground. Below is a snapshot of what we see in play at different geographic scales. See Appendix 2 for more detailed examples.

### Approaches and actors common at the neighbourhood level

**Asset Based Community Development** (ABCD): The work of building and sustaining positive relationships across different groups, organisations and networks and enabling people to participate and influence decisions, activities and services and create stronger and more connected communities.

 [See case in practice.](#)

**Community anchors:** Small, established, neighbourhood-based organisations deeply embedded in local communities. Rooted in place, there for the long term with a deep understanding of an area and strong connections with local people. E.g. Heart of BS13, Bristol<sup>39</sup>.

**Community asset transfer:** The transfer of management and/or ownership of publicly-owned buildings or land or structures to local communities for less than the market value to promote social, economic and environmental well-being and empower communities.

 [See case in practice](#)<sup>40</sup>

**Community business:** A locally rooted business run by local people for the benefit of the community, and creating broad community impact. E.g. Ashton Hayes and Mouldsworth Community Shop<sup>41</sup>

**Community (or health) champions:** Community members who volunteer to promote health and wellbeing or improve conditions in their local community. Champions use their social networks and life experience to address barriers to engagement and improve connections between services and disadvantaged communities. E.g. Camden Community Champions<sup>42</sup>

**Community grants:** Community-based funding and grants for projects like activities for young people, volunteer programmes and development of communal facilities.

<sup>39</sup> [Heart of BS13, Bristol](#)

<sup>40</sup> [Bramley Baths, Leeds](#)

<sup>41</sup> [Ashton Hayes and Mouldsworth Community Shop](#)

<sup>42</sup> [Camden Community Champions](#)

 [See case in practice](#)<sup>43</sup>

**Parish councils:** Smallest, most localised tier of local government, delivering services to meet local needs, giving the community a voice and representation, and improving the quality of life and community wellbeing.

 [See case in practice](#)<sup>44</sup>

**Social infrastructure:** Framework of institutions and physical spaces where people can meet, engage, and build relationships; and the networks of formal and informal groups, organisations, partnerships and initiatives that sustain the social fabric of a place. E.g. Space for Community: Strengthening Our Social Infrastructure<sup>45</sup>

Approaches and actors common at the ward level

**Community development workers & Local Area Coordinators:** Work in communities to help improve health, wellbeing and resilience of the people who live there.

 [See case in practice](#)<sup>46</sup>

**Councillors as community activists:** Elected to represent their ward, to lead the local conversation and engage communities to make the area the best place it can be.

 [See case in practice](#)<sup>47</sup>

**Participatory budgeting:** A democratic process through which citizens decide directly how to spend part of a public budget, enabling them to have a greater say in how public money is used to improve their communities.

 [See case in practice](#)<sup>48</sup>

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<sup>43</sup> [Barking & Dagenham Giving](#), BD Giving

<sup>44</sup> [One Somerset Business Case: Final Submission](#), Somerset County Council

<sup>45</sup> [Space for Community: Strengthening Our Social Infrastructure](#), Power to Change

<sup>46</sup> [Local Area Coordination: Impact Report 2023](#), Swansea Council

<sup>47</sup> [Your local area and ward](#), Barnsley Council;

<sup>48</sup> [Barking & Dagenham Giving](#), BD Giving



## Approaches and actors common at the locality level

**Community hubs:** Buildings or parts of buildings that provide and host community activities that local people need. Can be managed by a community-led organisation or by a public agency. Diverse range of possible services including activities that directly address community needs and provide opportunities for community engagement and social activities; and alternative approaches to service delivery – underpinned by the principles of community involvement and partnership.

👉 [See case in practice](#)<sup>49</sup>

**Integrated Neighbourhood Teams:** Practitioners from health, social care, and the voluntary sector provide work with communities to understand what is important to them and co-design services that meet local needs, delivered in a way that works for the community. E.g. Creating Integrated Neighbourhood Teams: Learning from experience<sup>50</sup>

**Libraries, community & public venues:** Publicly owned spaces that can host formal services alongside community activity. E.g. Cumbria Libraries<sup>51</sup>

**Social prescribers:** Link workers who support people to connect to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

👉 [See case in practice](#)<sup>52</sup>

**Voluntary & community organisations:** Third sector or civil society made up of a diverse range of groups and organisations focusing on social, environmental, or cultural goals. Typically non-profit and driven by volunteers, aiming to improve society or specific communities. E.g. UK Civil Society Almanac 2024<sup>53</sup>

<sup>49</sup> [Levenshulme Inspire](#)

<sup>50</sup> [Creating Integrated Neighbourhood Teams: Learning from experience](#), National Association of Primary Care

<sup>51</sup> [Libraries as community hubs: Case studies and learning](#), Renaisi for Arts Council England

<sup>52</sup> [The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice](#), National Academy for Social Prescribing

<sup>53</sup> [UK Civil Society Almanac 2024](#), NCVO

## Approaches and actors common at a whole-place level

**Citizen assemblies:** A type of participatory democracy in which a representative group of citizens selected at random from the population learn about, deliberate upon, and make recommendations about a particular issue or set of issues.

E.g. Blaenau Gwent Climate Assembly<sup>54</sup>

**Community wealth building:** A framework for redirecting economic activity to benefit local communities and residents. It aims to create a more inclusive and sustainable economy by ensuring that wealth generated in a specific area is retained and distributed within it.

 [See case in practice](#)

**Participatory democracy:** A form of government in which citizens participate individually and directly in political decisions and policies that affect their lives, rather than through elected representatives. Can take different forms, including Citizen Assemblies. In East Ayrshire, communities have created 30 community-led action plans, supported by facilitation from the council.

E.g. Participatory democracy - what does it mean for elected members?<sup>55</sup>

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<sup>54</sup> [Blaenau Gwent Climate Assembly](#)

<sup>55</sup> [Participatory democracy - what does it mean for elected members?](#)

## Conclusion

“We have everything we need, if we use what we have”<sup>56</sup>

Devolution and Local Government Reorganisation present a once in a life-time opportunity to re-examine and re-shape the operating model for local government. To finally focus on building better relationships between local people and public systems, by giving them more power over the decisions that affect them and more equitable access to the resources local government and other partners hold. To work at a scale of place that people identify with, enabling community power, and investing in preventative, relational and asset-based ways of working. To move this practice into the mainstream by embedding it fully in the operating model, culture and core practice of the new strategic authorities.

Doing so promises better long-term outcomes for people and communities than our current top down, one-size-fits-all model. It allows places to have an identity that communities can engage with and responds to inequalities in assets, strengths and needs. It supports improvements for people and places through the focused efforts of the council, partners and residents on shared problems and builds local capacity, belonging and pride. It will support democratic renewal, rather than the disengagement we are experiencing today.

There is a wealth of good examples of place-based, relational practice happening across the country. We need to build new strategic authorities that can work at the human scale, accommodating human needs and human relationships, and at a system scale, connecting, coordinating and stewarding all the resources that will enable people and places to flourish.

Local Government Reorganisation has the potential to catalyse a step change into a different and better future and help repair the threadbare social fabric in our neighbourhoods.

This is a golden opportunity - let's not waste it!

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<sup>56</sup> Edgar Cahn

## Appendix A: What is place-based working?

“A place-based approach is a systems approach within a defined location, such as a suburb or small town. Restricting the scope of work to a geographic location can help in pinning a systemic issue down to a manageable size.”<sup>57</sup>

As with all systems change approaches, place-based work tends to go beyond programmatic activities focused on specific outcomes and instead tries to address the deeper systemic causes of a problem. From a service perspective it is often about getting upstream of a problem and creating the conditions that will prevent a problem occurring or proliferating over the long term or addressing failures in the services that create more demand.

Place-based approaches centre communities rather than services. Community members are involved in decision-making, with their aspirations for their lives and their place anchoring the work.

Common characteristics of place-based approaches include:

- working with communities to identify and work on collective priorities, valuing local over professional/expert knowledge and building relationships within and between groups and with sources of power and resource (bonding, bridging, linking capital)
- working with VCFSE organisations and / or community anchors as a source of trusting relationships
- focusing on strengths (or assets) to build the conditions that prevent problems from happening, or reduce their impact, rather than just intervening at a point of crisis

‘Community’ in this context can be taken to mean people brought together by geographic boundaries. However, some place-based approaches target more specific populations within that geography, communities brought together by identity, experience, interest or action.

Place-based approaches can take in population sizes from 100,000 (the average for a London Borough) to 150 people at a hyper-local level. That population may live in dense urban areas or be more spread out across rural districts – geographical size is less important than whether there is a community of people that connects and identifies as a community.

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<sup>57</sup> Dr Jess Dart, [Clear Horizon](#)

## What is a neighbourhood?

Neighbourhood approaches are contained within this broader 'place-based' definition, along with many other scales of place, some defined geographically such as a street or village, some with boundaries constructed for administrative reasons like LSOAs, wards and localities.

Neighbourhoods are hyper-local communities of place. However, a “universal and generalisable definition of neighbourhood does not exist.”<sup>58</sup>

Two different models for understanding 'neighbourhood' currently dominate – one based on top-down administrative boundaries, the other defined by residents or communities themselves.

Unhelpfully, the NHS Long Term Plan uses its own definitions of place, with three different levels at which decisions are made:

- **Neighbourhoods** (populations circa 30,000 to 50,000 people) – served by groups of GP practices (PCNs)
- **Places** (populations circa 250,000 to 500,000 people) – served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems** (populations circa 1 million to 3 million people) - in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

This definition of neighbourhood is significantly larger than others. Many local authorities have struggled with this, and the lack of coterminous boundaries – wards rarely map to PCN footprints and so have adopted the term 'locality'. Some London boroughs have created new administrative boundaries in which two localities exist with a single PCN boundary.

None of these fictitious boundaries map to what local communities might identify as their neighbourhood. Approaches based in community development rather than service delivery tend to start with an invitation to residents to define their own neighbourhood boundaries based on their personal experiences, perceptions and relationships.

This can surface valuable insights into neighbourhood dynamics, social networks, and local identities. However, as the boundaries captured are subjective and personal they are unlikely to be consistent across a whole community, which can be challenging for those hoping to target policy decisions or capture and compare data.

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<sup>58</sup> [The evidence for neighbourhood focused regeneration](#), Independent Commission on Neighbourhoods (ICON)

Each model produces different results in determining how many people or households may live in a neighbourhood. However, there is some consensus that the primary school is the last neighbourhood-scale institution and central to the way families with young children may conceive of their neighbourhood. Other ‘connecting places’ such as a place of worship, a parade of shops or a park may serve the same purpose for other members of the community. Similar consensus was seen in the notion that a neighbourhood is a place where you can comfortably walk to local amenities within 15 minutes.

The model chosen is important “because it influences how policy is targeted, implemented and evaluated; it informs which groups/areas are subject to the intervention and how data is collected and analysed.”<sup>59</sup>

*Who* chooses which model to use is also key to understanding where power lies and the extent to which the people any intervention may be aimed at will recognise and identify, or care about, the place being described.

This report focuses on the smaller end of the scale - localities, wards and neighbourhoods.

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<sup>59</sup> [The evidence for neighbourhood focused regeneration](#), Independent Commission on Neighbourhoods (ICON)

## Appendix B: Examples of Practice

### Case in practice: Local Conversations, People's Health Trust (2014-2023)<sup>60</sup>

The *Local Conversations* programme, funded by People's Health Trust, was a long-term grant initiative supporting residents in 13 neighbourhoods across Great Britain experiencing high levels of disadvantage. Through Local Conversations, local people came together to identify and agree local priorities, and then take action to help address them, utilising the flexible funding model of the programme.

Evaluation undertaken by the New Economics Foundation found that the programme:

led to improved social and personal wellbeing including greater social connectedness and sense of belonging

- Survey results showed that 65% of respondents agreed or strongly agreed that their Local Conversation had helped them feel more confident
- 62% said their Local Conversation had helped them develop and learn new skills.
- participants reported being more satisfied with life, less anxious, and more likely to feel that what they do is worthwhile – compared to both national averages and other similarly disadvantaged neighbourhoods.

helped local lead organisations and residents access additional resources.

- On average, lead organisations secured between £192,000 and £216,000 in additional funding, which they attributed to their involvement in Local Conversations.

supported residents to increase their engagement with local decision-makers by building their capacity for influence through stronger relationships with local organisations and institutions. In 2019, 14 out of 16 neighbourhoods were attempting to influence people in power, including councillors, MPs, and NHS leaders.

The Old Ford and Nest Estates Local Conversation (Gateshead) led to partnerships with schools, universities, local authorities, a counselling organisation, and GPs. As a result of these partnerships, community development workers were based in GP surgeries to support patients with non-clinical issues. Their evidence showed that patients accessing the scheme reduced their appointments by over 25%, saving money and ensuring people were receiving the support they needed.

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<sup>60</sup> [Evaluating the impact of Local Conversations 2016 - 2021](#), People's Health Trust

## Case in practice: Community Health and Wellbeing Workers<sup>61</sup>

The Community Health and Wellbeing Worker (CHWW) model originated in Brazil – where it now forms the foundation of primary care for over 70% of the population. More recently, the model has been adapted in England to provide integrated, preventative support at the heart of neighbourhoods.

CHWWs are recruited from the communities they serve. They are not medical professionals, but **trusted local people** selected for their empathy, integrity, cultural competence and persistence. Operating across small geographies of 120–150 households, they make monthly visits to every home (regardless of need) to build relationships and offer holistic, proportionate support.

Working within the CHUI framework (Comprehensive, Hyperlocal, Universal and Integrated) CHWWs proactively address physical, mental and social wellbeing. Their role is to understand the whole household, build alliances with GPs, local authorities, and community services, and act as advocates, navigators, and early responders to a range of needs. In Westminster, where the model was first implemented in the UK results have shown that:

- The households were 47% more likely to have immunisations that they were eligible for and 82% more likely to have cancer screenings and NHS health checks.
- There was a **7.3% reduction in unscheduled GP consultations** among these households.
- Residents were appreciative of the ease of access, support and comprehensive approach provided
- Engagement had been maintained with 60% of residents and increasing. Residents who engaged with CHWWs did not disengage
- Multiple instances of issues being unearthed around suicidal ideation, child carers, domestic violence and intractable housing.

Additionally, in Cornwall, the model showed a 90% improvement in resident wellbeing (as measured by the MyCaw tool),

Now operating in **over** 25 sites across the UK, the CHWW model exemplifies what can happen when services shift from reactive to proactive, and from transactional to relational. By embedding trusted local connectors into neighbourhoods, councils and NHS partners can reduce pressure on services, uncover hidden and unmet needs, and rebuild trust in public systems.

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<sup>61</sup> [Community Health and Wellbeing Workers \(CHWW\) Programme](#), National Association of Primary Care



## Case in practice: Local Community Networks<sup>62</sup> in Somerset<sup>63</sup>

Somerset's Local Community Networks (LCNs) are a central part of its place-based strategy. There are 18 LCNs covering the Somerset Council area, acting as the 'voice' of local communities and serving as hubs for engagement, partnerships and local decision-making. Key functions of Somerset's LCNs include:

- Community engagement: LCNs facilitate effective local engagement, ensuring residents, businesses, and partners can influence council activity and service delivery.
- Democratic participation: LCNs promote active community decision-making, scrutiny, and enhanced participation in local democracy.
- Collaboration: LCNs bring together representatives from partner organisations, city, town and parish councils, community groups, and others to share information, ideas, and solutions.
- Local influence: LCNs help to ensure that local priorities across economic, social, and environmental issues shape council and public service activity.
- Resource mobilisation: LCNs identify and secure resources for local projects.

The establishment of these community networks in Somerset is part of a move to ensure that all of Somerset is 'parished', involving the devolution of assets and services to town, city and parish councils.

A consultation conducted in Somerset (with representatives from the public sector, private sector and voluntary and community groups as well as some residents) to understand the level of support for change to Somerset's local authority structure to one unitary authority, found that *"there was recognition of the difficulty of reconciling scale with connection to localities, but an enhanced role for parish and town councils was seen as a possible solution"*.

Somerset Council believes that devolving power and resources to the councils and organisations that are at the real heart of its communities will provide a focus for local engagement and become the channel for local views, feedback, consultation and communication. Beyond this, they see the move towards a more localised approach as holding value not just within the unitary authority, but also through the closer connections it will create with other local public services, notably the NHS, schools, and the voluntary sector.

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<sup>62</sup> [Local Community Networks: Questions and answers](#), Somerset Council

<sup>63</sup> [One Somerset Business Case: Final Submission](#), Somerset County Council

## Case in practice: A New Era for Wigan<sup>64</sup>

Wigan Council is recognised nationally for its work in public service reform through the Wigan Deal: an asset-based approach launched in 2012 in response to austerity. The Deal reframed the relationship between Wigan council and residents, encouraging co-production and strengths-based support which necessitated services which are built around individuals and families. This movement for change has enabled Wigan council to deliver over £180 million in efficiencies whilst improving services and maintaining the lowest council tax rate in Greater Manchester.

Underpinned by behaviours such as ‘Be kind’ and a culture which encourages staff to work differently, Wigan’s approach gives staff the freedom to take relational and person-centred approaches which prioritise the wellbeing and independence of those they work with. Wigan’s approach has resulted in improved staff satisfaction, stronger partnerships with the VCSE sector and a shared sense of purpose across their services.

In 2024, Wigan launched its new ten-year vision: *Progress with Unity* which builds on the success of the Deal while intensifying the focus on collaboration, tackling inequality, and integrated place-based delivery.

A key feature of Wigan’s new approach is its shift to smaller-scale, neighbourhood-based delivery. For example, adult social care has been recommissioned using a neighbourhood model, with teams empowered to deliver asset-based, relational support grounded in local knowledge and collaboration.

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<sup>64</sup> [A new era for Wigan Borough: from The Deal to Progress with Unity](#), Collaborate & Wigan BC; [A citizen-led approach to health and care: Lessons from the Wigan Deal](#), The King’s Fund

Seven 'service delivery footprints' have been established in the borough to reflect 'natural communities'. These footprints serve as the foundation for integrated, multi-agency teams working from shared neighbourhood hubs. Wigan has found that co-located working in these hubs enables rapid, place-sensitive responses to local needs and that working at a neighbourhood scale ensures that public services are better connected to the lived realities of communities, fostering trust, responsiveness and improved outcomes. Some of these improved outcomes outlined by the Kings Fund 2019 report include:

- Increase in healthy life expectancy between 2016 and 2019
- Improved school readiness between 2016 and 2019
- Increase in physical activity between 2012 and 2015
- A higher rate of older people still at home 91 days after discharge than in England as a whole
- High rate of care home quality improvement
- Lower emergency re-admissions from care homes than England average
- Low rates of delayed transfer of care from hospital
- High rate of decrease in rates of premature mortality from cardiovascular disease and of premature mortality from cancer

## Case in practice: Changing Futures Northumbria<sup>65</sup>

Gateshead Council has been experimenting with Public Service Reform prototypes since 2018, with its inaugural experiment focussing upon the use of council tax arrears as a signal of people requiring more holistic and bespoke support through relational approaches to public service.

Learning from these early prototypes led to the creation of the "Liberated Method" which is focussed on freeing up the creativity and compassion of front-line caseworkers, delivering more focussed and effective support by co-creating solutions and approaches with citizens, and building towards sustainable outcomes that stand a greater chance of reducing demand into services into multiple services, thus reducing costs and by being more effective, reducing inequality.

This approach has broadened beyond the initial Gateshead focussed prototypes in a regional programme. Changing Futures Northumbria (CFN) is a collaboration across six local authority areas (Gateshead, Newcastle, North Tyneside, Northumberland, Sunderland and South Tyneside) and includes partners from voluntary and community sector, probation, police and CCGs/ Foundation trusts.

<sup>65</sup> [Changing Futures Northumbria Example of Practice](#), Human Learning Systems

Case-by-case comparisons of the public service resource use of those they have supported, before and after the involvement of Human relational service.

Changing Futures Northumbria found that a person they had been supporting, who had used over £450,000 of public service resource in the year prior to his engagement with their support, reduced his public service use to 0.3% of that level, within 18 months of being supported in a Human relational way, using only £1,932 in months 12 to 24 following the Changing Futures Northumbria intervention.

## Case in practice: Asset Based Community Development in Leeds<sup>66</sup>

Asset Based Community Development (ABCD) is a core element of Leeds City Council's approach to public service. ABCD is a neighbourhood-based model that focuses on identifying and harnessing local strengths, relationships, and networks to support citizen-led change. By 2022, Leeds' ABCD programme included 14 'Pathfinder' communities each with access to a Community Builder to identify people active in the community and bring others together, and council-funded 'Small Sparks' grants to develop and deliver ideas.

ABCD has also informed Leeds' broader vision for adult social care, as expressed in its 'Better Lives Strategy' (2022-2027) which integrates housing, libraries, culture, parks and transport with care and support services. Central to this strategy is the belief that communities and the relationships within them are essential to people's wellbeing.

Leeds' commitment to relational, strength-based practice is also reflected in initiatives like "Talking Points," which embed social workers directly into neighbourhoods, and its long-standing Neighbourhood Networks programme for older people.

A co-produced evaluation by Leeds Beckett University, Leeds City Council and community organisations found that ABCD has "supported better social connections and new friendships, with greater community cohesion: bridging differences in generations and neighbourhoods being more inclusive of people with disabilities."<sup>67</sup> Financially, the evaluation estimated up to **£14.02 of social value returned for every £1 invested**.

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<sup>66</sup> [Better Lives Strategy 2022–2027](#), Leeds City Council

<sup>67</sup> [Asset Based Community Development and supporting the community response to Covid-19](#), Leeds City Council and [Asset-Based Community Development: Evaluation of Leeds ABCD Programme](#), Leeds Beckett University

## Case in practice: Participatory budgeting in Barking and Dagenham<sup>68</sup>

Barking and Dagenham is reshaping how local resources are allocated and how communities shape their future, placing participation, collaboration, and inclusion at the heart of its approach. Through Barking and Dagenham Giving (BD Giving), the borough has created a model that challenges traditional grant-making and investment by shifting decision-making power directly into the hands of local people.

BD Giving was established in 2020 as the UK's first 100% community led investment fund. It recognised that many residents feel excluded from the economy, financial sector, and funding systems, which are often seen as disconnected and technical. By providing a safe and supported environment for residents to engage in grant-making, investment, infrastructure development, research, and advocacy, BD Giving aims to open up new opportunities for people to lead and influence the systems that affect their lives.

A core feature of BD Giving's work is the Community Steering Group (CSG), a group of twelve local residents who meet regularly as a learning community and manage an investment fund. CSG members are paid for their time, underpinned by the belief that civic participation should be open to everyone, not just those who can afford to give their time for free.

As of May 2025, BD Giving has distributed over £950,000, including ~£778,000 in grants and approximately £77,000 distributed to the residents involved in participatory decision-making processes.

The largest share of BD Giving's grant funding has gone towards Employment, Skills, and Enterprise, largely driven by their GROW Fund, which supports local businesses in scaling up and seeking further investment. Following this, funding is almost evenly distributed across arts, health, community cohesion, and education initiatives.

BD Giving's approach is about more than distributing money however; it is about building the capacity and confidence of residents to shape their neighbourhoods. Residents who participate in BD Giving's work report feeling more aware of local issues, more likely to engage in democratic processes, and more connected to their community. As people participate, their confidence grows, prompting them to question existing systems and explore new approaches. The process aims to build sustained civic engagement, as participants become more likely to volunteer, support local initiatives, and take ownership of community outcomes.

By putting control over resources into the hands of local people, the borough is building capacity for long-term change, equipping communities to think deeply about how to address complex social issues, and ensuring that public services are better connected to the lived realities of residents.

<sup>68</sup> [Barking & Dagenham Giving](#), BD Giving; [Impact Dashboard](#), BD Giving; [Strategy 2023–2026: Invested for the Long Haul](#), BD Giving and [GROW Fund Year 1 Learning Report](#), BD Giving; [Trustees' Report and Consolidated Financial Statements for the Year Ended 31 March 2024](#) for Barking and Dagenham Giving, UK Charity Commission

## Case in practice: Community Wealth Building in Lewes<sup>69</sup>

With a population of around 100,000, the district of Lewes in East Sussex is a site of both prosperity (in the county town of Lewes and much of the countryside) and considerable deprivation (in the coastal towns of Newhaven, Peacehaven and Seaford, as well as in some rural areas).

Since 2019 the council have focussed on how they can use their advantages to build and strengthen the local economy through business growth and local job creation.

With flooding and coastal erosion a continual threat, the climate crisis is an all-too present reality in Lewes and has provided a focus for the work.

The council has committed to a sustainable approach to procurement as part of meeting the council's climate objectives and wider environmental ambitions, but it is also about generating local wealth for the economy and providing opportunities for community groups in a way that is interconnected.

Analysis of the council's spending on goods and services to measure what proportion of spending is within the district. The council has almost doubled its spending with local suppliers from £5.4 million in 2020-21 to 10.1 million in 2023-24, 25% of total spend.

The council owns a significant amount of buildings and land in the district. They are working to maximise community benefit and community wealth building opportunities, and have moved their offices to Newhaven and leased them to a local arts organisation, growing the visitor economy.

In Newhaven, several under-utilised buildings in the Town Centre are currently being developed to create a new health and wellbeing hub for the town.

The council's housing delivery programme has prioritised building on brownfield sites, which are typically ignored by the private sector due to the additional challenges and costs involved. Opportunities for apprenticeships and work placements are integrated and embedded within these building projects.

<sup>69</sup> [Community Wealth Building in Lewes](#), CLES

## Case in practice: Active councillors - Barnsley Metropolitan Borough Council<sup>70</sup>

Barnsley MBC has created a structured approach to reshaping councillors' relationships with residents. 63 elected members, representing 21 wards, sit across six area councils. These area councils use local intelligence gathered directly from residents – alongside national datasets like the census – to set priorities and allocate localised funding through commissioning and grant-making.

Complementing this are Barnsley's **ward alliances**, which bring together councillors and active local citizens to jointly plan and deliver improvements in their neighbourhoods.

Anyone involved in a community group or project can apply to be part of a ward alliance. Each alliance develops its own **community plan** and manages a **Ward Alliance Fund**, providing small grants to grassroots initiatives that help deliver local priorities.

This structure is part of a shift that the Council are undertaking in how they work with communities. The council deliberately created a **space in every community** for people to come together, get involved, and co-produce solutions to local challenges.

<sup>70</sup> [Your local area and ward](#), Barnsley Council;

## Case in practice: Plymouth Family Hubs<sup>71</sup>

Plymouth's family hub programme was launched in 2022 following a consultation with families and practitioners across the city which highlighted how fragmented the system had become, and the challenges people had in navigating it.

Funded through the government, Plymouth's Family Hubs aim to integrate early help, health, education and community services into a single network that supports families locally. The Family Hub programme seeks to reorient support around each family's unique context, using trauma-informed, strengths-led and relational approaches, summed up as 'Right support, right place, right time'.

As part of the programme, Children's centres across the city are transformed into Family Hubs for children aged 0-19 (0-25 for SEND). Schools, GPs, Job Centres and other community partners become part of a shared network so that parents can access support with a 'no wrong door' approach.

Key to the programme is an asset based community development model which aims to connect people together locally, build on strengths and upskill communities. This approach also includes the appointment of a Community Builder for Family Hubs who works alongside the families supported by the Hub.

Between 2023 and 2024, Plymouth's Family Hubs were in contact with local families more than 29,000 times, covering everything from initial contact and signposting to group activities or 1 to 1 support.

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<sup>71</sup> [Plymouth Family Hubs: A Human Learning Systems Case Study](#), Human Learning Systems



## Case in practice: Adult Social Care in Somerset<sup>72</sup>

Somerset's adult social care strategy prioritises prevention, early intervention, and strong connections with neighbourhoods and communities. This approach is grounded in their 2020 business case "One Somerset" which sets out their vision for a new single unitary council for Somerset and the approach is designed to support demand management, enable choice, and reduce long-term care needs.

A key part of Somerset's approach to adult social care is the support for micro-providers – small, community-based care and support services that are independent of larger organisations. Since 2015, Somerset has supported the development of 1,250 new micro-providers, who deliver over 30,000 hours of care weekly to nearly 6,000 people in Somerset. The increased capacity of local, responsive support has enabled:

- Local support: people are supported at home or in their communities by providers from their neighbourhoods, fostering trust, flexibility, and continuity of care.
- Cost-effective services: the cost of care delivered by community enterprises is lower.
- People and families know good support is available. As a result, people come home earlier from hospital and more people access direct payments (where families receive funds to arrange their own care), which similarly have lower costs associated with them than commissioned care.
- People-centred support: people design support together that is more personalised. "Creative people on both sides of the care equation find ways to do things differently".

**"The distinctive contribution of microenterprises appears to be the ability to offer more personalised and valued care without a high price tag."**<sup>73</sup>

Somerset's adult social care strategy is also underpinned by strong partnerships with the voluntary and community sector, NHS, and local provider networks. Their collaborative ethos supports coproduction, shared learning, and system-wide improvement.

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<sup>72</sup> [Get help at home with micro-providers](#), Somerset Council; [One Somerset Business Case: Final Submission](#), Somerset County Council; [Somerset Council Adult Social Care Preparation for Assurance peer challenge report](#), Local Government Association

<sup>73</sup> [Micro-enterprises: Small enough to care? Summary Report](#), University of Birmingham

## Case in practice: Local Area Coordination in Swansea<sup>74</sup>

Swansea's Local Area Coordination (LAC) programme is part of the council's Tackling Poverty Service based within Adult Services. The programme covers the whole county and aims to ensure that every community has access to support grounded in trusted relationships and local knowledge.

Local Area Coordinators are embedded within specific neighbourhoods, and they work without referral thresholds, time limits, or rigid service criteria. They 'walk alongside' individuals and families to understand their strengths, relationships and hopes for a good life, helping them to make connections, build confidence and resilience, and reduce their reliance on formal services.

In 2023, over 1100 people in Swansea were introduced to a Local Area Coordinator, with 1,172 people supported on an ongoing basis. Nearly a third of these introductions were self-referrals or came through informal, community based routes, such as neighbours, friends, or local councillors, highlighting how these roles are embedded within the community. Local Area Coordinators also helped facilitate 28 new community groups and supported nearly 100 others to access funding – bringing over £85,000 into local communities via the council's Enabling Communities Fund.

The Local Area Coordination model is explicitly designed to be place-based and relational and it is recognised across Swansea as a key part of the delivery of the Social Services and Well-being Act (Wales). Its effectiveness is reflected in academic evaluations: a Swansea University study found that for every **£1 invested, LAC returns £2–3 of savings** to the wider system, and a comparative study funded by the National Institute for Health and Care Research highlighted LAC's consistency across contexts and its unique ability to connect individuals, communities and services.

Swansea's Local Area Coordination model has won national awards for inclusion and cohesion and holds strong political and cross-sector support. Local councillors, GPs, social prescribers and community partners praise the model for enabling collaborative, responsive, and compassionate support that is grounded in the realities of people's lives.

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<sup>74</sup> [Local Area Coordination: Impact Report 2023](#), Swansea Council

## Case in practice: Community Micro-enterprise Programme<sup>75</sup>, South Lakes, Furness & Eden

The area of Westmorland and Furness is geographically the third largest local authority in England and home to approximately 225,000 people. Some of the county towns are in rural areas, which can limit the choice of local services and support available.

Over 2022-24 Community Catalysts partnered with Westmorland and Furness Council to increase the number of community micro-enterprises in the area providing care and support.

### Outcomes

- Established network of responsive, high-quality, and sustainable community micro-enterprises that provide a wider choice of care and support to older and disabled people in their homes.
- 26 local jobs created - people can work locally, earn an income and make a positive difference.
- Increased the local care and support offer, with 125 people receiving 400 hours of support each week. (25 using direct payments, 100 self-funded).
- Reduced unmet need and - commissioners, local health and social care teams and people seeking care and support know that good support is available. As a result, people can choose from a range of care and support options locally.
- Increased choice and control over the support they choose - there is more choice locally for people who draw on care and support and people can choose to have a Direct Payment to pay for their support from a community micro-enterprise.
- Improved quality of service - personal relationships are at the heart of the community micro-enterprises. They offer support that is flexible and responsive to the person's needs, and foster rich connection with others, which supports people's quality of life.
- The money flow stays within the local economy.

A local social worker said:

*"I have found the Community Catalyst and the community enterprises really useful, and I've used them a lot... there has 100% been a reduction in unmet need".*

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<sup>75</sup> [Community micro-enterprise development in Westmorland and Furness](#), Community Catalysts

## Case in practice: Levenshulme Inspire<sup>76</sup>

In Levenshulme, located four miles south-east of Manchester city centre, local residents and organisations came together to form **Levenshulme Inspire** – a not-for-profit community enterprise and place-based partnership dedicated to transforming the area through creativity, community, enterprise, and fun.

At the heart of the initiative is the **Inspire Centre**, a community hub owned by the people of Levenshulme. Developed from the redevelopment of a former United Reformed Church, the Centre was made possible through a collaborative £3 million investment involving the Homes and Communities Agency, Big Lottery Fund, Manchester City Council, and others. The result is a multi-use space comprising a café, community rooms, a business centre, and affordable apartments – all under one roof.

The Centre is more than a venue; it is a trusted local anchor. It brings together residents, local businesses, and voluntary sector partners to offer everything from warm spaces, food support, and creative projects, to enterprise mentoring and adult learning.

During the Covid-19 pandemic, the Inspire Centre became a lifeline for the community which supported local people in some of the following ways:

- 3,690 emergency meals and 2,000 food boxes were distributed in 14 weeks.
- ~44 tonnes of food were distributed via the centre.
- The Inspired Taskforce, a peer-led group of older people delivered meal buddies, phone support, and wellbeing packs
- New programmes like “Starting Plates” helped new parents learn cooking and nutrition skills in safe, supportive spaces.
- Inspire partnered with the NHS to train and deploy **Covid Connectors** who built vaccine confidence through peer-led conversations in marginalised communities.

Beyond this, Levenshulme Inspire has continued to drive recovery and local economic inclusion. Through training, mentoring and enterprise activities, they have supported local residents into employment, started micro-businesses, and strengthened digital and social infrastructure. Arts and community heritage projects such as the “Home Is Where the Hope Is” community quilt helped people reconnect and reflect on the emotional toll of the pandemic.

<sup>76</sup> [COVID Impact Report 2020/2021](#), Levenshulme Inspire; [How to Set Up, Run and Sustain a Community Hub to Transform Local Service Provision](#), Locality

## Case in practice: Community Asset Transfer, Bramley Bath in Leeds<sup>77</sup>

Community Asset Transfer refers to the transfer of ownership or management of public land and buildings – typically from a local authority to a community organisation – at less than market value. This approach is based on the expectation that the asset will generate long-term local social, economic, or environmental benefits.

Bramley Baths, a Grade II listed Edwardian facility in Leeds, was transferred to community ownership through Community Asset Transfer and reopened in 2013 following threats of closure due to local authority budget cuts.

Since the transfer, Bramley Baths has developed into a sustainable, community-led facility. Opening hours have doubled, and the Baths now operate seven days a week. The organisation employs 38 staff and recorded a £63k surplus in 2016/17. Additionally, the number of children receiving weekly swimming lessons increased from 950 to 1,700.

The Baths also offer inclusive and targeted programming, such as tailored sessions for children with Down syndrome and safe spaces for transgender and non-binary adults. Additionally, a lifeguard training scheme supports skills development and job opportunities for local young people.

In recognition of its performance and sustainability, Leeds City Council granted the organisation a new 50-year lease in 2017.

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<sup>77</sup> [Building Powerful Communities Through Community Asset Transfer](#), Locality

## Plymouth Octopus Project<sup>78</sup>

Plymouth Octopus Project POP is a collective in Plymouth dedicated to supporting communities, citizen action, and grassroots activity. Their work is rooted in a decade of building networks, offering capacity support, experimenting with grant-making, and being a voice of strategic change. POP aims to fulfil two roles in Plymouth. As Grassroots Champion they connect, support, and amplify the voice of communities and the grassroots, so that people can shape and improve the places in which they live. As system stewards, or what they call System Convener, they 'bring together different sectors, opinions and perspectives into liminal space to find shared ways forward, with an aim for Plymouth to be able to demonstrate more just, fairer, and greener approaches in the work we do.' Over the last 3.5 years POP say they have been

learning how to collaborate and how to go from listening to influencing the 'system', which they define as Plymouth, the place.

For example, POP convenes 'Belong in Plymouth', which aims to create a movement to make Plymouth a city where no one feels forgotten, a city that is inclusive, welcoming, and supportive of all its residents. The goal is to bring people together to share ideas, resources, and experiences that will help build a stronger, more connected community. 'Belong in Plymouth' is a partnership between the health sector, the local authority and the voluntary sector. Its focus is on tackling loneliness and social isolation and creating a city where everybody feels like they belong. The work is very emergent, based around experimentation, building trust, learning and relationships.

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<sup>78</sup> [Plymouth Octopus Project, System Stewardship in Practice: What It Is and How to Get Started](#), Collaborate CIC

## Case in practice: Social Prescribing<sup>79</sup>

Since it was included as part of the NHS Long Term Plan in 2019, social prescribing has become a key part of the move towards personalised care in England. The social prescribing model enables health professionals to refer people to Social Prescribing Link Workers who support them to access non-clinical services in their own neighbourhoods— such as community groups, financial advice, housing support, physical activity or befriending.

Over **3,500 Link Workers** are now embedded within primary care networks across England, receiving more than **2.7 million referrals** since 2019. Their role is to listen, build trust, and work with individuals to understand their personal circumstances and goals. Link Workers then connect people with services and social support rooted in their local communities, helping to address the wider determinants of health.

Evaluations across the country show that social prescribing can not only improve wellbeing but also significantly reduce pressure on health services:

- In Tameside and Glossop, an evaluation of 1,751 referrals showed a 42% drop in GP appointments.
- In Kent, A&E visits reduced by up to **23%** for the 5,908 people supported.
- In Kirklees, support for frequent service users led to **50%** fewer GP appointments and 66% fewer A&E attendances.
- In Rotherham, frequent A&E use reduced by **up to 43%**, with cost reductions of **up to 39%**.

Social prescribing has also shown positive economic returns:

- In Newcastle, secondary care costs were 9% lower than in a matched control group.
- A national evaluation of the Green Social Prescribing programme found a **social** return on investment of £2.42 for every £1 invested, alongside significant improvements in wellbeing based on ONS wellbeing measures.

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<sup>79</sup> [The Impact of Social Prescribing on Health Service Use and Costs: Examples of Local Evaluations in Practice](#), National Academy for Social Prescribing

## Appendix C: References

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