Sustainable partnership responses to prevent homelessness from hospital discharges and prison releases. The case of Leeds City Council in the UK.

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Introduction

Social sustainability concerns the need to maintain structures in societies and communities (Rasouli & Kumarasuriyar, 2016) and covers both the physical needs and wellbeing of individuals (e.g. housing and health) and the quality of life and equity (e.g. communication and participation). This chapter focuses on creating community place-based leadership and governance structures that empower community-minded stakeholders to lead and deliver sustained social change to prevent the detrimental impacts of homelessness and rough sleeping on the health and wellbeing of individuals and the prosperity of communities and neighbourhoods.

The Homelessness Reduction Act (HRA, 2017) places a duty on English local authorities to intervene early to prevent and relieve homelessness within their districts and requires them to form effective partnerships and working arrangements with other public bodies (including hospitals, prisons, the probation service) to facilitate referrals into their statutory homelessness services.

Leeds City Council is a metropolitan district council with the second-largest population of any council in the United Kingdom (approximately 800,000 inhabitants). It provides a wide range of public services, including education, housing, planning, libraries, leisure, waste collection, social services, and environmental health in accordance with its corporate strategy, which is subject to local government control. The council has a tall hierarchical management structure with a number of departments providing

services relevant to this research, including statutory homelessness service (Leeds Housing Options), homelessness support services commissioned by the Adults & Health Integrated Commissioning Team and the Safer Leeds team who works in partnership to help people in Leeds feel safe, including leading on the rough sleeping agenda within the city centre.

The council's vision is for Leeds to be the best city in the UK with a strong economy and compassionate city, which tackles poverty and reduces inequalities. The drivers for this vision are the city's Inclusive Growth Strategy, Health & Wellbeing Strategy and Climate Emergency declaration, with locality working as a core principle. Housing is a key theme with a specific priority concerning "minimising homelessness through a greater focus on prevention". The underpinning housing strategy (2022-25) also has key themes around reducing homelessness and rough sleeping by improving the council's offer to marginalised groups and ensuring the right housing and support is offered.

Various partnership arrangements already exist within Leeds around preventing homelessness and rough sleeping, including the Housing Offenders Group (HOG), a strategic group aimed at addressing key issues and barriers and improving housing outcomes for offenders. In addition, the out-of-hospital care project team is a multi-agency response to prevent unnecessary hospital admissions and help achieve timely discharges while delivering better-integrated care and achieving person-centred wellbeing outcomes for people at risk of rough sleeping.

Despite extensive partnerships working within Leeds, there is still an identified risk of homelessness and rough sleeping for individuals leaving the hospital or being released from prison. This chapter reviews existing partnerships and working practices to identify ways to strengthen partnerships by enabling community-based leadership and governance to deliver sustainable change and innovation to prevent homelessness from hospital discharges and prison releases. This outcome will help to save the council and its partners' resources and improve the health and wellbeing outcomes for some of the city's most vulnerable residents.

Literature Review

Recognising the duties placed on the council and public bodies through the HRA (2017), the chapter intends to identify a potential leadership strategy to deliver sustainable change through effective partnership responses to prevent homelessness from hospital discharges and prison releases in Leeds. The key underpinning requirements considered are stakeholder management, place-based leadership and governance, and strategic management.

The impact of homelessness on social sustainability

The three interrelated aspects of sustainable development are environmental, economic and societal. Human activity is often considered the most influential factor affecting all these aspects, and social sustainability refers to the need to sustain structures in societies and communities (Rasouli & Kumarasuriyar, 2016). It covers both the physical needs and wellbeing of individuals (e.g. housing and health) and the quality of life and equity (e.g. communication and participation).

The economic impact of homelessness and rough sleeping on the public sector and society is well known, and it is estimated that individuals who experience homelessness for more than three months cost on average £4,298 per person to the NHS, £2,099 per person for mental health services and £11,991 per person to the criminal justice system on a yearly basis (Pleace & Culhane, 2016). However, the real costs of homelessness are the damage it does to an individual's health, wellbeing, and life chances (Pleace & Culhane, 2016). Concerns also exist that this damage is exacerbated by poor recovery outcomes for people experiencing homelessness who are left unsupported after a hospital stay (Tinelli *et al.*, 2022).

The environmental impacts of homelessness are complex and broad in range but include physical impacts around littering and uncleanliness within the city. In addition, rough sleeping people are exposed to various environmental hazards, including poor air quality and pollution, which will further impact their health and wellbeing.

The importance of stakeholders and partners in terms of preventing homelessness

A stakeholder is a group and individuals who can affect, or are affected by, the achievement of an organisation's objectives (Freeman,1984). Stakeholders can depend on an organisation to fulfil their own goals, and in turn, an organisation can depend on the theme (Johnson *et al.*, 2017). In respect to preventing homelessness arising from hospital discharges and prison releases, LCC has many different stakeholders, both internal and external to the organisation, and have diverse relationships with them.

The influence of stakeholders and partners depends on the power they process and their level of interest in supporting or opposing the change/response (Lafley & Johnson, 2013). Power is defined as the ability of individuals or groups to persuade, induce, or coerce others into following certain courses of action (Johnson *et al.*, 2017). Other stakeholder attributes include legitimacy in terms of being willing to work for the good of others rather than their own self-interest, and urgency, which concerns the degree to which the stakeholder can call for immediate attention (Mitchell,1997). Finally, a partner stakeholder is an individual, group, organisation and/or network that have the power to influence a partnership and/or an interest in it and may assume or bear risks for a partnership and/or stand to gain benefits from it (Stott, 2009).

Place based leadership and governance

A partner stakeholder can provide leadership where they are able to influence and interact with other individuals or organisations to achieve shared objectives (Stott, 2009). Place-based leadership concerns leadership activity that serves a public purpose in a prescribed area, meaning that those exercising decision-making power are concerned for and know about the communities living in a particular 'place' (Hambleton, 2009). It is an effective partnership strategy (Bratton, 2020) as the leaders are well-connected to the local agenda and current regarding the key ongoing challenges and drivers (Trickett & Lee, 2010). In addition, leaders can use their knowledge to lead and manage stakeholders to ensure all their views underpin the partnership's strategy development and governance structures (Mitchell,1997).

Hambleton (2018) developed the notion of place-based governance, which encompasses the five overlapping realms of place-based leadership, political leadership meaning the work of elected members, public managerial/professional leadership referring to the work of the council officers to plan and manage public services, and promote community wellbeing, community leadership recognising social movements or work undertaken by community-minded people, business leadership meaning the local business community and social entrepreneurs and trade-union leadership concerns the work of the trade unions to improve employee pay and conditions (Hambleton, 2018).

George & Reed (2017) developed a framework for place-based governance, proposing that organisations seeking sustainable solutions in a geographical area must process three underpinning requirements: comprehensive understanding, community empowerment, and community-based outcomes. Building on these requirements, this framework proposes five procedural drivers for successful implementation; local leadership, strong networks, diverse community engagement, learning together, and information sharing.

Strategic Management

Strategic management does not relate to market competitiveness or profitability within public services; it is about considering options to decide on the strategic direction and can incorporate innovation to create value from ideas (Tidd & Bassant, 2014). Community leadership is unlikely to involve radical innovation with wholescale changes or move away from what the partnerships/organisations have always done. Instead, the strategic process aims to deliver incremental changes and innovative solutions to benefit local citizens and communities.

Despite the different emphasis, the strategic development within the public service aligns with the Strategy Choice Cascade (Lafley & Johnson, 2013), which comprises five interlinked questions to identify the choices made:

- What is our winning aspiration?

- Where will we play?

- How will we win where we have chosen to play?

- What capabilities must be in place to win?

- What management systems are required to ensure the capabilities are in place?

These questions help community leaders identify the procedural drivers required for a strategic change in terms of setting a clear scope, identifying the outcomes, ensuring the required resources and competencies are in place, and there are processes to implement, manage and monitor the strategy. These drivers could further strengthen the local governance structures to deliver social sustainability.

Theoretical Framework

This research evaluates the effectiveness of the existing community leadership structures in providing opportunities for collaborative working, creative thinking and peer support (Clore Social Leadership, 2020). It identifies the potential to deliver sustainable social change in terms of preventing homelessness from hospital discharges and prison releases. This evaluation is based on the procedural drivers for place-based governance (George & Reed, 2017) and expanded to include strategic management (Lafley & Johnson, 2013), and is shown in Figure 1.

. <FIGURE 1 ABOUT HERE>

Figure 1: Theoretical framework

Methodology

Secondary Data Collection

The project used a mix of quantitative and qualitative information from a range of sources (Biggs, 2010). The secondary data collection and analysis focused on identifying the key partner stakeholders involved in preventing homelessness arising from hospital discharges and prison releases in Leeds.

This analysis identified the key public bodies and organisations involved in making referrals to Leeds Housing Options to prevent homelessness using the duty-to-refer processes and showed that the number of referrals generally increased each year to around 1500 individuals in 2022, with all public bodies now making more referrals. The organisations referring to the out-of-hospital care project were also identified, and include Leeds Housing Options, health partners and third sector organisations. In addition, the number

of prisoners with a housing need being discussed during the weekly operational meetings was analysed to identify the scale of the problem and the key prisons making releases into Leeds.

Primary Data Collection

The study was conducted in two phases. In Phase I, one of the chapter's authors interviewed key colleagues from the Leeds City Council and partner stakeholders. Key stakeholders were identified via the secondary data analysis. They were representatives of public bodies and organisations actively involved in making referrals to the Leeds Housing Options or the out-of-hospital care project or through their involvement in key strategic partnerships such as the HOG. Interviews were semi-structured using a series of set questions in English and lasted 30-60 mins. The interviews were conducted remotely over MS TEAMS and recorded to enable a transcript to be made. An interview schedule using open-ended questions guided the semi-structured interviews with the partner stakeholders and was used to reflect on their experiences on partnership collaborations and the effectiveness of the channels (networks) they used. The interviews also helped identify enablers and barriers to preventing to effective partnerships and how these could be overcome

The key themes covered within the interviews are presented in Table 1, and the thematic analysis of the interview data using the theoretical framework.

<TABLE 1 ABOUT HERE>

Table 1: Interview content

0utcome	Procedural driver	Themes to be explored within the interviews	Thematic analysis – key findings
Place-Based Governance for Sustainability	**Local leadership**	• Understanding of local leadership • Effectiveness of current local leadership to facilitate collaboration between partners	The key attributes identified: • Taking responsibility • Coordination • Collaboration • Having a strategic vision • Overcoming different organisational cultures
	Strong Networks (and Stakeholder Management)	• Identification of the key stakeholders • Effectiveness of the key stakeholder's involvement in local partnerships • Effectiveness of their own organisation within partnerships • Identification of key barriers and challenges	The key features highlighted: • Joint case management meetings • Sound governance arrangements • a team Leeds approach • Good working relationships • Treating partners equally • Issue with short term funding
	Diverse Engagement	• Effectiveness of their organisation seeking feedback from service users and partners.	The key points raised: • Listening to honest feedback • Exit surveys • Enable self reflection • Priority for organisational development
	Learning Together	• Identification of work where their organisation collaborates creatively • Identification of examples of workforce peer support, including training and development opportunities	The key features identified: • Building good relationships • Culture change • Learning from others • Acknowledging failure • Peer to peer learning opportunities • Co-location to develop understanding
	Information sharing	• Identification of examples where information is shared to develop a comprehensive understanding • Ideas to improve the delivery community-based outcomes	The key requirements: • Good governance • Shared case management systems • Information governance barriers • Outcomes focused • System leadership
Strategy choice cascade	**Strategy Choice Cascade**	• Understanding of the strategies in place in the Leeds to prevent homelessness, • Views on the resources and competences in place to implement, manage and monitor these strategies	The key points raised: • Some awareness of key strategies • Tend to sit on the shelf • Need to embed them in day to day working • Issue when working at speed around transformation

Ethical approval for this research was obtained prior to any data collection. The primary research was guided by key ethical principles such as integrity, respect of participants and avoidance of harm, ensuring informed consent and the privacy of those involved, the voluntary nature of participation and the right to withdraw at any point of the research study and managing the data responsibly (Saunders *et al.*, 2019). Minimum personal data was collected as part of the study and stored following GDPR. The interviews produced a large quantity of qualitative data, which was analysed and collated to identify the key themes and observations. This data informed the development of Phase two of this study.

The Second Phase of the research study was focused on developing case studies as derived from three interviews with key partner participants from different organisations involved in the project. The interview transcripts were further analysed, paraphrased, and summarised to create the case studies presented in the next section. This approach allowed the authors to draw additional information through a more focused investigation of participant organisations. In addition, it critically explored the effectiveness of the partnership and strategies in place whilst ensuring the key research questions are covered (Biggs, 2010).

Case studies

Case studies have been derived from interviews with representatives from the HM Prison Service, a Health partner and a third sector organisation who are a sample of different partner stakeholders. The purpose of the case studies is to share insight into their involvement within partnership responses and their effectiveness, identify key barriers and issues, and identify ideas and views to engage all partners to collaborate to deliver sustainable change fully. The semi-structured interviews were recorded and transcribed then the participant responses were analysed, paraphrased and summarised to create the following case studies.

Partner Stakeholder 1: Criminal Justice Partner

HM Prison Service has a large adult male prison in Leeds, West Yorkshire, that makes releases into the city. In addition, non-operational strategic housing roles that work with regional and local partners to trial new ideas and initiatives to prevent prison leavers from being released homeless.

The strategic housing role takes ownership to coordinate partners and facilitate access to the prison to prevent homelessness arising from prison releases. The weekly Leeds Housing Options prison release meetings where the statutory homelessness service brings forward a list of individuals potentially threatened with homelessness for discussion with key partners. This enables partners to develop a comprehensive understanding. However, the prison can only share limited risk information. The prison service would like to see an approach to these meetings replicated by other local authorities.

The COVID-19 pandemic has impacted the prison, contacting all partners and facilitating accommodation awareness events. With data still showing that people from Leeds are still being released homeless, they are now putting plans in place to have regular engagement events (e.g. resettlement days) to ensure increased involvement and accountability of partners who work directly with prison leavers.

The prison service still encounters logistical barriers (e.g. when someone is on leave) and staffing issues with partners, which prevents some from participating and actively inputting into partnership meetings despite arrangements being made well in advance. The prison does not seek or encourage feedback from partners and acknowledges that they should work on this.

They acknowledge that the prison could probably do more to engage with prisoners, especially those revolving door prisoners, to find out what did not work last time and what could this time, and understand why they are not engaging or not ready to settle into accommodation. They recognise that it would be beneficial to enable local authorities to converse with prisoners about the importance of engaging with services to prevent homelessness.

The prison service is aware of the Leeds homelessness and rough sleeping strategy but finds them quite time-consuming and unwieldy They would prefer to access them in different formats, as people working in homelessness are often too overwhelmed to read a long strategy. It would be good to access the information in different ways.

 Reflecting on the first case study, the existence of specialist strategic roles in the local prison indicates the level of priority that they place on preventing homelessness arising from prison releases. The prison

makes releases across West Yorkshire and works with several local authorities. Throughout the interview, they often highlighted that the proactive approach of Leeds Housing Options in identifying individuals at risk of homelessness and facilitating partner meetings as best practice.

The participant highlighted several risks and barriers to effective partnership working, including partner commitment, capacity to attend pre-arranged meetings, and the high demand for support. Moving on from the COVID-19 pandemic, the prison plans to enable partners access to prisons and encourage prisoners to engage early with housing support services to prevent homelessness.

Partner Stakeholder 2: Health partner stakeholder

An NHS trust who provides community health services for the people of Leeds, including working with those that are either at risk of or are experiencing homelessness. A homeless integration lead role provides system leadership and actively participates within a range of city-wide partnerships around homelessness and rough sleeping.

From a health perspective, local leadership is about working with and coordinating local discharge pathways, including undertaking in-reach into the acute hospitals, working with Leeds City Council who is managing homelessness governance structures and homelessness services, and influencing third-sector organisations to provide support and accommodation services for those at risk of homelessness. This complex pathway has many interfacing elements and system dependencies, with many partners involved and none have overall management control.

Recently, there have been changes to the historical transactional relationships between the commissioner and the provider, which generally caused organisations to work within their internal silos with in-house service pathways. People are now more joined up and developing a "team Leeds" ethos where everyone works together more cohesively and does not consider which organisation they are from (either third sector or public body). This has created better relationships leading to improvements in systems around

information sharing. However, there is still no organised way to seek the lived experience's views and feedback, and the reason for this is the perceived difficulties in engaging with them.

Understanding the homelessness agenda across the NHS trust needs to be improved, and senior leaders could be more involved within the city-wide partnership structures. The dedicated health inclusion team is a specialist team and is not integral to or part of the overall health system operating across the neighbourhood teams across Leeds. This approach can cause barriers for the team to deliver inclusive health and ensure mainstream services are accessible for all.

The multi-disciplinary team working on the out-of-hospital project are all from different organisations, which is unique in terms of enabling creativity and empowering team members to speak up and share their ideas. This enables challenge between the team as people feel safe to do so whilst also learning from each other. Team members are treated as equal partners bringing their expertise; therefore, no strict management hierarchy blocks creative thinking. It also enables learning to be disseminated to people's own organisations, which has been helpful. Unfortunately, this project is funded using short-term funding, and there is a risk that the project will lose momentum now that the funding is ending. Considering all the time and energy invested in setting up the project and systems, this is not very reassuring.

Despite health and homelessness services having different case management systems, there are processes in place to share information with each other, and partners need to be more confident in sharing information where it keeps patients and the public safe. Whilst partners need to be mindful and careful about people's information, but it should not be a barrier to sharing information.

This community NHS trust has created a dedicated health inclusion team to work with those who are rough sleeping or at risk of rough sleeping; the leader of this team is, able to fully particulate in city-wide governance structures and work with partners to develop streamlined discharge pathways for this cohort. However, the existence of this dedicated team can mean that inclusion health is not integrated within the mainstream neighbourhood services, and therefore universal services are not accessible to all.

The participant recognises the importance of creating safe spaces for multi-disciplinary partnership working where partners are empowered and treated equally so that they can challenge each other to enable creative and innovative solutions. This way of working increases understanding across organisations and breaks down organisational and hierarchical barriers, especially around information sharing. However, there is an ongoing risk where these partnership arrangements rely on short-term temporary funding.

Partner Stakeholder 3: Third Sector Partner

A consortium of third-sector organisations provides supported accommodation for those at risk of homelessness, a service commissioned by Leeds City Council. The service coordinator oversees several intensive support accommodation units and around 200 community properties and provides leadership for the partnership in terms of contract performance and strategy delivery.

From their perspective, local leadership is about having the right people have the right conversations to ensure they are doing their best for their organisations and the clients being discharged from hospitals and prisons to prevent homelessness. Good leadership is about making difficult decisions, being accountable and being committed to delivering change. Leadership should be about looking at what works and what does not, including how the partnership can constantly improve ways of working and professionally challenge each other.

There are some strong strategic partnerships within Leeds focused around themes or groups of individuals (the street support partnership is a good example that has a shared vision and values to stop rough sleeping

in the city centre). However, if organisations are part of a partnership, they should also be accountable for its outcomes. Time and resources (especially a disparity of funding) are barriers to effective partnership working and can cause disharmony.

The COVID pandemic caused closer integration between the service and health inclusion services, which has continued for example, through the provision of surgeries within the accommodation settings. Operational conversations are now embedded and have led to positive outcomes for clients. It can be helpful for these working practices to be formalised through joint protocols, which are regularly updated and reviewed to ensure effective information sharing.

They proactively initiate city-wide conversations and partnerships to ensure they are connected and integrated and can influence what is happening in Leeds. For example, they can struggle to communicate and integrate with larger public bodies (e.g. probation, health) who may have different cultures and visions of their own organisation. They also co-locate with Leeds Housing Options and street support services to improve understanding and information sharing. They aim to be inclusive and ensure the clients' voice is represented in these partnership discussions to be creative and improve their outcomes.

Multi-disciplinary teams need to pool resources and develop creative solutions to address the wider issues faced by people at risk of homelessness (e.g. mental health, trauma and self-neglect). Some partners reflect and review recent cases and include partners to ensure learning is disseminated, often about developing closer relationships and better communications with partners (e.g. drug and alcohol services). It would be beneficial if this were expanded so that all organisations can reflect on what is not working well and share learning experiences. Time and resource pressures mean this does not always happen but could deliver positive outcomes. It would also help to compare and benchmark the partnership work within Leeds with local authorities.

They support peer networks with other partners (e.g. third sector and the council) where staff can come together and discuss the roles, support each other and offer support and feedback. They share inductions and co-located with partners, including Leeds Housing Options. This work helps form good relationships and build understanding with our partners. The service has undertaken some training for our workforce on conduct at multi-agency meetings and the importance of sharing information effectively at a practitioner-to-practitioner level

The management of strategies within Leeds could be improved with partnerships becoming more accountable for the strategy implementation by more active and regular strategic management. At present, strategies are only reviewed when they are due for a refresh and review.

The final case study recognises the importance of local leadership and partnerships to pool resources and expertise together to deliver positive change, which can only be achieved if partners are accountable for their contribution. This organisation takes a proactive approach within partnerships to ensure they can influence larger stakeholders, including co-locating with Leeds Housing Options to develop understanding and improve information sharing. They also try to ensure their service users' voices are heard within the partnerships.

The participant notes that the importance of partners reflecting and learning together, especially where positive outcomes may not have been achieved. However, they note that not all partners engage in this process, and time and resource pressures cause barriers to its success. They recognise the fast pace and challenging nature of their work means that peer-to-peer support is vital and look for opportunities to enable joint work and co-location with partners. They also provide training to empower their workforce to contribute to multi-agency meetings and share information effectively.

Discussion and Recommendations

Place-based governance concerns mobilising change by empowering communities (Dale, 2001), and analysis of the three case studies using the theoretical framework revealed some common themes.

Local leadership

Place-based leadership within this research involves exercising decision-making and leadership based on a concern for and knowledge of individuals who are homeless or at risk in Leeds (Hambleton, 2009). All case studies recognised that there was no single leader within the city, but there was a need for joint ownership and collaboration to achieve the overarching vision for positive health and wellbeing outcomes for individuals and the strategic aims of the city.

The case studies highlighted the need for leaders to be well-connected with the local homelessness agenda and updated with the ongoing challenges and drivers (Trickett & Lee, 2010) whilst not working in isolation within their own organisation. In addition, they identified the need to be open and willing to develop an understanding of all the services and facilitate conversations to identify what is working well and what is not, as illustrated in the case study with the third sector partner.

Evidence suggests that the effectiveness of the leadership to facilitate collaborative and creative partnership working has been strengthened in Leeds in recent years. For example, the case studies highlighted the multi-partnership response to the COVID-19 pandemic helped establish more positive and equal relationships across services and organisations. In addition, all the cases provided positive examples of city governance structures and working practices. However, issues were raised concerning different organisational cultures and hierarchical structures, which means getting the right people involved in the partnerships and conversations can be more difficult.

Recommendation 1: Organisations should proactively look across partnerships to identify what works well and what does not, to identify how the partnership can constantly improve working methods and professionally challenge each other.

Strong Networks

Strong networks and place-based leadership allow collaborative working, creative thinking and peer support, which can deliver sustainable social change (Clore Social Leadership, 2020) and build trusting relationships (George & Reed, 2017). The case studies indicated that their organisations are active within partnerships, either at a strategic or operational level or both. Examples of activity included attending and contributing to meetings and co-locating their workforce within the partner's premises. Networks and partnerships also provide the catalyst for securing additional investment into the city, evidenced by the out-of-hospital care project described in the health partner case study.

Forming effective networks was recognised as resource intensive within the case studies, which is challenging for many organisations within the current financial climate where there is a need to address different and potentially conflicting priorities whilst facing increasing service demand. For example, HM Prison partner identified barriers to developing strong networks, including knowing whom to contact, staffing turnover and partner commitment.

Recommendation 2: Partnerships need to reflect and review working practices to ensure each meeting or network has a clear purpose with independence clearly defined to ensure resource use is maximised

Diverse Engagement

Seeking feedback from a mix of service users and partners is considered integral to ensuring effective place-based organisations, leadership and governance (Tessler Lindau *et al.*, 2011), with the third sector case study illustrating how they try to include service user voice within their partnership working. The prison case study notes that service user engagement is a priority area for development, including working with the revolving door prisoners to find out what did not work last time and how things could be done differently this time.

Recommendation 3: the partners should work together more closely to learn from each other so all can adopt the most appropriate engagement approaches, which recognise the vulnerability of the individuals involved with homelessness services.

<mark>Learning</mark> Together

Learning together through interacting with colleagues and partners effectively develops shared understanding, collective views and new creative ideas (Lebel *et al.*, 2010). All the case studies recognised that good relationships were key to establishing forums and working practices to enable creative thinking and learning to overcome issues and challenges around homelessness. For example, the health partner referred to the need for a safe space, removing organisational walls and treating all partners equally, where failure can be acknowledged openly.

Despite this willingness to work together creativity, there is limited training and development opportunities for staff apart from ad hoc shadowing and lunchtime seminars. Capacity and budget pressures are the main barriers, along with managing the expectations of partners and staff. However, the third sector organisation case study illustrates that they are overcoming these issues through co-location across organisations, including Leeds Housing Options.

Recommendation 4: Partners should build relationships and understanding across the workforce through co-location opportunities and open and honest conversations, instilling a common purpose and commitment.

Information Sharing

Sharing the right and appropriate information helps partners support individuals, and good communication effectively builds trust and legitimacy across partnerships (Lockwood *et al.*, 2010). however, there are still barriers in terms of sharing informationin sharing information, especially around consent and GDPR

regulations, the prison and probation service sharing risk information, and health partners using different case management systems for homelessness services. Partners have amended working practices to overcome these barriers, for example, Leeds Housing Options coordinating and facilitating prison release meetings to ensure key partners have a common understanding.

In terms of sharing information on best practices or lessons learnt, the third sector organisation recognised that there is only limited reflection (Kolb, 1984) or measurement of a strategy success happening between partners in Leeds. Short-term funding was also identified as an issue as activities and services lose momentum and knowledge when the funding period ends, for example, when staff start looking for alternative employment.

Recommendation 5: Partners should facilitate workforce training to build confidence to share the right information at a practitioner-to-practitioner level

Strategy choice cascade

The case studies indicate only some awareness of the key city-wide strategies, and therefore a lack of knowledge of the key elements of the strategy choice cascade in terms of the vision, scope, processes, required capabilities or management/monitoring systems to successfully implement a strategy (Lafley & Johnson, 2013). The case studies illustrate that partnerships generally work at speed, addressing new emerging situations or around service transformation, and that activities and progress tend not to be effectively monitored or measured with strategies that are only looked at when they are due for review.

Recommendation 6: The partnership should ensure closer integration of the key strategies into the day-to-day performance management of the partnership to effectively measure progress and enable partnerships to become more accountable and celebrate success together.

Conclusions and contributions

Place-based governance for sustainability underpinned by comprehensive understanding, community empowerment and community-based outcomes can catalyse innovation to create sustainable partnership responses to deliver social change (George & Reed, 2017). This evaluation suggests that the five procedural drivers (local leadership, strong networks, diverse community engagement, learning together and information) (George & Reed, 2017), along with strategic management, are present in some capacity within the partnership arrangements operating in Leeds. However, the extreme demands on organisations and partnerships and the constant need to transform to meet changing needs and priorities mean that the potential for the partnerships to achieve effective place-based governance to enable innovation and lead social change is not fully maximised. Organisational culture and communication across large organisation hierarchies should also be addressed to strengthen the potential outcomes. The partnerships need to self-review working practices to ensure each meeting or workstream aims to achieve positive outcomes while empowering their workforce to act as local leaders.

Closer integration of the strategies into the day-to-day performance management of the partnerships would effectively measure progress and enable partnerships to become more accountable and celebrate success together.

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