Social Value of Local Area Coordination in Thurrock

A forecast Social Return on Investment Analysis for Adult Social Care, Thurrock Council

Summary Report

October 2015

Contents

Executive Summary

Local Area Coordination is a new approach for Thurrock with the use of coordinators based in the community. It aims to ensure vulnerable people are better supported to find local solutions that enable them to build a 'good life' and are less dependent on other services as a result.

This first forecast analysis for Local Area Coordination is seen as the beginning of a journey to understand and quantify the social value achieved through the service and support further evaluative work on the impact of Local Area Coordination for both the individual and other stakeholders building on the work to date. The analysis used the methodology of Social Return on Investment (SROI) as set out by Social Value UK to understand the wider social, environmental and economic outcomes. By increasing the understanding of what changes, Local Area Coordination can continue to deliver positive social outcomes, optimising this further by identifying where the greatest impact is. The development of a monitoring framework would also enable the outcomes identified in this analysis to be captured to support the ongoing evaluation and realisation of the social value forecast.

This analysis identifies that Local Area Coordination is delivering real benefits to both the key beneficiaries and other stakeholders and supporting the aims of the Care Act 2014. If further funding was to be secured post March 2016, the reach and impact of Local Area Coordination over three years would be considerable with over £4.8m of social value created.

It is forecast that over £4.8m of social value will be created. Therefore, it is estimated that for every £1 invested, up to £4 of social value is generated. This is the predicted social value based on the assumptions in the report which has been externally assured. The forecast demonstrates that there are further outcomes for family members, Thurrock Council and the Local Community which are not included in the final calculation but, if realised, would increase the value even more. Furthermore, should additional Local Area Coordinators be recruited, this would significantly increase the social value predicted and enable more residents to receive support in the community.

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Introduction

In July 2015, Local Area Coordination will have been operational for two years in Thurrock with nine Local Area Coordinators now supporting individuals in the local community.

The aim of Local Area Coordination and the use of coordinators based in the community, is to ensure vulnerable people are better supported to find local solutions that enable them to build a 'good life' and are less dependent on other services as a result.

Local Area Coordination as a concept originated in Western Australia in the late 1980s and in recent years has been launched in a number of boroughs in England. Local Area Coordination approach is to 'focus on people and places, and so generates new possibilities for positive change…It looks for solutions that help people sustain themselves in full community life from the very beginning – even before people come into contact with services'[1].   On a wider level, it seeks to promote a different way of delivering services, shifting the culture within council services, moving to a community based approach which is more person centred.

Purpose and Scope

The purpose of this forecast analysis is to have an independent review of the impact of Local Area Coordination in Thurrock, building on and using the evaluative work to date, with the following aims:

➔ To demonstrate the value and cost benefit of Local Area Coordination to secure additional funding to support the scheme post March 2016;

➔ To evidence how Local Area Coordination has an impact on, and supports, the Care Act 2014. In particular, evidencing how Local Area Coordination can delay and prevent the need for more intensive care and support services as a result of early intervention and approach to engaging individuals;

➔ To identify the added value Local Area Coordination can deliver, making a positive contribution to the local community including individuals that have benefited from the scheme going onto support other people in the community;

➔ To highlight the shift in cultural change that Local Area Coordination has instigated both internally within departments across the council and externally with partners.

The analysis was concerned with Local Area Coordination across the borough of Thurrock and any individual accessing the services either accessing Level 1 or Level 2 support. Level 2 individuals in Thurrock often have intense needs, with multiple issues that require support. The large majority have mental health issues of varying degrees and many of the individuals suffer from isolation.

The period of activities assessed was from April 2016 to March 2019, predicting the social value that could be achieved if funding was secured post March 2016 for three more years.

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[1] People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015

Methodology

Social Return on Investment (SROI) is a framework for measuring and accounting for all value encompassing social, environmental and economic costs and benefits. The analysis attributes a monetary value to represent social value.

There are seven principles to SROI:

1	Involve stakeholders
2	Understand what changes
3	Value the things that matter
4	Only include what is material
5	Do not over claim
6	Be transparent
7	Verify the result

The SROI analysis conducted uses the guidance report published by Social Value UK (formerly the SROI network)[2].

Involving stakeholders

A range of stakeholders were engaged throughout the analysis to determine the outcomes. This included:

→ 17 face to face interviews with individuals receiving Level 2 support together with 41 stories and 157 records from the outcome monitoring spreadsheet representing 21% sample based on the forecast;

→ Level 1 focus group together with 423 records from the outcome monitoring spreadsheet representing a 25% sample based on the forecast;

→ All nine Local Area Coordinators;

→ Thurrock Clinical Commissioning Group (CCG) including South Essex Partnership University NHS Foundation Trust (SEPT) and North East London NHS Foundation Trust (NELFT)

→ Local Area Coordination Steering Group including Adult Social Care, Public Health, Housing (Sheltered and Neighbourhoods), Essex Fire and Rescue, Essex Police and Healthwatch;

→ Focus Groups with local community groups and volunteers;

→ Thurrock Councillors and;

→ Inclusive Neighbourhoods.

Throughout the service, Local Area Coordinators have captured the list of individuals supported detailing their age, gender and main category (i.e. mental health, older person, physical disability). The average age was 61 for all individuals, decreasing to 53 when only reviewing those with mental health needs. The percentage of individuals experiencing outcomes that were classed as older people represented 27.9% and those with mental health needs 29.7%.

Understanding what changes

Throughout the analysis, all stakeholders highlighted the positive impact the service had made to both individuals and wider services. Individuals, in particular, considered the service 'invaluable' with it making a significant impact on their lives both now and into the future.

Individuals

The interviews with individuals receiving Level 2 support identified a wide range of outcomes due to the scope of Local Area Coordination support. The ability to engage with the individual and ask them 'what a good life looks like' results in the support ranging from health, community integration, fire safety and housing.

> **The majority of individuals interviewed identified the concept of having someone to rely on and building a trust – knowing that the Local Area Coordinator was there if they needed them. This was seen as one of the most important outcomes by individuals.**

This made them feel more confident but also many spoke of how they felt as though they were now 'going in the right direction' whilst others described it as a 'sense of hope for the future.' Initially these outcomes were defined separately but further review identified that the self-confidence would likely be part of the same theory of change to increasing hope for the future. In addition, the sense of 'feeling in control' was described by some and also identified by the Local Area Coordinators. This was assessed further as to whether this was also part of the same theory of change but was deemed to be separate as this was about empowerment through knowledge whereas the improvement on outlook on life was the support element.

All of the individuals spoke of their relationship with the Local Area Coordinator describing them as 'invaluable', 'kind' and 'friendly' with a 'wealth of knowledge'. Due to the delivery of the service and personal nature of the approach, it was clear there was the potential for people to build a more personal relationship and become dependent on the Local Area Coordinator. In one interview, the individual described the coordinator as a 'friend' whilst the other referred to them as an 'older sister'. Both mentioned that they recognised that it was still a professional relationship but Local Area Coordinators too recognised the potential for dependency as an unintended negative.

Individuals through both the interviews and 'stories' completed identified that those with mental health needs in particular experience additional outcomes. For two of those interviewed, they made specific reference to potentially 'not being here' if it had not been for Local Area Coordination implying they may have taken their own life. For many of the individuals interviewed with mental health issues, they were long term and impacting on all areas of their life. They spoke of their sense of 'relief from depression' and although some recognised that they had a way to go, were not as depressed and able to manage in a crisis better. Individuals also highlighted that they had better family relationships as a result of better managing their mental health needs.

As with Level 1 Individuals, Level 2 individuals experience that sense of overcoming social isolation. On engagement with individuals and through the stories, it was clear this was achieved in different ways for individuals but started from their ability to leave the house. For

some this meant being able to go out in the community to do shopping and pay bills leading to independence whilst for others it was about being active in the community. Those that were more independent also spoke of their sense of achievement being able to do things outside of the home but this was considered as part of the theory of change leading to an increased sense of independence.

For those that overcame social isolation, some spoke about being more active in the community whilst others spoke more of feeling connected with other people. As such they were viewed as different outcomes as not everyone that overcame social isolation was now involved in a local neighbourhood group. For those participating in a neighbourhood group, they spoke of feeling part of the community as a result.

In addition to overcoming social isolation, two individuals spoke about a reduced fear of crime now that they were going out in the community again.

A number of individuals had received support to access training and employment together with volunteering. For two individuals, they mentioned their frustration and 'feeling rejected' as they had been turned down for jobs they were supported to apply for. This was recognised as an unintended negative of supporting people with complex needs back to the labour market. Whilst it was viewed that there are positives to this in terms of resilience building it was captured as an unintended negative in the theory of change. For those that were volunteering, they spoke of wanting to share their skills and give something back to the community. For many it was about wanting to help others after receiving support from Local Area Coordination themselves.

Individuals had also been supported with housing from support to sustain their tenancy to helping people secure a more suitable property for their health needs. Each individual mentioned other services they had been referred to and this was reiterated by Local Area Coordinators and the outcome monitoring spreadsheet. For Level 2 individuals, the fire prevention measures were categorized under two outcomes as some received more practical support, particularly those that were considered to be 'hoarding'.

During the interviews, individuals were asked to identify on a scale of 1-5 where they were before and after the service on the key outcomes they identified. This table shows the average change for these outcomes as described in the interviews.

Outcome	Percentage Change (average)
Feeling in control	60%
Someone to rely on	59%
Relief from depression	30%
Independence	42%
Isolation	53%
Hope for Future	62%
Confidence	61%
Risk of Crime	55%

Key Outcomes for Individuals

Individual is supported to leave the house and interact in the community

→ Connect with local people reducing their social isolation

→ Undertake tasks outside of the home themselves leading to increased sense of independence

→ Attend local community groups and share skills leading to increased sense of feeling part of the community

Individual receives a person focussed service with no formal assessment

→ Individual builds trust with the Coordinator with a sense of someone to rely on leading to increased self confidence and improved outlook on life

→ Individuals are supported to overcome crisis and manage their mental health issues better providing relief from depression

Individuals receive advice, support and information

→ Individuals are empowered to make their own decisions and feel in control

→ Individuals are better able to navigate council and health services avoiding stress and increasing health and wellbeing

→ Individuals receive housing advice to avoid eviction leading to increase sense of stability and security

→ Individuals receive fire advice and practical support, reducing the risk of a fire

Public Health and Thurrock CCG

On engaging with a range of health organisations, it was identified that many of the outcomes would ultimately be experienced by the individuals themselves in terms of increased mental and physical wellbeing rather than be a material change for the organisations. This demonstrated that Local Area Coordinators are supporting organisations and contributing to their own outcomes from Making every Contact Count to the Public Health National Framework. In particular for Thurrock, reducing smoking prevalence and obesity in childhood together with adults were key targets that Local Area Coordinators can contribute too.

In addition, material changes for Public Health and Thurrock CCG themselves were identified. It was recognised that Local Area Coordinators had helped to identify gaps in service provision and target vulnerable people that Public Health could not engage with as easily. Public Health highlighted that it had led to also informing their service reviews with more consideration for community solutions. It was perceived that this led to an overall outcome of more effective community based services which were value for money for Public Health.

On first engaging with the CCG, the outcomes were less evident in terms of their statistics due to the number of different services in the community. However, on engaging with SEPT and NELFT who are working directly with Local Area Coordinators, it was clear that it was having a positive impact on services.

For those experiencing social isolation, this was through reduced GP visits and A&E visits as recognised by Multi-Disciplinary Team (MDT) where Local Area Coordinators were being included as part of the care plan to reduce their isolation and subsequent reliance on health services. This was of particular relevance where Local Area Coordinators were supporting individuals who had previously been hard to engage and helping them to connect with other support networks. This represents a saving to the CCG with a reduction in visits although due to the scale of intervention is expressed in terms of resource reallocation. There was not perceived to be a reduction in the time of the Community Teams including Community nurses as individuals with long term conditions would still need this support but Local Area Coordinators were working with these teams.

For Mental Health Services, it was recognised that the Mental Health Team have specialist training to deal with more intensive needs of those suffering from long term mental illness. Local Area Coordinators were being trained by SEPT to raise their awareness of mental health and supporting the Community Mental Health Team. Local Area Coordinators greatest impact was in supporting people with lower levels of anxiety and depression that would not meet the threshold for support from the Mental Health Team and through prevention work can help to prevent this from escalating into a more intensive need. In addition, Local Area Coordinators can support the Mental Health Team in identifying individuals that may need more support that are not currently engaged in services, liaising and supporting the clinicians, enabling individuals to receive support earlier on and thereby preventing crisis.

Furthermore, both SEPT and NELFT spoke about Local Area Coordinators 'filling a gap' in service provision and providing their staff with a relief from worry knowing that they 'are there' and continue to support people longer term by 'keeping an eye on them'. It was also added that Local Area Coordinators were demonstrating a new way of working and relating to people to help improve their health and wellbeing.

As this is a forecast analysis, it was noted that further detail on health outcomes would support an evaluative analysis further from understanding the level of referrals into Mental Health Service to assessing if and how they are supported in formal services to mapping the frequency of visits to the GP. Across all health services, capturing those individuals who are being supported by Local Area Coordinators that are not known to services would also support health services to understand where people are being missed out so further strategies can be developed to ensure services are accessible.

Thurrock Council

Thurrock Council identified a number of changes both to Adult Social Care and Housing. For Adult Social Care, it was the expected reduction in demand on care and support services as individuals were supported in the community. For Housing, it was a decrease in their time and increase in the number of successful resolutions resulting in the avoidance of eviction. In addition, both departments identified and it had been discussed at an executive level, that Local Area Coordination was demonstrating the success of a community based approach. This was leading to a shift in the culture of departments across the council, with the increasing knowledge and awareness of local community solutions and success of Local Area Coordination. This was still developing but forecast to become more evident in future years.

Essex Fire and Rescue

Essex Fire and Rescue cited the expectation of fewer call outs to fires as a result of people being supported together with a reduction in time promoting fire awareness. In particular it was recognised that the individuals being supported were a higher risk group and more likely to start an accidental fire in their home but were difficult to engage normally.

Other Stakeholders

On interviewing the individuals, it was clear that there was also a positive impact on family members with 10 out of the 17 interviewed perceiving a change for a family member. The outcomes for family members included directly benefiting as another member of the household, for example, fire prevention, increase in income, and sustainment of tenancy. Family members also experienced changes by the individuals being supported including more respite for those that were carers leading to more personal time and improvement in relationships.

Local Area Coordinators themselves experienced a change including increased job satisfaction and making a real difference to people's lives. They spoke about reflecting on their own lives and 'living the principles of Local Area Coordination.' Some spoke of their increased engagement in their own community supporting others and playing a more active role. This was an unintended positive outcome that had not been perceived in the original theory of change.

It was perceived that Essex Police would see a reduction in call outs for Anti-Social Behaviour as Local Area Coordinators were supporting people to manage crisis and improve family relationships. This was evident from engaging with Community Safety Partnership who identified that certain repeat offenders are often isolated and Local Area Coordinators can support the individual to overcome this.

Local neighbourhood groups and residents identified they experienced a change as a result of working alongside the Local Area Coordinators. Local Neighbourhood groups felt supported with increased promotion of their activities to local people and connecting and developing new services – an outcome for wider residents in the local neighbourhood group. Through encouraging volunteering, members identified that this has increased the number supporting their organisation. In addition, some community members spoke about their relief from worry as they now had somewhere to refer people when they could not support them with their need and knew that the 'Local Area Coordinator would get things done'.

Due to the scale of the intervention, it is recognised that the outcomes for health, Fire and Rescue and Police together with those for the council are experienced in the way of resource reallocation i.e. would not be at a scale that would result in a reduction in officers or overall demand and need of services but rather that the resource would be used for another individual or purpose.

Valuing the change

Each stakeholder was analysed in turn with regards to consideration for financial proxies to represent outcomes. The data collection to support each outcome uses data from stakeholder engagement, evaluative work by the council to date together with external reports and government statistics.

For individuals, the quantities used percentages where relevant which are taken from the monitoring sheet completed by Local Area Coordinators and weighted accordingly to forecast numbers experiencing the outcome. Where data is not collected currently, estimates have been forecast from the interviews and stories calculating how many experienced the outcome.
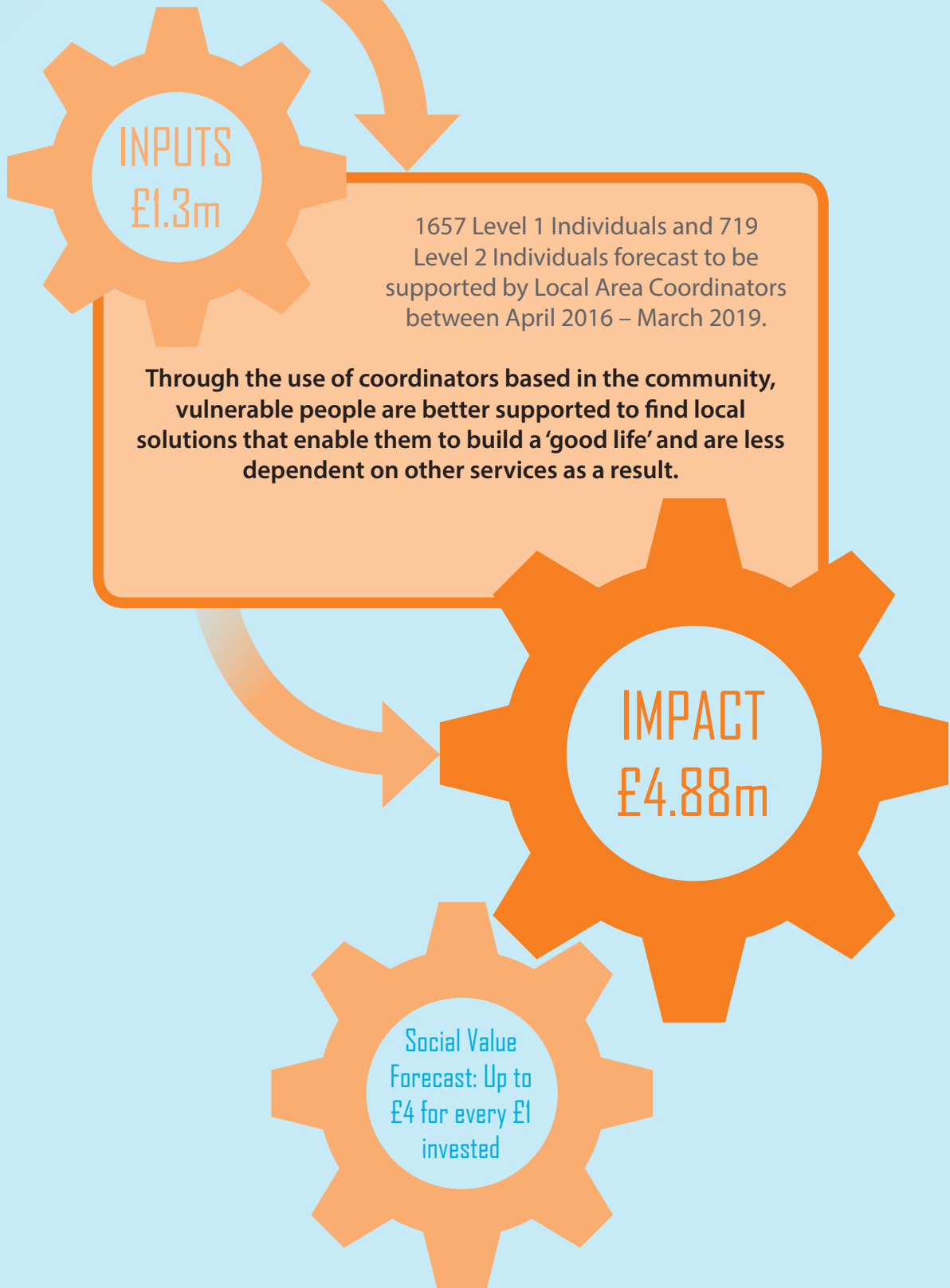
The duration of outcomes was explored with all stakeholders. This uses the convention in SROI to account for outcomes from the time period after the activity, even if they occur during the activity. Many of the individuals expressed that they thought it would, and hoped it would, be felt longer term. To quantify this in years, other external research and SROI reports were reviewed which identified that health interventions last for between three to four years. Recognising the level of support individuals need, the duration was deemed to be 3 years to avoid over claiming[3]. For those outcomes that were directly related to the Local Area Coordination whilst they were delivering the service, the duration was for one year only. This approach was taken across all outcomes and tested through sensitivity analysis and further review with a range of stakeholders.

The table below demonstrates some of the key outcomes and financial proxies used to value the change for individuals receiving support through Local Area Coordination.

Stakeholder	Key Outcomes	Financial Proxy	Source	Total Impact from all outcomes
Level 1 Individuals	Individual connects with local people, reducing their social isolation	Average household expenditure 2013 for all age households on recreation and culture valued at £63.90 x 52 weeks in the year totalling £3,322.80. Tested with other stakeholders and uses 53% of the value based on the interviews with level 2 individuals that have been used as a proxy. £1,761.08	ONS Household Expenditure 2013	£1.08 m
	Individuals attend local community groups with increased sense of feeling part of the community	Active citizenship (Quality of Life Index for Community Life Value). £1,037.34	Quality of Life Index Indicator for Community Life Value (Active Citizenship)	
Level 2 Individuals	Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	Supportive relationships (Increase in annual value attributed in change from seeing friends and relatives once or twice a week to seeing friends and relatives on most days). Value game played with stakeholders. Uses 60.7% of value to express average change experienced by individuals. £9,408.50	BHPS data 1197-2003 as analysed by Nattavudh Powdthavee (2008)	£2.97m
	Individuals are better able to manage a crisis and feel more in control of life	Feeling more in control of life wellbeing value. Value game played with stakeholders. 60% of value used to represent extent of change as average change reported in interviews. £7,472.40	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org	
	Individual connects with local people, reducing their social isolation	Visitor to the home for 12 hours a week. £88 per week x 52 weeks of the year = £4,576. Tested with stakeholders through value game and uses 53% of value as average change experienced by those interviewed. £2,425.28	Health and Social Care Costs 2014 (page 59)	
	Individuals attend local community groups with increased sense of feeling part of the community	Active citizenship (Quality of Life Index for Community Life Value). £1,037.34		
	Relief from significant depression	QALY for significant depression at £9,680 x 30% as the average change in relief from depression experienced by individuals in the interviews. Value game played with stakeholders and tested with other stakeholders. £2,904.00	QALY Reduction in Depression, Global Value Exchange	

Establishing impact

April 2016 – March 2019

INPUTS £1.3m

1657 Level 1 Individuals and 719 Level 2 Individuals forecast to be supported by Local Area Coordinators between April 2016 – March 2019.

Through the use of coordinators based in the community, vulnerable people are better supported to find local solutions that enable them to build a 'good life' and are less dependent on other services as a result.

IMPACT £4.88m

Social Value Forecast: Up to £4 for every £1 invested

Outputs

The outputs for Local Area Coordination are forecast based on the numbers supported to date by each Local Area Coordinator. This recognises that in the first month for every Local Area Coordinator, they are not active in the community so calculates an average number of people supported based on their time in post to June 2015 with one month deducted. However, it should also be noted that as a Local Area Coordinator becomes more established in the area, the number of referrals per month would increase. It is recognised that the assumptions with regards to the number supported each month is based on current data up to June 2015 which has been used to inform the analysis. Any increase in the numbers supported would increase the social value being delivered with a greater number of individuals experiencing outcomes without an increase in inputs.

Over the 3 year period (36 months) this equates to 2,376 individuals being supported. It was forecast that the Local Area Coordinators would support 1657 individuals at Level 1 and 719 individuals at Level 2 using the current average number of individuals supported by each Local Area Coordinator.

Impact

The most significant outcomes are as follows:

→   Level 2 Individuals build trust with Local Area Coordinator with a sense of someone to rely on leading to increased self-confidence and improved outlook on life

→   Level 1 and Level 2 Individuals connect with local people, reducing social isolation

Together these outcomes account for 40.39% of the total value. Whilst they make a significant contribution to the overall SROI Ratio, they are the key outcomes that would be expected from the work of the Local Area Coordinator. Furthermore, from the interviews, individuals all spoke about these outcomes and the importance of them. The building of a trusting relationship is central to the approach of Local Area Coordination, providing holistic support, to improve their outlook on life and help individuals to 'build a good life'.
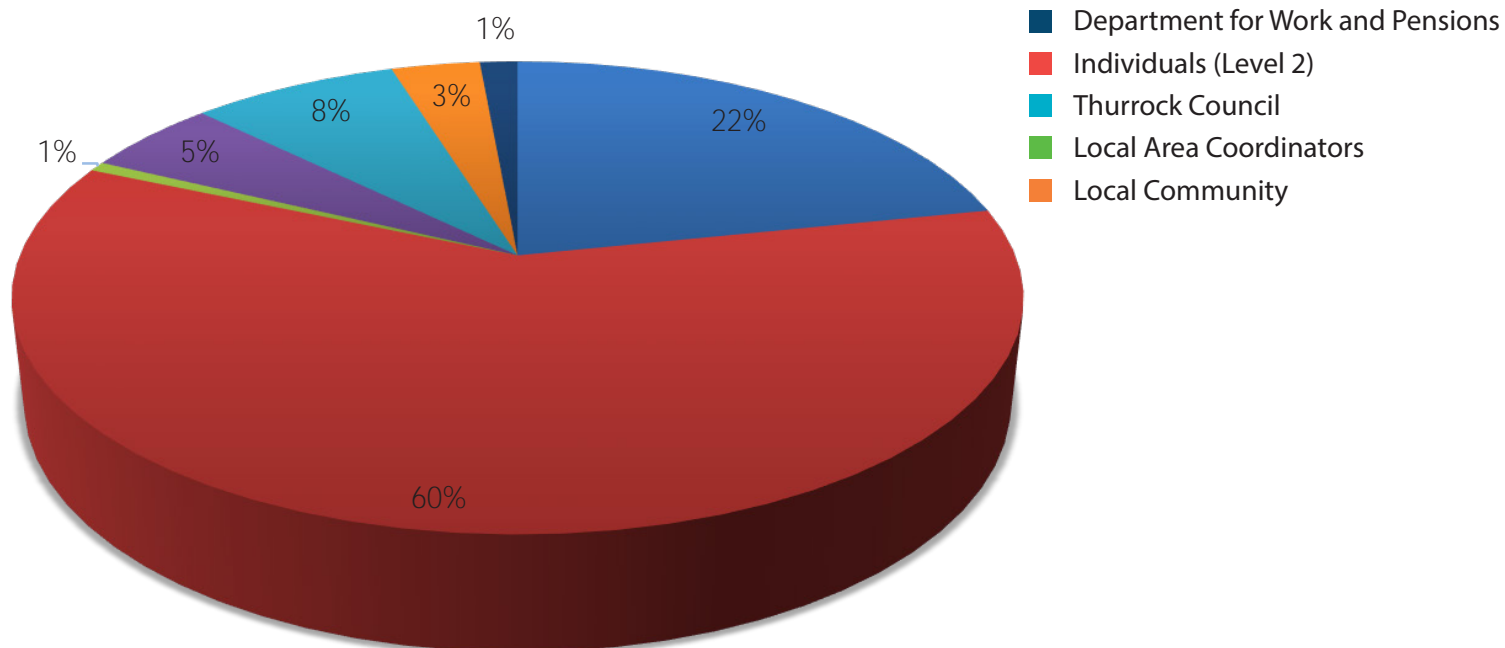
From the analysis, it is estimated that Local Area Coordination in Thurrock is forecast to create over £4.8m in social value equating to up to £4 for every £1 invested.

The Social Value Distribution demonstrates that the greatest impact is to the key beneficiaries to the service with Level 1s at 22% and Level 2 at 60%. Collectively, Health organisations account for 5% of the total value and public services as a whole 13%. The impact to Thurrock Council accounts for 8% of the total value.

Social Value Distribution

■	Individuals (Level 1)
■	Thurrock CCG and Public Health
■	Department for Work and Pensions
■	Individuals (Level 2)
■	Thurrock Council
■	Local Area Coordinators
■	Local Community

1%

3%

8%

5%

22%

1%

60%

Deadweight, Attribution, Drop Off and Displacement

Establishing deadweight proved difficult to quantify. All those interviewed identified that without the service that would still be 'stuck at home', or 'may not even be here'. A couple identified that without the service, they would have done something drastic to get formal support from a service instead. The analysis of those to date demonstrates that 13% of those supported went into formal services and therefore this has been used to describe deadweight. This does not account for those that entered services in a more structured way (i.e. the referral to a formal service was at an earlier point before crisis) but this is not captured separately currently. External reports identify the deadweight for similar interventions to be around 15%[4] -18%[5] and therefore it was viewed that 13% would be a reasonable assumption for those outcomes directly attributable to Local Area Coordination. This was further tested with stakeholders including Inclusive Neighbourhoods, Adult Social Care, Public Health, SEPT, NELFT and Community Safety Partnership who agreed that this was a reasonable assumption.

For Level 1 Individuals, it is recognised that the deadweight would be higher on the majority of outcomes as they have less intensive needs and greater chance of accessing support elsewhere. As such, local and government statistics have been used primarily to reflect deadweight.

Attribution was also a difficult area to assess as the very approach of Local Area Coordination is to work with other agencies. From individuals interviewed and other stakeholders, it was recognised that there is a big variance from case to case but where a Local Area Coordination is actively involved, 25-50% could be attributed to Local Area Coordination (50-75%

attribution rate). From the 'stories', other agencies involved in each case were identified which showed on average 1.69 organisations involved not including the coordinator. Equating the involvement of the coordinator into percentage terms from this results in 63% attribution. As this was in line with estimates from other stakeholders of attribution between 50%-75%, it was viewed that 63% was reasonable. This was further tested with stakeholders including Inclusive Neighbourhoods, Adult Social Care, Public Health, SEPT, NELFT and Community Safety Partnership who agreed that this was a reasonable assumption.

The drop off for quality of life is for older people but recognises that the average age is over 60 for individuals supported.

Only include what is material

The principle of materiality is central to the analysis, the purpose of which is to review and ensure that all outcomes in the analysis are both relevant and significant to the organisation and its stakeholders. Throughout the analysis, materiality is considered and evidenced to ensure that is focuses only on those outcomes that are relevant and significant. As a result some stakeholders and outcomes were excluded from the analysis early on and to avoid overclaiming in this first forecast analysis, additional outcomes were not included in the final calculation due to the inability to engage with the stakeholder fully and where there was insufficient evidence currently as to the extent of the impact. This included excluding family members from the final calculation together with the impact on residents in the local community and value of the cultural change starting to be realised in the council. Including these outcomes would increase the social value forecast further and further evaluative work is recommended to understand the extent of this impact.

Reporting, Using and Embedding

This first forecast analysis for Local Area Coordination is seen as the beginning of a journey to understand and quantify the social value achieved through the service and support further evaluative work on the impact of Local Area Coordination for both the individual and other stakeholders building on the work to date. By increasing the understanding of what changes, Local Area Coordination can continue to deliver positive social outcomes, optimising this further by identifying where the greatest impact is. The development of a monitoring framework would also enable the outcomes identified in this analysis to be captured to support the ongoing evaluation and realisation of the social value forecast.

By completing this initial forecast analysis, it has identified unintended outcomes, both positive and negative, that can now be reviewed in more detail as to their impact. In addition, it is the first attempt at quantifying the impact to the individual's wellbeing with previous evaluation focusing on costs savings together with the cultural change that Local Area Coordination has instigated across organisations.

This analysis identifies that Local Area Coordination is delivering real benefits to both the key beneficiaries and other stakeholders. In turn, this supports the Care Act 2014, reducing demand on services across the council and health organisations. If further funding was to be secured post March 2016, the reach and impact of Local Area Coordination over three years would be considerable. In addition, the social value ratio does not include all outcomes that have been forecast over the three years including family members and the impact of cultural change. Should these be realised over the next three years, this would further increase the social impact of Local Area Coordination.

One of the greatest challenges in evaluating the success of the Local Area Coordination is the lack of ability to establish a base line of where individuals are on entering the service. The approach taken by Local Area Coordinators is not to focus on where the individual is now or what they have done in the past but rather what a good life in the future looks like for them. In terms of analysis this prevents the ability to have individuals completing any 'pre survey' as it would impact on the trust with the Local Area Coordinator before the relationship was established, presenting themselves like a more formal service. Equally, there is no definitive end to the service, individual cases are not closed as they are free to contact the Local Area Coordinator again in the future. This also makes the assessment as to when the impact to the individual should be measured. For Level 1 Individuals it can often be after one contact that they no longer need support and for Level 2 it may be at the point in which a particular problem is solved although individuals may then come back for further support. Furthermore, the role of Local Area Coordination is such that the majority of time should be spent in the community supporting people and therefore the level of monitoring needs to be manageable and practical.

In particular, Level 1 individuals are difficult to engage with after receiving the service as their relationship with the Local Area Coordinator can be short term. In the analysis Level 1 candidates were invited to a focus group and despite a number signing up, only 2 attended. The outcomes and assumptions therefore have relied more heavily on the outcome monitoring spreadsheet supported by views from other stakeholders. Level 2 Individuals are able in part to support the outcomes together with the views from the focus group. For an evaluative analysis, further engagement with Level 1s must be ensured as to provide a reasonable basis for determining outcomes and reduces the risk that the outcomes are not reflective for this stakeholder.

Together with more formal assessment of the service, it is proposed a focus group where individuals can share their stories would provide a more effective way of measuring impact on a quarterly basis and follows the philosophy and approach of Local Area Coordination.

It is recommended that this is supported with a scenario based outcome survey for individuals that summarises the outcomes experienced, asking if they experienced this change. For Level 2 individuals, Local Area Coordinators could ask it to be completed after supporting them with a particular issue although making it clear it was not the end of the support. As Level 2 Individuals were keen to share their stories for the analysis to help value Local Area Coordination and would have built a more trusting relationship with the coordinator by this point, it is viewed that there may be a willingness to complete a short survey without taking away from the personal and informal element of the service.

This would then feed into a monitoring framework that identifies the key elements for data collection to update the current outcome monitoring spreadsheet. This would include the ability for Local Area Coordinators to select services avoided and other outcomes identified in the analysis by 'ticking' those relevant thereby increasing consistency in the method and detail of recording (as it varies from Coordinators) to make it manageable.

There needs to be a greater understanding of health outcomes to improve account of value from extent of use of services before and after. NICE Guidance set out recommendations on behaviour change and the principles for effective interventions[6]. Whilst Local Area Coordination is generally meeting the planning and delivery element, this is less so for the evaluation element which covers effectiveness, acceptability, feasibility, equity and safety. This analysis has gone some way in quantifying the impact for health organisations but for effective understanding and an evaluative analysis, further data needs to be captured on the extent of impact for health.

Limitations

It is recognised that there are limitations to this analysis, in respect of it being a forecast analysis, together with the first assessment of social value. The summary makes recommendations to improve the account of value should a further analysis take place but it is important to acknowledge the key challenges and limitations including:

➔ The outcomes monitoring spreadsheet does not record extent of change and all outcomes forecast under this analysis for individuals. Assumptions on the extent of change as a result of the service have been taken from Level 2 interviews where possible to better quantify this and discussions with stakeholders on the financial proxies used to ensure they are more representative.

➔ Certain stakeholders were unable to be engaged due to time constraints and availability. Where this was not possible, it was reviewed with other stakeholders and supported with external research.

➔ In addition, it was not possible to engage with family members and therefore the outcomes are from the individuals and Local Area Coordinators and their experiences to date. The quantities have been estimated based on individuals experiencing outcomes and research on numbers living alone. As a result these were removed from the final calculation.

➔ Certain stakeholders had not experienced outcomes yet but expected these to be achieved in the future. Although the service is now two years old, the approach of Local Area Coordination is radically different and the impact on shifting culture and changing the way services are delivered are still evolving. This is the nature of a forecast analysis but it should be recognised that this expected to occur and there is some evidence it has begun but not achieved fully to date.

➔ Level 1 outcomes are primarily based on the outcome monitoring spreadsheet as

completed by Coordinators. There is less incentive for Level 1 Individuals to engage as the relationship is more short term. The monitoring spreadsheet provides an indication of the impact on Level 1 as did the two engaged but it has limited the understanding between the differential in the impact of certain outcomes for Level 1 and Level 2 individuals. Level 1 outcomes are primarily based on the outcome monitoring spreadsheet as completed by Local Area Coordinators. Further evaluative work would need to ensure more ways to engage with this group to establish outcomes;

➔ Quantities for certain outcomes are based on smaller sample of stories as they are not currently captured under the outcome monitoring spreadsheet. Part of the purpose of this analysis is to inform the outcome monitoring going forward and therefore it can be expected that not all outcomes are currently monitored. Forecast quantities have been based on the data available and assumptions from external research. This is particularly evident for the extent of use of health services pre and post service.

➔ This first forecast only considers Level 1 and Level 2 individuals. There is potential to further divide this group into different ages and categories which may result in different quantities of people experiencing change and to different levels. However, a range of ages were consulted in the interviews and the overall outcomes appeared to be consistent across ages.

From the limitations together with the findings in the report, the following recommendations are made to both improve the account of value in further evaluative work and opportunities to optimise the social value achieved through the service, increasing the social value created.

Recommendations to optimise value

The following recommendations are made to further optimise the social value created through these services:

➔ From the development of the outcome monitoring spreadsheet, develop a monitoring framework to better capture the outcomes for individuals to inform service delivery by understanding where the greatest impact is achieved and review at Steering Group meetings;

➔ From further analysis of different ages and categories, identify where specific targeting may result in an increase in impact. Increasing the number of Level 2's supported would further optimise value, however, the time spent with a Level 2 is more intense;

➔ Increasing dependency is a key unintended negative. By continuing to share and learn from each Local Area Coordinators experience, situations that led to potential dependency can be further mitigated. It is recommended that further recording of this is completed to understand scale of risk of dependency. This could include consideration for more than one dedicated Coordinator in each area (i.e. two or three working across two or three areas) so they still build trust but the relationship is not as personal compared with just one Coordinator;

➔ Consideration for developing relationships with private sector businesses together with DWP and JobCentre to increase opportunities for employment and reduce the need for feeling sense of rejection. This could include for example referring individuals to pre-employment support being delivered by council contractors as part of contract obligations under the Public Services (Social Value) Act 2012;

- The impact of Local Area Coordination does vary from location and greatest impact is achieved when there are already some neighbourhood groups established. For areas that lack this, the reach of the Coordinator is reduced. It is recommended that in areas with less community engagement, the Local Area Coordinator ensures close working with Community Builders and other Asset Based Community Development programmes to identify opportunities to engage with the community as a whole. From this, the individual support then provided would be greater and result in more people connecting in the local community.
- Understanding where frustration is occurring with council services by individuals to improve the overall approach by the council to individuals in need of support.

Recommendations for further evaluation

The following recommendations are also made to better capture the social impact being achieved and support the service in driving continuous improvement. The purpose of these recommendations are designed to inform any further evaluative work to enhance the understanding of the impact of outcomes forecast further. It is recognised that some outcomes have been excluded from the final calculation that would also enhance the social value created.

- Focus groups with Level 1 and 2 Individuals to discuss the impact of Local Area Coordination – this could be through a quarterly 'share your story' forum where people also have the opportunity to connect further with those around them and support others removing the formal assessment approach of evaluation and still embedding the philosophy of Local Area Coordination;
- Developing a scenario based survey for individuals at Level 2 post support from Local Area Coordination to better understand what changes;
- Defining if outcomes are different for those with different needs and ages. Include more robust monitoring of categories (rather than one primary category) to support more effective mapping;
- Further evaluating the impact of reduction in smoking and drinking on individuals. It is recommended that these two outcomes are recorded and defined separately for future analysis to better understand any change;
- Develop outcome monitoring spreadsheet to capture all of the outcomes with a set of defined responses for Local Area Coordinators to input to improve ease, consistency of monitoring and better capture all of the services avoided and outcomes. In particular, record extent of change experienced by stakeholders;
- Further engagement with Health to understand the impact on services with Local Area Coordination. In particular understanding the level of reliance on health services pre and post support and following through to understand longer term prevention of reliance on health services;
- Further engagement with Police and Fire to understand impact. In particular for Fire and Rescue having a clearer understanding of the potential loss of life without the intervention due to domestic fires;
- Consideration of wider community services to map change over time as to whether Local Area Coordination has impact. This could be in the form of a resident satisfaction survey (used by other councils) which could establish a baseline in short term for areas where Local Area Coordination is less prevalent and then monitor change in satisfaction with local services and area in which they live.

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