LEEDS BECKETT UNIVERSITY

Local Area Co-ordination in Waltham Forest - A Formative Evaluation.

Authors: Professor Mark Gamsu & Simon Rippon

February 2018.

Contents. **Page**

What we were asked to do.	3
Background.	3
The methodology for this evaluation.	5
Understanding the environment.	5
Summary Findings on LAC Fidelity.	6
LAC delivery in Waltham Forest.	6
Strategic Ambition.	6
Delivery Models.	8
The Local Area Coordination Service in Waltham Forest.	9
Establishing the scheme in Waltham Forest.	10
Operational Issues - building local relationships and presence.	11
Making sense of community connections.	13
Delivering the scheme.	15
Summary Findings & Comments.	17
Financial Analysis of LAC in Waltham Forest.	17
Positive Impact on People's lives - Qualitative Case Stories.	21
Summary Findings from the individual Stories.	23
Discussion.	25
Concluding Summary and Findings.	28
Recommendations.	29
Appendices.	31

Waltham Forest Local Area Co-ordination – A Formative Evaluation

1. What we were asked to do

Leeds Beckett University and Aligned Consultancy were commissioned by the London Borough of Waltham Forest (LBWF) in April 2017. The commission was to undertake a formative evaluation[1] of the Waltham Forest Local Area Co-ordination Programme. The main aims of this evaluation were to help LBWF to:

- ensure that the LAC scheme was consistent with other schemes developed elsewhere in the UK
- better understand who the LAC's are supporting and how to record information on performance
- consider how the performance of the LAC can be better understood in the future
- Offer recommendations to inform future evaluation and to assist future financial evaluation of the project.

2. Background

Local Area Co-ordination is a comparatively new way of providing support to people in the UK, it was originally developed in Western Australia in 1988 and is now well established there; over the last five years Local Area Co-ordination has begun to be established in the UK. The remit of LAC is markedly different from the established service and professional models often delivered to local people;

“LAC have a remit to nurture local solutions and keep people strong. They help people to access services where they are required, but they see services as the last thing to consider, not the first”[2].

There is a now a National LAC Network[3] which provides support and learning across sites in the UK where schemes exist or are being established; areas that include Swansea, Leicester, Thurrock, York and in Wales.

Superficially the model might appear to be similar to schemes such as Health Trainers and Community Social Workers and LAC workers do possess similar skill sets, however there are some significant cultural differences.

We suggest that the most important differences are as follows:

First, LAC seeks to break the division between “client” or “service user” and service provider. It uses terms such as “walk alongside” to try to be clear that it is the co-produced nature of the relationship between the co-ordinator and the individual that is fundamental. Local area co-ordination focuses on strength and resilience at individual, family and community level.

Second, building from this, LAC starts from the premise that the start of the relationship is built upon people describing their own view of what a good life is - and it is then for the LAC and that person to work together to try to achieve this.

---

[1] https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf

[2] Local area coordination : From service users to citizens. Broad. R. et al. The Centre for Welfare Reform. 2012.

[3] http://lacnetwork.org

Third, LAC workers are in effect embedded with a community or neighbourhood - they are a bridge between the neighbourhood, the people that live there and the person who would like to be better connected.

The opportunity that a LAC scheme presents to local people and support services is to fundamentally change the connection between the hierarchical transactional world of organised society including its public services (Gesellechaft) with the fluid peer to peer world of community and civil society (Gemeinschaft). LAC schemes have to be effective at navigating the border territory between these two worlds - Eileen Conn describes this as interstitial space as the 'zone of possibilities'[4]

From our work in Waltham Forest and elsewhere we know that the challenge that Local Authorities and Health and Care systems want to address is how they can reach out to people who have become disconnected from their community and neighbourhood and whose main contact is with a range of primarily statutory crisis services often located in high cost resource service pathways[5].

Often people who are disconnected in this way are at risk of exacerbating further mental and physical conditions which might lead to greater use of crisis services or more fundamentally to someone being at such an increased degree of vulnerability that they risk losing liberty or life prematurely. This also impacts on families and communities. We argue that these people are more often exposed to the wider social determinants of health that impact negatively on life chances and therefore LAC is a positive response to tackling these determinants. LAC as Bartnik notes operates from a value base and through its actions to ensure "all people live in welcoming communities that provide friendship, mutual support, a "fair go" and opportunities for everyone, including people vulnerable due to age, disability or mental health needs and their families." [6]

LAC proponents do not describe it purely in relation to statutory service utilisation. Instead, it aims to support people to achieve their aspirations and ambitions - their view of what a good life is for them.

This perspective is important because it is this principle that should give people confidence to go on a journey with a Local Area Co-ordinator. It is this relationship that is one of the key elements of the LAC offer. There is a similar commentary within other asset based approaches; that attention to and the nature of the relational aspects involved in working with people in local communities is a critical feature.[7] In Waltham Forest this interest in asset and community based approaches is integral to the Think Families Strategy.[8]

---

[4] Conn, E. (2011) Community Engagement in the Social Ecosystem Dance. Third Sector Research Centre Discussion Paper B

[5] Next Steps on the NHS Five Year Forward View.. NHS England. March 2017. Chapter 6 p29.

[6] Bartnik, E. (2008) Active citizenship and community engagement - Getting serious about more positive pathways to relationships and contribution. Intellectual Disability Australia 29 (2), 3-7.

[7] Head, hands and heart: Asset based approaches in health and care. Hopkins.T, Rippon S. Health Foundation. 2015.

[8] Think Family 2020. Helping our residents to stay safe, well, resilient and independent, London Borough of Waltham Forest

3. **The Methodology for this evaluation**

Preamble:

Our approach to this evaluation had to account for the early stages of operation for Local Area Co-ordination in Waltham Forest. Therefore the use of a formative evaluation method is appropriate as these approaches are designed to help shape an intervention, providing information and insights to practitioners and commissioners to enable refinement and improvement.[9] As part of the review of the LAC scheme our approach has sought to take account of the fit of LAC with the wider health and care system and of key local strategies such as Think Families and Better Care Together.

In collecting data for the evaluation we used a range of methods including questionnaire (survey), telephone interviews, group and face to face meetings and workshop based interviews with LAC practitioners. We also had access to anonymised service data via Framework i[10].

We organised the data collection methods in the following way to:

- Ensure that the LAC scheme was consistent with other schemes developed elsewhere in the UK
- Better understand who the LAC's are supporting and how to record information on performance
- Consider how the performance of the LAC can be better understood in the future
- Offer recommendations to inform future evaluation and cost effectiveness.
- Original brief: what evidence is there that Local Area Co-ordination reduces need for formal services and can translate into financial savings.

4. Understanding the environment - local and national implementation.

Ensuring fidelity with other LAC models in UK.

In the UK LAC was first introduced in 2006. Waltham Forest is the first London borough to introduce Local Area Co-ordination, followed recently by Haringey. A number of local authorities are beginning to use this approach to provide new models of support to people that are strengths based, person centred and community facing. As a starting point in this evaluation it was important to quickly understand the current state of practice and to understand the operating context for LAC in local settings in the UK. To this end we have undertaken a brief literature search and review to better understand the core components of the LAC model and interviewed a number of leads from within the local authorities and academia working in this field to sense check our understanding and elicit further perspectives.

Implementation and progress in Waltham Forest for Local Area Coordination

To understand the context for implementation of LAC in Waltham Forest it was important to capture the insights and expectations of key decision makers and people in leadership positions within the borough. We interviewed a number of these people from the health and care system in Waltham Forest as well as elected members and a Senior Executive officer.

---

[9] Evaluation: What to consider. Commonly asked questions about how to apply evaluation to quality improvement in health care. The Health Foundation. 2015

[10] Framework I is an online database and case management tool, used by Waltham Forest at the time of the evaluation (recently replaced by Mosaic)

We also spoke with managers directly responsible for establishing the service and their peers in order to understand the structures and processes that were being created to manage the LAC development and delivery.

A list of interviewees is also included in **Appendix One**.

5. Summary Findings on LAC Fidelity

We note that in adopting the Local Area Coordination model, Waltham Forest have to date demonstrated fidelity to established practice – for example involving members of the public and elected members in recruitment of co-ordinators, locating LACs in neighbourhood and community settings, undertaking mapping of local neighbourhood led and based resources and seeking to support people to access community based resources and support.

6. LAC delivery in Waltham Forest

This concise formative evaluation was undertaken at the very early stages of the LAC scheme; this meant that we were able to identify and gather data which captured the experience of LAC's establishing the scheme and the critical relationships in community settings. We interviewed all the Local Area Coordinators in post (4) as of and up to August 2017 and have worked with them through two half day workshops to:

Build up a picture of their work in the first 4 months when they were getting to know their neighbourhood and developing relationships and a profile in the locality.

Capture a set of case stories that described the journey and impact that LAC involvement has had to date.

Rationale for establishing the scheme

In our interviews and subsequent questionnaire to all decision makers and operational leads (See Appendix One) we heard a number of consistent messages about why the Local Area Coordination pilot had been established. These included concerns on two levels, strategic and delivery.

7. Strategic Ambition

It was striking that when we spoke to senior leaders in the local authority they began by talking about the need to change the relationship between members of the public and local state. They were interested in how local authorities can move from a paternalistic model to one that fosters community resilience and personal independence.

This discourse - the need to move to a more relational model where local government is a "place shaper" rather than purely of provider of services has been developing in local government thinking for some time. In the IPPR report The Relational State[11] Geoff Mulgan summarised this aspiration and evolution as follows:

[11] Mulgan, G in The Relational State - how recognising the importance of human relationships could revolutionise the role of the state IPPR 2012

- In the first stage, government stands over the people, as warrior, policeman, tax-collector (at worst, as a predator; at best, as a paternalistic protector).
- In the second, government becomes a provider, offering welfare, education and health for a largely passive public.
- In the third, government increasingly acts with the public to achieve common goals, sharing knowledge, resources and power

In Waltham Forest this thinking combined with very immediate challenges such as an increasing population, growth in young families and people over 85 as well as other challenges such as a very diverse population and persistent inequalities has led to the development of "Think Family" a strategy that seeks to respond to local need AND reshape the relationship between local state and local residents.

"There is a tsunami of demand - current models are dependency led"

(Senior Officer).

The Think Family strategy is a radical attempt to meet these challenges.

It recognises that part of the solution to the above challenges are the assets and strengths that residents and communities in Waltham Forest already possess.

"For us the answer must be about empowering individuals, by empowering their families and wider communities. Our community's residents thrive when they have supportive and nurturing relationships with their families and are actively engaged in their local communities"

Senior Officer

Creating Futures and Think Family 2020

The Creating Futures Strategy[12] (2018) sets out the corporate strategy of the Council; the focus within the strategy aligns well to Local Area Coordination as it seeks "to create strong and sustainable communities where people support themselves and each other." It recognises that to achieve this ambition "requires a fundamental transformation of the way we work, in our relationship with residents and businesses, in how we connect communities and people together… This strategy signals a new emphasis in enabling local people to realise their potential, creating a new relationship with residents; and is committed to extending the Think Family' approach, helping those that need help through their lives in a seamless way and enabling others to help themselves".

Central to the Think Family ambition to support families to stay safe, well, resilient and independent is a recognition that two elements are critical:

First, an individual's skills and capabilities - in other words their ability to solve problems, communicate effectively, manage conflict, plan ahead etc.

Second, the quality of the relationships that people have with their family, friends, neighbours and the wider community.

[12] Creating Futures: Our New Corporate Strategy. Waltham Forest. 2018.

The Strategy sets out 5 areas for action to contribute to realising these two elements:

- Online or group based prevention - helping people to help themselves
- Capacity building in the community - helping people to help each other
- Evidence based help - Intensive support to build skills and relationships
- Risk management and brokerage - a safety net
- Access and assessment - helping people to find their way to the right part of the system

The Local Area Coordination scheme is seen as part of capacity building in the community actions.

"Ambition being that LAC will support the development of safe, well, independent citizens and communities helping to develop strategies to navigate through problems"
(Senior Officer Local Authority).

8. Delivery models

Whilst the initial phase of the LAC scheme has been fully funded by the Local Authority and its genesis rests in the Think Family strategy it is important to recognise that the scheme is also an integral component of and contribution to the joint Better Care Together action plan 2017/19 (BCT) which is a plan produced jointly by the Local Authority and Clinical Commissioning Group. This plan is more health system focused than Think Family, it describes a range of system level actions that will enable this change in relationship between the health and care system, citizens and communities. The intention here is create an integrated health and care system a "managed network of support in the borough".

BCT describes this ambition as follows:

"It is now widely acknowledged that an unintended consequence of the present system is that care is delivered in organisational silos. Since residents do not experience need in silos, a gap has emerged between service user requirements and the way care is actually delivered in many parts of the health and social care economy. The aim of the Managed Network of Care & Support is to improve the connections between services so that transfers of care are managed in a 'seamless' way from a resident's perspective".

We draw attention to both of these reports because they are both concerned with seeking to change the relationship between the public and local statutory services. It is clear that LAC is seen as one of the mechanism that can help meet this ambition.

How LAC contributes to this strategic shift.

Local Area Coordination makes the distinction between people who require "level 1" support and those who require "level 2". People who access level 1 support are more likely to require information or signposting - this has some similarity to social prescribing and community navigator schemes However, individuals approaching local area co-ordinators at level 1 are typically either introducing themselves or being introduced by other members of their community and are enabled and supported to connect with their local community. Individuals requiring level 2 support represent the cohort with which the more in-depth work of co-designing community responses and building on individual assets takes place. In this report we have concentrated on case stories that focus on level 2 - this is where an ongoing relationship with people is much more important.

Established Local Area Co-ordination elsewhere in the UK have defined these levels of support as Level 1 and Level 2, these are:

- Level 1 support is the provision of information and/or limited support. There is no assessment or intake process. Anyone can contact the Local Area Coordinator for Level 1 support. Although information and advice is often given and no further support is needed at that time, a connection has been made that may be of benefit in the future.
- Level 2 support is a longer term relationship supporting people (children and adults); who are vulnerable due to physical, intellectual, cognitive and/or sensory disability, mental health needs, age or frailty and require sustained assistance to build relationships, nurture control, choice and self sufficiency, plan for the future, find practical solutions to problems etc.

The BCT report also makes a helpful distinction between the function and focus of Local Area Coordination and that of Social Prescribing. In our view one of the strengths of the Waltham Forest approach is that it includes both of these interventions.

"Social Prescribing is more about connecting than enabling and supporting"

(Social Prescribing Lead Interviewee)

Going forward, it is important that the distinction between Local Area Coordination and Social Prescribing continues to be understood - both have an important role to play - but Local Area Coordination is particularly important with regard to rebuilding trust and connection with people who have lost touch with statutory and community support and helps promote and build community led resources and non-service solutions.

"What you are doing (in LAC) is building up a connection with somebody - in a traditional service you assess someone in half an hour and then work out what service will help them."

(Local Area Coordinator Interviewee)

9. The Local Area Coordination Service in Waltham Forest

The scheme was established in February 2017 with initial agreement to pilot the service in 4 of the borough's wards. These wards are:

- Wood Street
- Cathall
- Larkswood
- Grove Green

The scheme is funded and managed by LBWF with the line management sitting in the Housing Department, which is part of the Families and Homes directorate. The BCT have however recognised the potential value of the scheme to date and proposed extending the pilot in order to enable an evaluation of this alongside other BCT pilots within the work stream.

In our interviews with the LAC manager and the Leadership Team we were told that the four wards were chosen for a range of pragmatic reasons - for example, to ensure a reasonable geographic spread across the borough and to reflect the variety of issues in Waltham Forest. The specification of LAC identifies an ideal population size that a coordinator should work with to be effective; the size of the wards chosen were the nearest to this requirement. If anything, the main

feature that unites these wards is that they are all different; for example, they are not the most deprived wards in Waltham Forest, or those with the greatest number of older people or single people. However, they do each exhibit a range of social issues, and have a network of established community resources.

As LAC develops and plans to extend its reach are formed it would be appropriate to identify criteria aligned to local issues to inform location of the LAC resource to ensure a deeper reach into specific communities.

10. Establishing the Local Area Coordination scheme in Waltham Forest - Structural System Challenges

For the purposes of this review we have considered two areas.

- First, the local strategic and policy context in Waltham Forest.
- Second, how the scheme has established itself within the Local Authority and the health and care system in Waltham Forest.

We have already noted that the Local Area Coordination scheme is part of the Local Authority strategy to create a systemic approach to connecting and utilising community assets in the borough as a contribution to the wider Think Families strategy. This sits alongside the joint health and care action plan Better Care Together. These represent a positive opportunity and signal a mandate for LAC.

This system level approach is complex and means that there are separate steering groups for each strand with a joint board sitting above these. A number of senior officers sit on both steering groups and on the joint board - for example Public Health and the CCG, to seek a cohesive response. One of the challenges faced by these new services which are seeking to create an integrated approach to health and care is that by definition the ethos they are seeking to promote will require a change to established ways of working - specifically silo working.

We suggest that this silo working can be exacerbated by departments having to work to a national policy agenda which is itself not joined up. It is therefore not surprising that differences might emerge between one department working to the Department of Health agenda and another to the Communities and Local Government one.

In our view these differences do play out in practice. For example Social Prescribing has a much greater connection to the health (NHS) sector - while Local Area Coordination is more systemic across statutory and community sectors.

In our interviews we were told that some 85% of referrals to Social Prescribing came from the NHS sector; with approximately two thirds of these being from General Practice. This contrasts with Local Area Coordination (see table three) where the greatest number of referrals were by individuals.

The point we are making here is that it is important that these different connections and referral routes are valued and understood to be of equal worth. This is potentially made more difficult by a siloed policy context.

"LAC is a community based resource, it sits outside the health system but it may have introductions from health"

(Local Area Coordinator Interviewee*)*

While NHS and Adult Care services are increasingly seeking to work together as their interdependence becomes clearer - there is a need to ensure that other key functions that contribute to a 'good life' in Waltham Forest such as housing are integrated into new models for support and community resilience. This is particularly important with regard to Waltham Forest given the location of the LAC scheme and the impact of housing as a wider determinant of health.

Local Area Coordination faces a further challenge because its values and the way in which they have to be articulated (as we note at the beginning of this report) present a direct challenge to existing professionals - moving toward a more person centred, collaborative and co designed practice ethos.

If this cultural translation is being experienced by professionals who are close to this programme it is likely that it will be even harder for this model to be understood and valued by practitioners and managers who are slightly removed from Local Area Coordination. These issues raise the opportunity to undertake a refresh in workforce skills and knowledge to ensure the relational and 'operational' components of the core LAC model are embedded into everyday practice across the system. There should be work undertaken to review and refresh referral routes to enable as smooth a route as possible for interdisciplinary working and for local people to access the support required in a timely and appropriate manner.

Finally, one of the most significant challenges that the LAC has faced is how it gathers data to demonstrate activity, focus and impact. The LAC Leadership Group has made progress in reviewing data gathering methods and in defining outcomes for the scheme. Work has been ongoing to develop a tailored database within Framework I, the existing online database and case management tool used by social services at the time of the evaluation but now replaced by Mosaic. Given the early stages of the LAC scheme and its data collection focus we can only comment on the opportunity to refine data collection methods and to support planning for incorporating validated measurement that offer for example data on improving wellbeing, resilience, social connectedness. In turn this will support the Leadership Group in articulating outcomes from the scheme and defining a wider scope for further evaluation.

11. Operational Issues - building local relationships and presence.

A key building block of the Local Area Co-ordination role is that:

- Co-ordinators understand what assets[13] exist within their neighbourhood.
- Co-ordinators have a relationship with a wide range of individuals in communities and neighbourhoods, building trust and opportunities for co working.
- Have sufficient profile so that people who might need support are able to contact them or that enables others to signpost people.
- Provide flexibility in location and settings that makes it as easy as possible for local people to access.

---

[13] in describing assets we see these as being those described by Kretzman and McKnight and Foot as: knowledge, skills, financial, building and estate, economic, creative.

This is of course an iterative process. It is only through practical engagement with all stakeholders that people start to have expectations of the Local Area Co-ordinator. We have observed that one of the key tasks that has been done well by each LAC has been asset mapping of community resources within their ward that can support local people.

The LACs are not engaged in producing a directory of community assets or resources but instead are engaged in a more dynamic process, understanding and developing links in their neighbourhood, identifying key individuals, community organisations and agencies and in supporting people to take action in their neighbourhoods to develop local resources and opportunities. The co-ordinators have also been able to support the mapping of community and voluntary sector organisations within the borough, an exercise undertaken within the Corporate Development directorate.

One of the things that is striking about the Local Area Coordinator role is the way it draws on elements of neighbourhood based community work and community social work skills while at the same time aspiring to hold on to a core of values and principles that focus on building on people's strengths rather than focusing on their deficits. From our interviews with LACs and lead contacts within neighbourhoods referring to LAC we have seen strong examples of how community connections, relationships are being formed. We discuss this below.

We asked the Waltham Forest Local Area Coordinators to describe in a timeline how they have developed an understanding of and connections in their wards since they started. We stress that this was not a systematic process, what it seeks to do is to capture at a moment in time and show some of the connections and relationships that the LACs have developed, in order to give a flavour for their model.

The Timeline (an example of which is below) begins at the top of the page and shows how this LAC built up a picture of the ward where she works. As would be expected initial contacts and emerging relationships opened doors to further connections and broadened her understanding of the area.

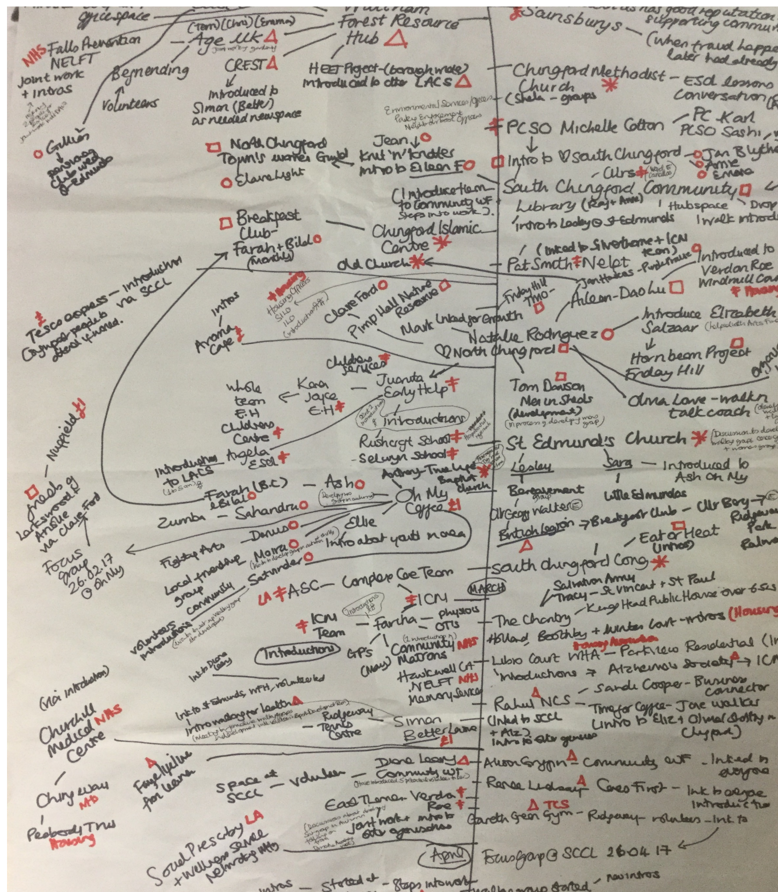


Figure One - example of connections timeline produced by a Waltham Forest LA

12. Making sense of the community connections.

Any attempt to create a framework to understand this complex web of relationships risks devaluing the process - turning it into a directory or set of transactions. Similarly there is a risk that this creates a temptation to create a hierarchy or template of which agencies or individuals are most important to LAC generally. The simple answer is probably that at any point in time it is hard to tell who might be important in three or six months' time. The rank value of these resources and relationships would also change to reflect the aspirations of people accessing LAC support. In the case study workshops and discussions we held with LACs we heard a consistent narrative that indicates LACs are reflexive when supporting people to access community resources; not relying on a formulaic list or directory illustrating a person centred ethos.

It might be that in future where LACs use tools like the 'circles of support' diagram which helps illustrate the most highly relevant resources available to the person, this would be useful in articulating personal preferences and requirements as opposed to what is available generally in the locality. The data gathered from 'circles of support' should also be used in future evaluation, as a means to review practice and in presenting personal case stories leaders and planners.

We asked the LAC to put the contacts they have made into a number of categories - hence the small red marks on figure three.

When we gathered these marks together the picture of contacts that were established in the first 6 months of LAC activity can be seen in the bar chart below.

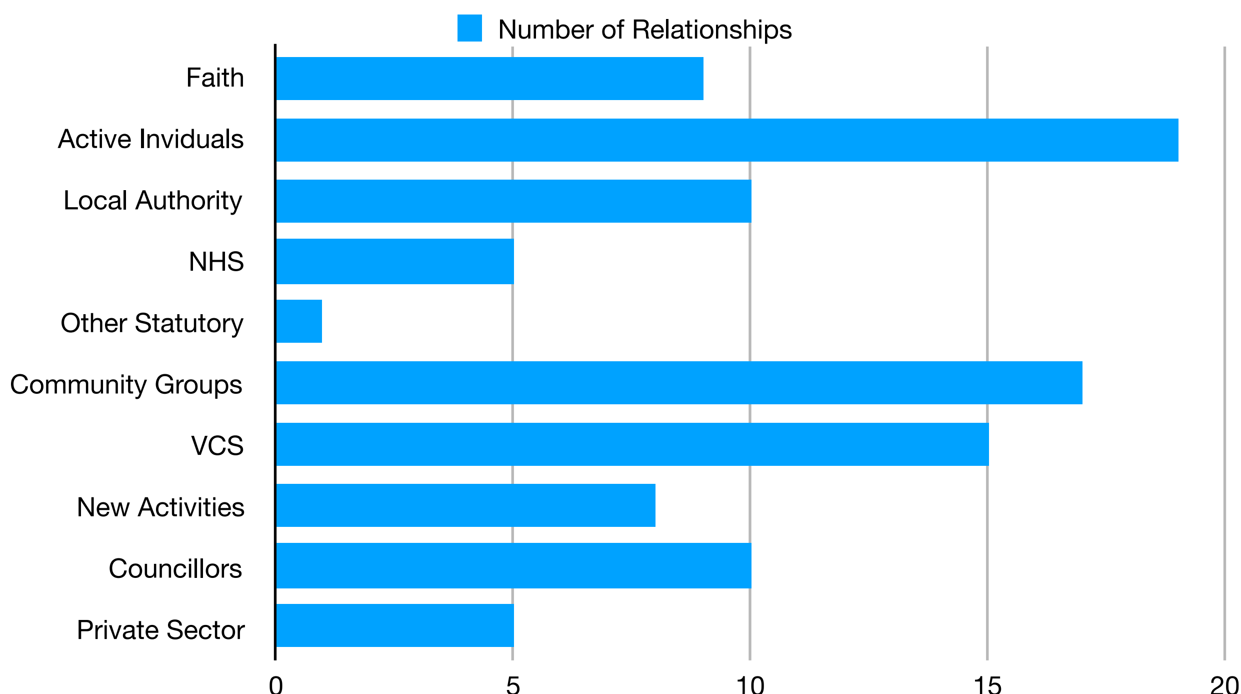


Figure Two - Relationships established by Local Area Coordinators

It was striking that the number of contacts and more specifically their range is to some degree dependent on the entry point of the LAC. So, a LAC who initially focuses on relationships in sheltered housing might be likely to have a different view of a neighbourhood than one who was based initially in a community library setting.

Relationships with the private sector are important. These range from contacts with cafés through to cashiers at a local Tesco - these all involve people who are on the front line - with regular and direct interaction with local people. These relationships are an important resource to LAC as potential points of introduction for people, and as resources of support too.

Some individuals with key roles emerged consistently with a number of LACs as sources of introduction and resource - these included:

- Faith Leaders
- Police Community Support Officers
- Owners of small cafés
- Community Libraries
- Active citizens - this group is the largest one.

13. Delivering the Scheme - Quality and Quantity

Reviewing Framework i Data – Who's making the introductions to LACs and what do we know so far about these people?

A data set has been created by the Council within Framework I, the online database and case management tool used by social services, to capture key socio demographic information within LAC and to monitor the sources of introductions and types of issues people are seeking support with. During the initial phase of implementation (January to early November 2017) LAC had a total of 224 introductions across the four wards with the range of introductions being 39 - 76 within the team.

Larkswood had the highest introduction rate in this time phase (n=76), and Wood Street the lowest (N=39). Making any comparison of this range is complex as each LAC is operating within a different context in the local scene so these variables would need to be better understood to make any specific conclusions.

Self-introductions to the LAC was the most common means of introduction across all four wards (n=77) with Cathall recording the highest total number (n=25). The range across the wards for self introduction being 7 – 25. Introductions made by another individual or community member being 44 in total with Wood Street having the highest rate at 18.

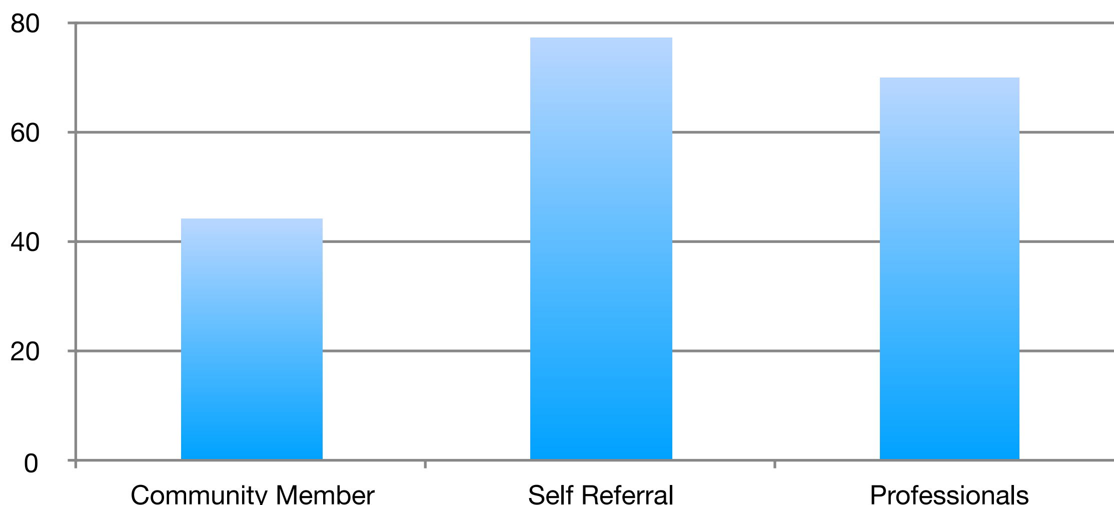


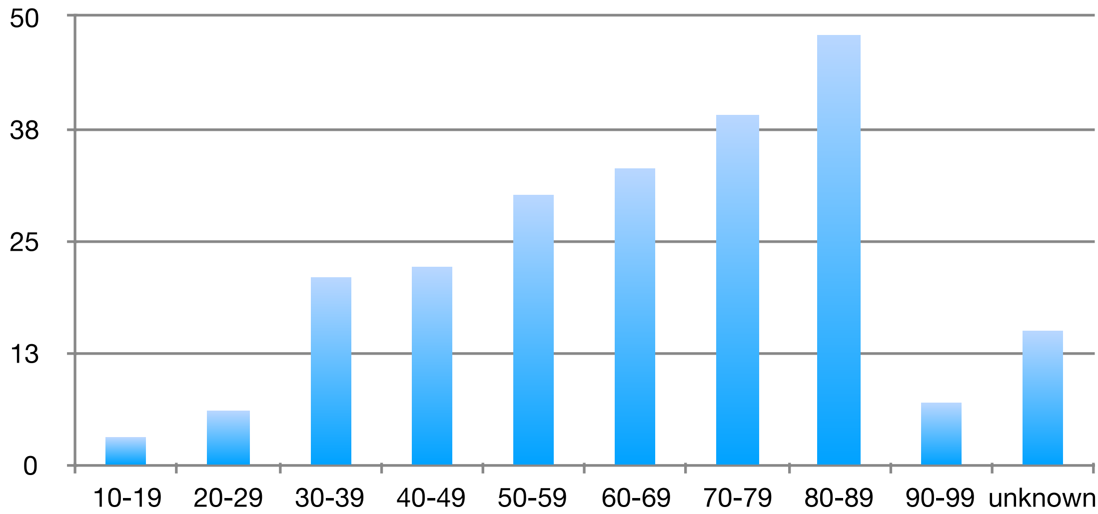
Figure three: Basic referral source for Introductions to the LAC scheme: January to November 2017.

Where gender was reported females were the most represented group with a 125 total introductions compared to males (88). There are 4 reported introductions where gender was 'unknown' – Larkswood (3) and Wood Street (1).

The age groupings of introductions (See Fig 4) across all four wards indicates that introductions in the age band 80-89 years was the highest, (n=48) 77-79 years had 39 introductions and 60-69 years 33. Whilst we are unable to explore any other variables or data for these groups it shows a trend which would benefit from further investigation to better understand the wider social and health context for these people. This source of data linked to wider Public Health and related population data should be used within the LAC Leadership Group to inform discussions and

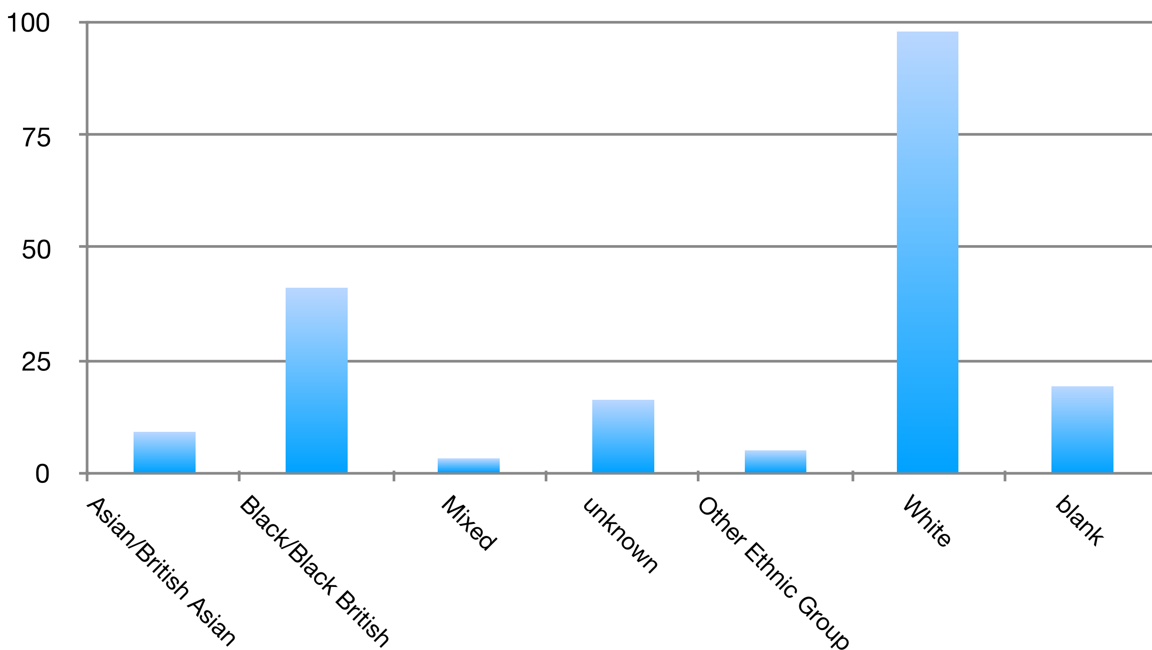
decision making on whether LAC ‘targets’ particular population groups in neighbourhoods or not. Other LAC schemes elsewhere have defined such specificity[14]

Figure Four: Age Groupings for introductions to LAC Scheme: January to November 2017.



The recorded ethnicity of introductions shows people identifying as White being in total 98 with Black/Black British introductions being 41. The range in terms of introductions and ethnicity shows Larkswood having the highest number of introductions within these two ethnic groups (36 and 13) and Wood Street the lowest, 16 and 6.

Figure Five: Ethnicity of Introductions to the LAC Scheme: January to November 2017.



LAC schemes often group introductions at two levels (one and two) which is determined by the support (duration, frequency etc) required by the person. In Waltham Forest of 186 active cases (sourced from early November data) 94 contacts are within level one and 92 at level two. We are not clear from the Framework i data how people have graduated from level one to level two or vice versa reduced their inputs to less time and resource intensive support.

[14] See service examples in Derby and Thurrock.

14. Summary Findings & Comments:

The Framework i data set offers useful socio demographic information to support discussions and decision making on how to 'target' LAC going forward. There may be benefits in the future in exploring how this data links with other data sources.

In terms of developing data on personal outcomes, the LAC is gathering information to demonstrate its impact on people's quality of life in Waltham Forest as it moves to scale; work should be undertaken to agree appropriate outcome measures to capture this data. While there are a range of outcome measures that are used to measure health, wellbeing and quality of life such as the EQ-5D (3L) scale, Outcome Star measures and Patient Activation Measures we suggest that a thoughtful approach needs to be taken to these and explore this more in the discussion section later.

15. Financial Analysis of LAC in Waltham Forest - Understanding the challenges and recent examples.

Understanding the financial impact of LAC is of increasing interest to commissioners and has been a feature of evaluations across a range of LAC sites in England and Scotland with varying degrees of sophistication and consensus. The 2007 report from the Scottish Executive[15] signalled the challenge in reporting on financial benefits (savings to sector organisations) thus: "Differences in LAC practice across local authorities and the broad remit of LAC generally meant that clearly identified, measurable outcomes were difficult to extract from the LAC process. However, LACs identified three main areas of achievement: a better overall quality of life for people; specific differences in individuals' lives; and particular areas of work, such as transitions to adulthood, where they believed they had made a wider impact." Whilst there has been much refinement of LAC implementation in the last decade and given the development in the methodologies for undertaking financial cost benefit analysis the caveats from Scotland still serve as a caution.

The 2011 evaluation of the Middlesborough scheme[16] is in many ways similar to our focus in Waltham Forest, it offers a formative review, was undertaken in the early stages of implementation and was similar in scale of operation. The report stated: "LAC can show success across several of the dimensions that what would make up a cost-effective service. These include:

- Preventing crisis through early intervention;
- Changing the balance of care by using more informal supports;
- Using community resources;
- Bringing in extra resources to support families and communities;
- Making better use of existing resources."

We see these dimensions as being present in the early stages of the Waltham Forest Scheme.

The Middlesborough evaluation also emphasised the difficulty in undertaking a review of efficiency saving and social return on investment in a scheme that was in its early phases of implementation, but also noted the challenges of demonstrating efficiencies in prevention services per se as often the impacts for people are across a longer term time frame and the variables (e.g. the types

---

[15] Evaluation of the Implementation of Local Area Co -ordination in Scotland. The Scottish Executive 2007.

[16] Evaluation of Local Area Co-ordination in Middlesbrough Final Report by Peter Fletcher Associates Ltd 2011

of resources and services involved) are multiple. A pragmatic approach was taken using case stories from which service costs were attributed and hypothesised cost efficiencies likely to be accrued from LAC intervention were assigned to these cases.[17] Whilst not an exact science this offered one view of potential costs and savings.

A number of recent evaluations[18] [19] [20] [21] have utilised methods to demonstrate the Social Return on Investment (SROI) from LAC however caveats remain in terms of the generalisability and meaningfulness of this approach. Such caveats relate to the definition of terms used to describe issues people are experiencing and which require costs allocation - such as 'depression', 'mental health needs', 'older people'. We therefore emphasise again that "whilst the SROI findings form one part of the evidence base, they do not provide the complete picture – they should be seen in context of the wider (Leicestershire) LAC evaluation findings as a whole. It is also important to note again that the SROI findings are only a partial reflection of the benefits, and do not take account of the longer-term, generational savings which are likely to accrue…" [22]

The consistent cost benefit attached to LAC in the four SROI evaluations suggests a 1:4 ratio - for every £1 invested into LAC there is a £4 return into the local system, the highest return is seen in the local authority system and then the local health economy - in the main to the CCG. For other partner agencies (e.g.Fire Safety, Housing, Police etc.) it is difficult to demonstrate cost value as data sources are often poor - this is perhaps an indication of the immaturity in relevant data gathering in these sectors and would be a key component for development in any SROI modelling in Waltham Forest.

Our approach to cost analysis in Waltham Forest.

Given the scope of our evaluation and the resources available a full financial analysis and cost benefit exercise was not within scope; however we have utilised some of the methods employed elsewhere[23] to give the LAC Leadership Group a sense of the potential cost benefits of LAC.

We consider that the national evaluations and our evaluation in Waltham Forest demonstrate that the Local Area Coordination approach is successful at improving the quality of life and self efficacy of people who would otherwise remain vulnerable and disconnected from their community and neighbourhood resources and formal services.

As we describe above work on Social Return on Investment shows that Local Area Coordination does offer a strong Social Return on Investment. We note above the data sets required to drive a full analysis are still being developed and are incomplete in some sectors.

---

[17] Ibid p39

[18] Local Area Coordination - A 14 month Evaluation Report. . Thurrock Council.

[19] Social Value of Local Area Coordination in Derby - A forecast Social Return on Investment Analysis for Adult Social Care. October 2015.

[20] Evaluation of Leicester Local Area Coordination. M.E.I Research. October 2016.

[21] Formative Evaluation and Summary Report - Local Community Initiatives. Western Bay. Swansea University. December 2016.

[22] See 6 p78

[23]Formative Evaluation and Summary Report - Local Community Initiatives. Western Bay. Swansea University. December 2016.

Further, a strong SROI does not automatically translate into direct savings. There are a range of reasons for this for example - scale of services - a comparatively small scheme such as LAC may not impact on demand in statutory services sufficiently for many years. Similarly it may be the case that some services which are not so heavily rationed - such as welfare benefits or NHS services, may see a reduction in spend, but others that are already heavily rationed because of high demand and limited resources may find that they are just able to respond better to other people who need the service more.

With these caveats in mind we recommend that going forward further consideration is given in the LAC Leadership Group to the attention and resources given to capturing data on activity, outcomes, utilisation to inform any planning on a return on investment model

The Return on Investment - Waltham Forest.

As part of our work we have been asked to produce an estimate of the potential value for money of the Waltham Forest Local Area Coordination Scheme. We are extremely cautious about drawing any conclusions from this exercise. This is for a number of reasons that include:

Many of the people who are walking alongside a Local Area Coordinator have experienced a wide range of challenges in their lives. Some of these affect their utilisation of statutory services and their ability to contribute financially or through other means such as volunteering. We contend that it is not possible to comprehensively and definitively describe future patterns of service utilisation - it is only possible to estimate it.

Further the impact of a particular relationship may not be apparent for some time (certainly longer than this short evaluation) and it may be that patterns of service utilisation could change negatively over time, for example because support drops away or someone becomes more dependent because their vulnerability increases through natural circumstances such as ageing or progression of a particular condition.

We have also noted that in some cases, more so where pre existing health conditions are present, service utilisation may actually increase in the medium term - as people are re-connected with services and support that they were not accessing before.

The abilities of some services to generate savings due to reduced demand is limited. This applies particularly to services that operate on a fixed budget who manage demand through some form of rationing such as waiting lists. In many cases the effect of reducing demand by some people just means that others might be slightly more likely to access a service more quickly. Ironically those services which might benefit are central government services where the budget is not formally capped and where there is no official waiting time - such as social welfare benefits provided by DWP.

Finally, while it is important to be accountable for the spend of public funds it is also important to recognise that Local Area Coordination is fundamentally concerned with supporting people improve the quality of their life, to take more control, to seek support from neighbourhood based resources and to be able to contribute as citizens. If Waltham Forest is to meet the ambitions in Think Families for a stronger and more balanced relationship with people in Waltham Forest measurement systems need to change to ensure that significantly more emphasis is placed on qualitative ways of capturing value rather than financial ones.

Our approach to calculating return on investment.

We have used the financial model developed by the University of Swansea in the formative evaluation of LAC/LLC in Swansea, Neath Port Talbot and Bridgend.

The University of Swansea has done the following:

- Based on discussion with LAC staff they created 6 profiles to describe the people who have used the LAC service. These profiles were used to determine the case mix for the scheme.

- Calculated the service utilisation for each of these profiles using a mixture of local and national financial data.

- Presented three possible scenarios for service utilisation Optimistic, Base and Pessimistic with pessimistic being the most costly.

- Identified what the saving would be if (with LAC support) people were to move from Pessimistic to Base service utilisation and from Base to Optimistic.

- Made assumptions about the potential saving if different proportions (for example 20%) of the total number of people supported by LAC were to move from one service utilisation scenario to one that cost less.

- Finally, Swansea have allowed for the cost of the LAC service and taken this into account when considering final savings.

We have used this model and assumed from the data we gathered through interviews and case studies that the Waltham Forest case mix categories are the same as Swansea and using the same calculations come to a Waltham Forest set of costs.

We stress that:
- We have not had sight of the details behind the Swansea calculations
- The Swansea model does not appear to make any allowances within each profile with regard to the number of people who may be in each service utilisation/resource category - base etc. This means it is only possible to give a very rough estimate of savings
- We are not sure what the proportion of successful outcomes should be but include estimates below based on 20%, 30% and 50% achievement of outcomes.
- The Swansea report is based on a calculation of potential savings to the system estimated over a two year period.
- Finally, we stress the point made above - in many cases there may be no direct saving to a local health and care system because of fixed budgets, high demand and use of rationing mechanisms such as waiting lists.

All of these caveats mean that the figures produced must be seen as illustrative only. We show this comparative model in Appendix Four. A summary is below:

Table One: Summary of synthetic analysis potential outcomes - does not include cost of LAC service.

	Whole cohort over a two year period		Individual over a two year period	
	Improvement: base to optimistic	Improvement: pessimistic to base	Value per individual – base to optimistic	Value per individual – pessimistic to base
Total no. people worked with: 283 i.e. 100% potential value	£2,783,542	£6,525,045	£10,425	£24,438
If 20% outcomes achieved	£556,708	£1,305,009	£2085	£4887
If 30% outcomes achieved	£835,063	£1,957,514	£3127	£7331
If 50% outcomes achieved	£1,391,771	£3,262,522	£5212	£12,219

16. Positive Impact on People's Lives. – Qualitative Case Stories.

It is very apparent that the Local Area Coordinators had made a positive impact in the localities given the time frame of operation. This impact is seen in how LACs have located themselves in key community locations - local libraries, housing schemes etc. and formed relationships with local people involved in community and neighbourhood based groups and resources. It is also evident that LACs are forming links and presence with local sector professionals in range of agencies including health, social care, housing and community policing. This has been evidenced to us in a number ways; through meeting the LACs in their localities, interviewing agents who have made introductions to the scheme and through the collected case stories. We also note that the case stories indicate often complex life situations for individuals which have required inputs from multiple sectors and often show a disconnect for the person and their local community. LACs are making positive inroads into supporting and 'walking alongside' these people.

We worked with Local Area Coordinators to identify a number of case stories which capture how relationships developed, how introductions were made, by whom and also to explore the scope of life issues people were seeking support for. We wanted to illustrate what qualitative and relational differences these relationships had made to the lives of people that the LAC has 'walked alongside'.

It is very important to be clear at this point that this evaluation happened at a very early stage in the establishment of the service - approximately 5 to 6 months after implementation. Therefore many of the relationships were still at a comparatively early stage of development and it was obviously not possible to provide a longitudinal analysis of impact. This might be a useful focus of a future evaluation.

Nonetheless, we sought to triangulate these stories by also interviewing the representative of the agency (where present) who had been involved in providing support to the member of public concerned.

Using this approach we captured 11 individual stories in all. We include an example of one of these below.

These short stories illustrate the diversity of introductions made to LAC. We note that some people accessed LAC directly whilst others were introduced by local community service contacts. The ease of access to the LAC for other professionals and people involved in supporting people cannot be understated and is a positive achievement of this scheme to date:

" The process of access is very easy, smooth, has a simple format for us and the person…the introduction was picked up very quickly by the LAC…highly responsive…"

"There's no waiting time as in usual statutory services and teams…that really helps as it gives the person confidence.." (Employment Training Officer)

"In my job role I have limitations on what I can do for people…how flexible I can be to meet their issues….LAC seem to have overcome that…" (Community Drugs Worker)

Whilst there is some commonality in the issues that people are living with we see that LAC is dealing with people with a range of psycho social and health issues where access to local statutory services had often been fragmented and complex and characterised by crisis situations that require multiple responses from a range of statutory services.

"The person I helped introduce to LAC was living with a lot of issues…he had no recourse to public funds and was very isolated…he'd made really positive progress in getting himself sorted but needed extra support that I couldn't offer…LAC did that really well…"

In each case story there are indications of some degree of underlying mental health issues, this is significant as the full impact of poor mental health increases the risks of poor physical health and poor management of pre existing physical health problems[24]. The cost implication for the health system is substantial, raising total health costs by at least 45% for each person with a long term condition and a co-morbid mental health problem[25]. This area needs consideration in future economic modelling of LAC.

"Without the input from LAC I'm sure he would've gone back to drinking…become chaotic… getting into trouble with people and the police…. It would've had an impact on his physical health for sure, and given he didn't have a GP at the time he would've ended up either in a police cell and then hospital…."

---

[24] Naylor C et al Long-term conditions and mental health conditions - the cost of co-morbidities Kings Fund 2012

[25] Prevention Concordat for Better Mental Health. Prevention Planning Resources for Local Areas. 2017. See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/640749/Prevention_-Concordat_for_Better_Mental_Health_Prevention_planning.pdf

“A lot of local services are closing…or reducing what they offer…changing the criteria for seeing people…aren’t flexible for the kind of people we support and have contact with…LAC have made a difference there…very proactive in mobilising community resources and contacts….” (Housing Support Worker).

17. Summary Findings from the Individual Stories

There is some descriptive evidence in each of these stories to show where access and responses from services, the NHS, Primary Care and Adult Social Care have been diverted due to the action and support offered via LAC.

The stories also show evidence of how access to low level universal services may have increased for some people as access to required services has been achieved or re instigated through LAC inputs. An example being in Story E where access to General Practice services was seen to move to appropriate levels in order to reestablish intervention for a concurrent health condition. There are other examples, see Story ?_ where access to diagnostic services through Primary Care was achieved by LAC to ensure an appropriate treatment and support pathway was available.

The underlying theme within all the stories being that to date people making contact with LAC are experiencing a range of complex issues, individually and as a cohort. These issues as noted include health conditions for which individuals have stopped receiving treatments and for which treatment is required, health conditions for which treatment and intervention needs instigating. There is evidence of broader pycho-social issues faced by people; social isolation, loneliness, personal abuse and personal development issues.

By LAC being available to these people, providing timely support and help with navigating and negotiating access to required resources and it could be argued that LAC therefore mediates potential crisis situations. In future evaluations this should be explored more specifically.

An example of the stories is below - there are further examples in Appendix Two.

Example Story.

The Introduction

Graham was introduced to LAC by the community library volunteers, at the same time neighbours in the Sheltered Housing Scheme made contact with the LAC expressing their concerns.

The Situation - Graham described his primary concern as being his recent memory loss where he was experiencing periods of confusion when undertaking daily tasks.

Graham is receiving some support from a social work assistant after social services were alerted by library staff.

Graham has also been supported in accessing his GP by the tenancy support worker in his housing scheme and subsequently referred to the memory assessment services however his progress through this pathway has stalled due to his confusion and difficulty in organising himself on such tasks.

Other compounding issues for Graham being his financial situation, not being able to access his bank accounts due to his confusion, he has also had a series of falls in his home and has stopped taking his medication for a concurrent health condition.

Graham has some extended family members nearby but contact is limited and his social networks are limited.

LAC Actions

Relationships and Engagement - Graham set out his priorities for support early in the LAC contact; he was supported in accessing his finances and in attending appointments with his GP and Primary Care Nurse to re establish his treatment for his health conditions.

Navigating and access - With Graham, LAC made direct contact with the Dementia Memory Service and re established the referral pathway.

Graham had expressed that he wanted to make contact with his family; the LAC supported LAC has contributed to a number of impacts; supporting personal safety, negotiating service access for health interventions and has included working with others in service settings - Tenancy Support for example.

Promoting social connection has also been an impact; LAC has also been a broker in re connecting with family members.

The impact of actual and potential service use can be seen in Graham's more appropriate use of GP appointments, reducing crisis events in the home and impacting on acute service responses with A&E.

Graham with making contact with his estranged wife and she agreed to support Graham with his contact with the GP and Memory Assessment referral.

Local Asset Knowledge - LAC was able to navigate access with Graham into NHS health services, LAC knowledge and relationships with tenancy scheme manager supported action to maintain safety in the home to reduce hazards and potential for injury in the home and therefore potential NHS services.

Next Steps

LAC has agreed to support Graham with a managing his personal safety in the neighbourhood, he has been talked to about potential financial exploitation from people he meets locally (should this be given more context as not mentioned above?), at the shops etc some of whom have been to his flat uninvited. LAC input will include considering safeguarding and capacity issues with Graham and a potential referral to Social Services for this to be explored and managed before serious problems occur.

18. Discussion

Progress to date

It is important to recognise that this new scheme has moved very quickly from recruiting staff through to establishing itself locally in the four wards and in beginning to provide a means of support which (on the basis of the stories) is already trusted and seen as helpful by local people. Credit for this must go to the Local Area Coordinators and their manager in seeking to ensure fidelity to the principles of LAC.

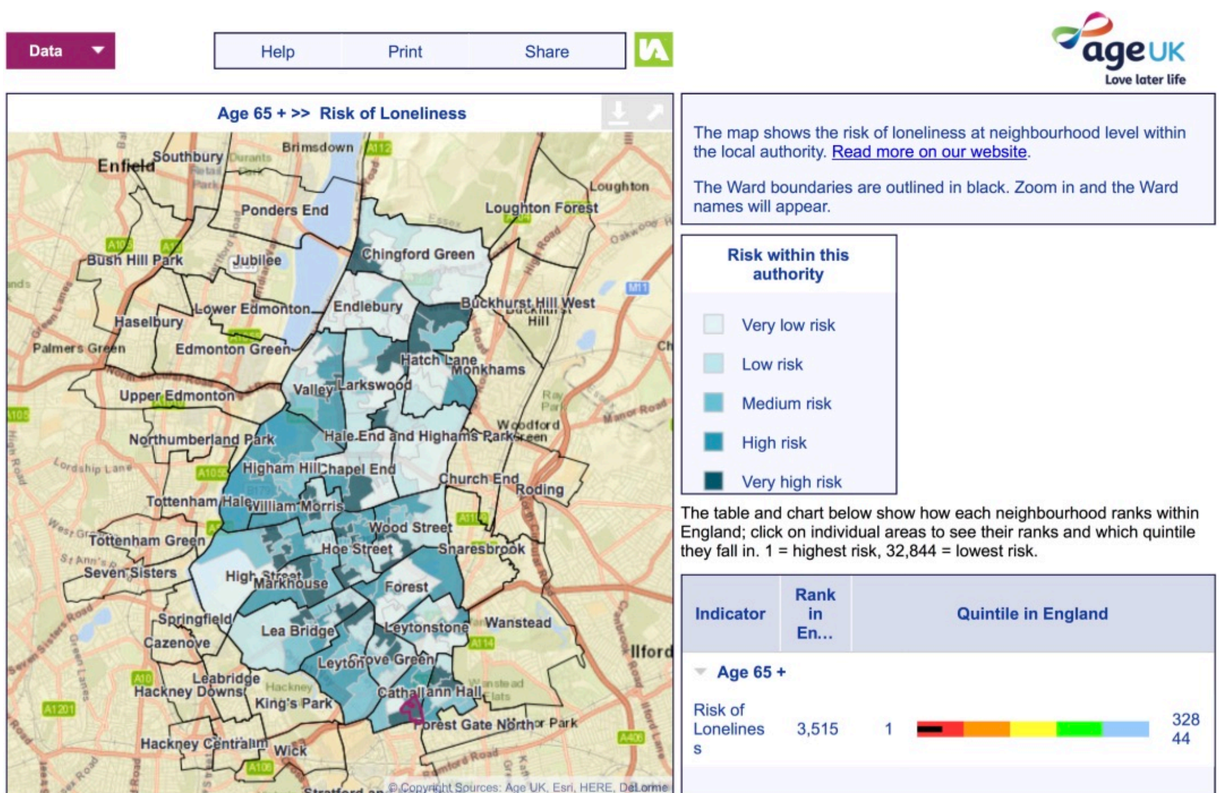
Who is scheme for?

While more work needs to be done here evidence is beginning to emerge that the Local Area Coordination service in Waltham Forest is being used by and is particularly relevant to people who are isolated or disconnected from local civil society and from statutory services and local community resources and opportunities.

We noted that many of the people in the stories had an underlying mental health condition in addition to other co-morbidities as well as facing other challenges often to do with the social determinants of health such as being at risk of losing their housing or being in debt.

Further, the largest single group of people who were introduced to the LAC service were older vulnerable people. One of the challenges going forward is to be reassured that the LAC is able to demonstrate that it is accessible to and prioritising this group of vulnerable and disconnected citizens. Part of the challenge here is that LAC are working with a group of people who are often below the radar of statutory services until they reach crisis point. It is therefore the case that statutory data collection does not tend to record and describe the needs of this population. One of the most hopeful examples recently has been the work of the National Campaign for Loneliness and the subsequent Age UK Risk of Loneliness Tool. We include an example of this below.

Figure Six - Age UK Loneliness Tool Cathall Ward Waltham Forest



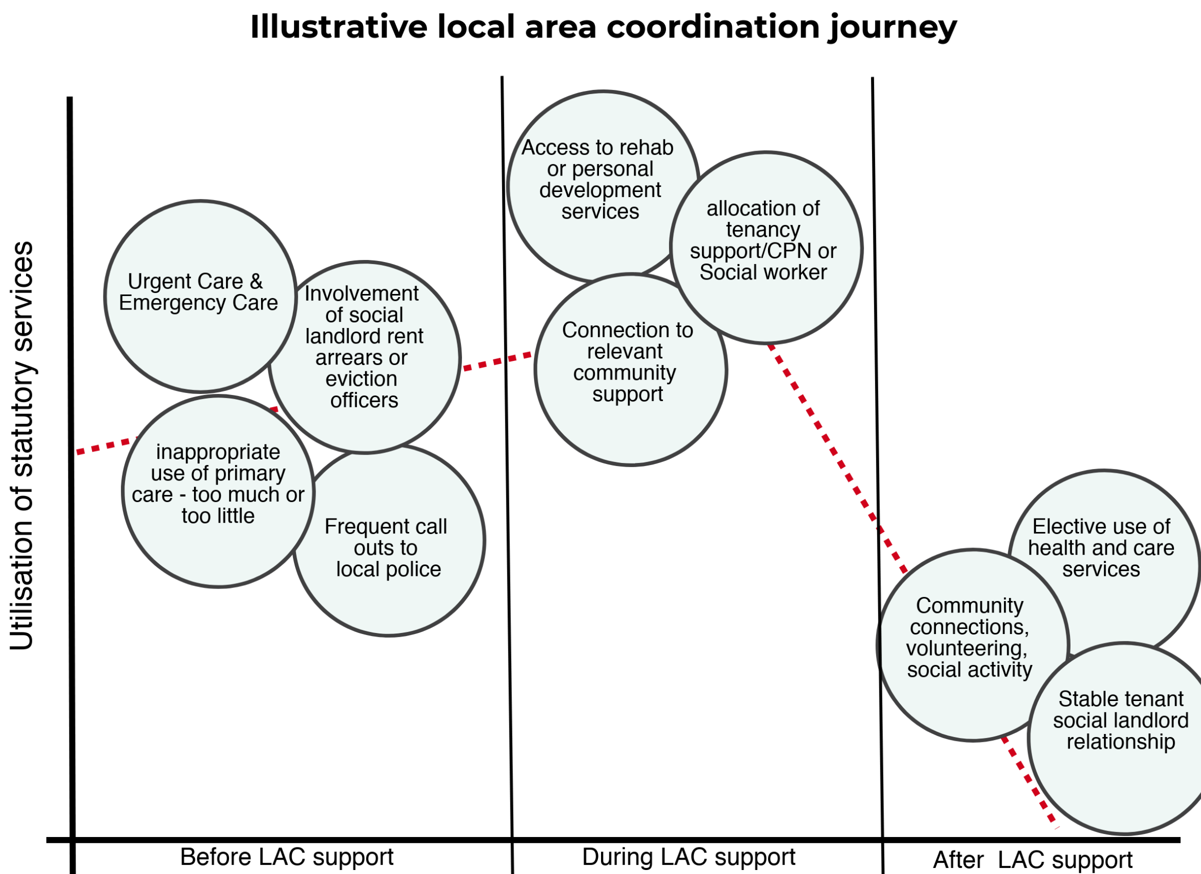
Impact

We note that the scheme is at an early stage in its development, data collection is still being developed and that the stories we considered were not picked wholly randomly. Nonetheless we do feel that the stories show how a relationship with a Local Area Coordinator can reconnect people with their community and with appropriate statutory services.

What is clear is that this is more than just transferring service utilisation from statutory to community resources. Some of the individual stories show how people have been enabled to become active contributors to the community or neighbourhood where they live. For example, establishing new community resources such as a Breakfast Hub, a dementia singing group, a Boxfit group.

We illustrate in the graphic below how a Local Area Coordinator can support someone to change their relationship with statutory services and their community.

Figure Seven: how an individuals relationship with statutory services and their community may change over time



It is important to note that the involvement of a Local Area Coordinator may in the short to medium term increase the utilisation of statutory services. This is because someone may now feel able to access rehabilitation services such as memory clinics, cognitive behaviour therapy or substance misuse rehabilitation. By supporting individuals to access lower level support appropriately, Local Area Co-ordination has enabled people to sustain their lives without recourse

to crisis intervention. However, over time we might expect to see a change in service utilisation as we describe below. See Illustration One in appendices.

Measurement and Outcomes.

One of the areas that we were asked to consider is the tricky area of measuring outcomes. We suggest that the temptation is often to seek to establish a set of measurements that demonstrate whether or not a particular intervention has had a direct impact on the utilisation of statutory service and by so doing has reduced demand or saved money.

This is particularly challenging when the intervention that is being measured is seeking to impact on individuals who are experiencing complex multi-factorial issues and who have lives that are to some degree out of their own control. Further, where the process of change is not often susceptible to short term fixes with the timescale for outcomes being measured in years rather than months.

There have been attempts to measure the financial impact of Local Area Coordination on statutory services just as there has been extensive and impressive work carried out with regard to other Community Interventions such as Health Champions, Health Trainers and Social Prescribing.

As part of our work with the stories we did ask agencies who had been supporting the people who the LAC walked alongside to answer a hypothetical question - *what would have happened if the LAC had not been involved?*

Answers ranged from:

- Early admission to residential care
- Continued excessive and inappropriate use of General Practice
- Eviction from housing
- Unplanned admission to hospital
- Crisis admissions to Mental Health Unit
- Safeguarding Referrals.

All of these scenarios could be costed, however we are cautious about doing so - for the reasons we cite above - these are hypothetical, simplistic and do not necessarily free up fixed costs.

We suggest that before Waltham Forest consider what measures LAC needs to use to demonstrate impact there are a series of more fundamental questions to be considered, informed by the successful implementation and positive impact to date, these are (not in rank order of importance). :

- Who is using the LAC scheme?
- Would those people have been helped if LAC had not been in existence?
- What information do we require to convince us that the LAC scheme is making a positive difference to peoples lives? and,
- What areas of people's lives is LAC seeking to impact on?

We note that LAC presents a cultural challenge to statutory services, at the heart of the LAC model are relationships with people. It therefore follows that the way in which impact is measured should reflect this.

Further any approach to measurement needs to take into account the resource implications this will have on the time of Local Area Coordinators whose primary purpose is to provide a support to people.

The strongest resource that LAC has are the personal stories; and that consideration needs to be given as to how these can be captured and utilised to enable both internal quality assurance and systemic assurance of the impact of the LAC.

We recommend that a systematic approach to utilising case stories combined with quantitative data to test for population impact and contextual information on focus would provide the best measures going forward. This would require a robust discussion and review within the LAC Leadership Group to identify the process for agreeing outcomes, the types of validated measurement tools available and the readiness of data collection and analysis skills.

19. Concluding Summary and Findings.

Waltham Forest LAC has been implemented at a time of significant transformation in the local health, care and community economy. We note that in adopting the Local Area Coordination model, Waltham Forest have to date demonstrated fidelity to established practice – for example involving members of the public and elected members in recruitment of co-ordinators, locating LACs in neighbourhood and community settings, undertaking mapping of local neighbourhood led and based resources and seeking to support people to access community based resources and support.

The scheme has strong strategic senior leadership support which means it is well placed to contribute to the wider ambition to increase community and neighbourhood action and civic engagement as well as individual engagement, this is a positive platform. There is an established LAC Leadership Group that has representation from within the Local Authority and other partners in health. The LAC team have a manager who provides supervision and operational support, we note however that this post holder has other roles and responsibilities which may compromise the focus on LAC operations and development. We note that schemes elsewhere have a dedicated manager function for the LAC scheme; we would recommend this is reviewed in Waltham Forest.

To date of this report, the operational implementation has shown strong fidelity to the LAC model by enabling local people to participate in the recruitment of coordinators, locating Local Area Coordinators in designated localities, through undertaking a clear and comprehensive mapping of local assets and resources and forging links and relationships to other local agents and agencies in the community. The LAC scheme also demonstrates fidelity in its flexibility and openness of access enabling local people to introduce themselves directly to the scheme.

It is positive that the Waltham Forest scheme has engaged with the national LAC network and is forging relationships with other schemes. Particular attention should usefully be paid to ensuring that the manager of the service continues to have access to appropriate external support and advice to ensure the scheme is developing in a way that reflects good practice and best evidence.

Given LAC is part of a wider transformation programme there is potential to refine the interfaces both operationally and resource wise to ensure that the components of the Think Families strategy and BCT plan are as integrated as possible for practitioners and local people.

There is a framework in place for gathering quantitative data (Framework i) related to the use of the LAC scheme; this data offers helpful insights into the socio demographics of people accessing the scheme as well as service utilisation data. Interrogation of this and similar

population data would help in decisions for refining the targeting of LAC resource, and serve to demonstrate how LAC is supporting other schemes or services for 'at risk ' groups and communities of people seeking neighbourhood resources and support.

Whilst there is no current focus on using validated measures to monitor wellbeing, quality of life etc. amongst those accessing the scheme we would recommend a review of this within the LAC Leadership Group as part of a wider conversation on evaluation.

20. Recommendations

Operational Issues

Team Management, we would recommend that as LAC moves to more scale a dedicated operational manager role is identified to manage and support the Coordinators but also to seek to ensure that alignment to complimentary services and resources is achieved for the LAC scheme.

Health System

Particular attention should be paid to describing the purpose and operation of Local Area Coordination to a wider sector audience. This is because it represents an approach that is so significantly different to mainstream public service operation that it cannot be assumed that statutory services would readily understand or accept the way in which it is working. This will go some way to managing any (potential) issues of alignment and cooperative working.

Quality Assurance

We have noted that LAC is showing fidelity to the core principles of the model; we recommend that as the scheme develops scale and uptake that a process is in place to 'quality assure' its continued delivery aligned to the LAC core principles. In part this can be achieved by a continued relationship to the national LAC Network and through peer review type events with neighbouring schemes.

Measurement and Impact Outcomes.

We have highlighted some of the challenges associated with measuring the impact of Local Area Co-ordination in Waltham Forest. We suggest that there are three areas that are important to keep in sight.

- The population
  It is crucial that there is a clear understanding of who the population for LAC actually is[26] and whether through data gathering there is emerging evidence that there is a specific population group accessing the scheme. In our evaluation we have highlighted some specific groups as accessing the scheme - older people, socially isolated with concurrent health conditions. We note that this is challenging - because by definition this population is much more likely to be below the radar, they are more likely to be isolated, lonely and out of contact with statutory services.

  If LAC is to be valued and used effectively it is important that further work is done to consider what set of measures could usefully be gathered in order to assess population impact. In the

[26] There are examples in the literature of LAC seeking to support people with particular issues, e.g disabilities and other schemes (in the UK) that are more generic and are open to all local people.

report we highlight the uptake fo LAC by older people; the work undertaken by AGE UK on Loneliness mapping might be a helpful tool to better understand these issues in Waltham Forest and is an example of gathering specific data to inform decisions and demonstrate impact.

- Impact
  The strongest measures of impact are the individual stories. It would be helpful if Co-ordinators were to produce examples of such stories on a regular basis - for example once every quarter. We found that capturing a view from an external service or community resource for each case study was helpful in illustrating relationships and alignment.

Appendix One. - The Interview Questionnaire and Contact Roles.

External Experts

- Neil Woodhead - Derby
- Chad Oatley - Isle of Wight
- Neil Lunt - York
- Ralph Broad - Chair UK LAC Network

Questions

- What is the issue that LAC is trying to solve
- Describe your model
- How does the delivery model work
- Who are the key decision makers regarding future of LAC in your area
- Impact - what outcomes are you trying to achieve and how do you measure these
- What evidence do commissioners require
- What are the key challenges you face

Key stakeholders Waltham Forest Local Area Coordination

- Maureen McEleney - Deputy Director Housing
- Russel Carter - Public Health Consultant
- Sharon Hanooman - Social Prescribing Lead
- Brenda Pratt - Associate Director WF CCG
- Linzi Roberts-Egan - Deputy Chief Executive
- Alison Gordon - Local Area Coordinator
- Carlyne Preville - LAC Manager
- Cllr Angie Bean - Cabinet Lead Adult Social Care

Questions

- What is the purpose of the WF LAC
- Who do you think will use the WF LAC
- What do you hope a front line worker in housing, social care or general practice might say about LAC in one years time
- What data is being gathered to monitor the impact of demand
- Which service teams has LAC engaged with to date
- What would expect the impact of the LAC service to be at service level
- Have you any concerns with regard to the way the current LAC service is developing
- What are the areas that the LAC service needs to focus on over the next 6 months to sustain its development
- Who do you think still needs to be convinced of the value of LAC and what evidence do they require

Individual Case Studies - External Interviewees

- Juanita Azubuike Employment and Training Officer Early Help Group
- Cliff De Souza - Active Community Member
- Sabber Ahmed - Lifeline - voluntary sector drug and alcohol charity
- David Izzard - Community Police Officer

Questions

- Your role and relationship to the referred person
- How did you know abut the LAC
- Did you make a referral to the LAC
- Why did you refer to the LAC

- What benefits were you expecting to see
- What might have happened if LAC had not been available
- Would you work with LAC in the future

Appendix Two: Individual Stories.

Joan's story

1. *The introduction* - Joan was introduced to LAC by the Independent Living Team who were already providing support as part of an established package of care closer to home.

2. *The Situation* - Having recently been given a diagnosis of mixed dementia Joan is also living with a range of concurrent health issues that compromise her daily living. Due to her concurrent and long term health issues Joan has been offered a range of NHS services to help her manage.Joan had declined these offers. NHS staff were concerned that were Joan to be in a position where her health issues and living environment worsened then it may lead to a crisis situation for Joan and inevitably hospital admission.

Joan also lives in social housing and has not been maintaining her home for some time which has caused concern from the Tenancy Support Team.

The rationale for the introduction to LAC was to look to ways to effectively support Joan to maintain an independent lifestyle as much as possible in her neighbourhood and look to ways that her health issues can be better managed.

3. *LAC Actions* - Relationships and Engagement - Building a rapport and relationship with Joan was key to engaging and seeking her understanding of the issues and opportunities. Through a series of short, regular and informal contacts Joan was encouraged to describe the issues she needed support and help with and to look at ideas for resolving these.

Navigation and Access - The supports from LAC responded to the following issues; to help Joan re-establish contact with primary health care services to ensure appropriate and timely support for her health issues.

Brokering contact and support from the Tenancy Support Team to take steps to maintain her tenancy and actions needed to achieve a safer living space.

Local Asset Knowledge - LAC having knowledge of local statutory service contacts was invaluable in achieving action to support Joan's requests for independent living; arranging joint visits with services contacts has helped foster trust with Joan.

4. Next Steps - The LAC worker provided a liaison role to the housing team and Independent Living Team to see that Joan's home was in a good state of repair and where needed adaptions were made available - this was to minimise trips and falls.
Devised a plan with Joan to organise necessary NHS services appointments, ensuring a more coordinated response. The LAC worker supported access to adult social care team for a needs assessment.

5. Areas of Impact - Contributed to prevention of crisis and untimely service use by brokering contact with appropriate health service teams to reestablish treatment plans. Reengagement with Tenancy Support Team ensures housing tenure is better managed.

Facilitator and Navigator - LAC can be shown to act as a facilitator with Joan and local services - in this case statutory health and care services.

Brokerage - LAC demonstrates skills and success in fostering relationships with health sectors to re-establish fragmented care packages.

Financial -— LAC, through its navigation and brokerage roles, has re-focused access and uptake of statutory health, social care and housing services. This may show as a cost increase in the short to medium term as Joan accesses services, but we hypothesise that this will plateau as her life situation becomes better managed.

Stephen's story

1. The Introduction - Stephen made a self introduction to the LAC at a drop in session in a local community cafe. He made it known that he wanted to have more social contact and relationships and get involved in neighbourhood based activities.

2. *The Situation.* - Stephen has been experiencing issues related to substance misuse, including depression and has had no secure tenancy. He has had contact with the criminal justice system due to this. He is a European national and is currently progressing through the Immigration system for residency.

Recently Stephen has been supported by a community based drugs charity and also has contact and intervention with Primary Care /GP for a range of health issues. He is also linked to neighbourhood based Church support schemes.

His housing tenancy arrangements are fragile as he lives with a friend and he has lived in transient accommodation, more recently in squats.

3. *LAC Actions* - Relationships and engagement, LAC able to support Stephen in identifying life style priorities and opportunities. Informal and flexible meetings to build rapport and insight.

Navigation and access - LAC provided information that enabled Stephen to access a range of community based supports. LAC acted as broker and contact point into local community resources and support including community exercise projects, foodbanks, community lunch club.

Local Asset Knowledge - LAC used local asset knowledge to help Stephen into volunteering roles and wider community networks.

4. Areas of Impact and Benefit - Wellbeing Dividend:Volunteering roles, accessing community support resources has enabled Stephen to build social connections and manage his social isolation. From these actions there is a 'wellbeing dividend'

Services Partners - More appropriate use of GP appointments, less chaotic access (missed appointments, ad-hoc appointments etc) and progressive access to community assets and resources.

Lifestyle Changes - Cessation of illicit substances, increase in exercise and improved diet (through increase in food knowledge via volunteering in community kitchen). Stephen has also taken steps towards extending his independence as he has begun to sell the 'Big Issue' locally.

Deborah's story

1. *The Introduction* - Deborah introduced herself to LAC at a Community Library open drop in.

2. *The Situation* - As a single mother of four children, Deborah is experiencing a range of social issues that are compromising her mental health, she has been subject to domestic abuse. Her tenancy situation is also contributing to her mental health issues - living in an overcrowded Housing Association property she is keen to seek alternative options. Deborah and her children have been subjected to harassment and anti social behaviour from neighbours.

Deborah's situation is also compounded by financial difficulties which limit the social opportunities for herself and children.

The children are experiencing issues related to adverse childhood events which has meant some past contact with Children's Services.

3. *LAC Action* - Relationships and Engagement - Deborah expressed concerns about service based inputs based on previous negative experiences. LAC was able to use flexible time and meeting places to build rapport and explore options for better communication and for identifying priority opportunities.

Brokerage and support - As housing was a priority theme for change LAC provided contacts to and brokered meetings with local Housing Officer who helped with process for tenancy transfer. LAC supported access to Children's Services to explore formal service inputs.

LAC provided approaches that enable Deborah to identify and set out approaches to 'better coping' and explore opportunities to build self esteem through involvement in community activities.

Local Assets Knowledge - Through knowing the local community resources LAC able to provide a range of options to enable Deborah to pursue new social networks through volunteering roles and a faith based group.

4. *Next steps* - Co-ordinated Support - Children's Services became more engaged and involved in supporting the family on a range of agreed and specific issues. An agreed plan of support is established to reduce inputs from the Early Help Team - moving to a more proactive focus of support.

Tenancy Support Team more active in working with Deborah on re housing plans.

5. *Areas of Impact* - A reported reduction in required access to longer term Family Support Therapist, Play Therapist and other Children's Service inputs. Early Help professionals now more able to provide short term brief interventions of support.

Deborah reports increased access to local community resources for the children and herself, including a volunteering role,

Access to GP in Primary Care - move to more planned and managed appointments for Deborah hence appropriate utilisation.

Jose's story

1. *The Introduction* - Jose was introduced to the LAC through a community hub at a faith based centre.

2. *The Situation* - Jose is experiencing tenancy issues due to non payment of rent; he is facing eviction proceedings. His situation has been exacerbated as he has recently been bereaved. Jose has become increasingly socially isolated, his main social contact being with a local church. Jose had problems with English as this is his second language and one of which he has a minimal grasp.This has compounded the issue of social isolation and not dealing with his tenancy/rent arrears.

3. *LAC Actions* - Relationships and Engagement - Working with a leader from the community hub (church) who acted as broker, LAC spent several meetings building rapport and trust and allowing Jose to set out his requests for support.

Navigating and Access - LAC supported Jose in accessing community support for financial /debt advice, this helped avert a crisis with his tenancy and utilities payments. LAC provided advocacy to support Jose's discussions with the Housing Department which stopped the risk of eviction.

Local Asset Knowledge - LAC helped Jose understand the range of local neighbourhood resources that are available to him, including cultural groups, counselling support and faith based groups to support his social contact.

4. *Next Steps* - LAC helped form a weekly plan with Jose which gave some boundaries to manage his domestic duties - paying bills etc. A plan was also devised to ensure greater family and wider social contact.

5. *Areas of Impact* - Jose has achieved financial independence and is now managing his tenancy. His level of social isolation has reduced greatly as he is connected in local social groups and his wider family. Jose has engaged with a range of community based support groups. LAC note there has been a short term increase in Jose's use of statutory services such as housing and tenancy support and debt advice but this has averted a crisis and potential eviction.

Shaun's story

1. The introduction - Shaun was introduced to LAC by a Police Community Support Officer after escalating concerns about his property, neighbourhood disputes and mental health issues.

2. *The Situation* - Shaun has been experiencing a range of social issues which have meant that the PCSO has been involved in trying to mediate between Shaun and his neighbours. Shaun has in the recent past had contact with mental health services in the community and also as an inpatient but this contact has ceased whilst his mental health has deteriorated. Shaun also has a long term health condition which is of concern. His home environment is also problematic and his property is in need of repair.

3. *LAC Action* - Relationships and Engagement - Indirect contact was made with Shaun as he was reluctant to meet personally; this was via telephone or written notes. After a number of weeks Shaun agreed to a face to face meeting to discuss his situation. He met with LAC at a local community hub cafe. These meetings helped Shaun set out the issues he needed to address, including his health, housing and social relationships.

Navigating and Access - LAC supported Shaun in identifying types of community groups and activities that might help him improve his social contact and made introductions.

As Shaun had health issues LAC helped him re establish contact and set appointments to attend GP clinics.

Local Asset Knowledge - LAC are known to other community professionals - e.g. PCSO's - that provides a route for introduction. LAC was able to offer Shaun up to date information on local resources around the neighbourhood as well as required statutory services.

4. *Next Steps* - LAC has helped maintain a secure and appropriate tenancy arrangement with Shaun whilst his current home is refurbished. Together Shaun and LAC are looking at ways of maintaining contact with health services for management of his health needs and also to look to at plans for financial and debt management. Also important to Shaun are the local neighbourhood support groups that he has accessed.

5. *Areas of Impact* - There has been a reduction in neighbourly disputes since Shaun engaged with LAC and his participation in neighbourhood groups. There has been a reduction in contact with the Police. LAC has helped avert escalating issues and potential crisis responses from Police and Mental Health Services.
LAC input 1-2 hours per week.

Graham's story

1. *The introduction* - Graham was introduced to LAC by the community library volunteers, at the same time neighbours in the Sheltered Housing Scheme made contact with the LAC expressing their concerns.

2. *The situation* - Graham described his primary concern as being his recent memory loss where he was experiencing periods of confusion when undertaking daily tasks.

Graham is receiving some support from a social work assistant after social services were alerted by library staff.

Graham has also been supported in accessing his GP by the tenancy support worker in his housing scheme and subsequently referred to the memory assessment services, however his progress through this pathway has stalled due to his confusion and difficulty in organising himself on such tasks.

Other compounding issues for Graham were his financial situation (not being able to access his bank accounts due to his confusion), he has also had a series of falls in his home and has stopped taking his medication for a concurrent health condition.

Graham has some extended family members nearby but contact is limited, as are his social networks.

3. *LAC Actions*

Relationships and Engagement - Graham set out his priorities for support early in the LAC contact; he was supported in accessing his finances and in attending appointments with his GP and Primary Care Nurse to re establish his treatment for his health conditions.

Navigating and access - With Graham, LAC made direct contact with the Dementia Memory Service and re established the referral pathway.
Graham had expressed that he wanted to make contact with his family so the LAC supported him with making contact with his estranged wife, who agreed to support Graham with his contact with the GP and Memory Assessment referral.

Local Asset Knowledge - LAC was able to navigate access with Graham into NHS health services, LAC knowledge and relationships with the tenancy scheme manager supported action to maintain safety in the home to reduce hazards and potential for injury. .

4. *Next Steps* - LAC has agreed to support Graham with a managing his personal safety in the neighbourhood, he has discussed the potential of financial exploitation from people he meets locally, some of whom have been to his flat uninvited. LAC input will include considering safeguarding and capacity issues with Graham and a potential referral to Social Services for this to be explored and managed.

5. *Areas of Impact* - LAC has contributed to supporting personal safety and negotiating service access for health interventions. This has included working with others in service settings - Tenancy Support for example.

Promoting social connection has also been an impact; LAC has been a broker in re connecting with family members.

The impact of actual and potential service use can be seen in Graham's more appropriate use of GP appointments, reducing crisis events in the home which impacts on acute service responses with A&E.

Norman's story

1. *The introduction* - Primary Care Reablement Team made the introduction of Norman to LAC.

2. *The Situation* - Norman is 92 years old and lives alone, he describes being socially isolated. He has been experiencing lifestyle issues related to cognitive impairment; Norman believes he has dementia but has not had this diagnosed. His independence has become more compromised as he is forgetting to take his medication and not preparing meals. He has expressed that he would like to be involved in local activities in his neighbourhood such as social groups and events.

Norman drives locally which is of some concern as he tells of not being able to see risks as clearly. Maintaining his independence through driving is a big factor in his mental health.

3. *LAC Actions* - Relationships and Engagement - LAC made several attempts to arrange contact with Norman; given his memory issues he had missed a number of pre planned contact attempts. On eventual contact Norman told of several services trying to make contact with him but he was not clear who these were nor how they knew of him. Norman stated that help with organising these contacts and supports would be very helpful. The LAC also had some contact with his daughter and son and made a joint plan on how to manage service appointments.

Navigating Access - LAC made Norman aware of the neighbourhood resources for older people living with dementia; plans were made to introduce Norman to the local dementia cafe and support resources.

Through the involvement in the Dementia Cafe Norman decided to seek a referral to the Memory Assessment Service through his GP.

Local Asset Knowledge - LAC is able to draw on a range of relationships and resources in Norman's local neighbourhood. Norman has been introduced to a range of neighbourhood based community groups which are known to LAC.

4. *Impact and Benefits* - At a personal level Norman has had his memory issues clarified, now has a diagnosis and is engaged with health services.
Norman's social contact is being reestablished as he is receiving support from a number of neighbourhood groups; he has also engaged in a trans-generational group visiting local schools.

For service partners achieving more timely and managed access to health services is positive in terms of demand; the input from community resources help maintain Norman's social contact and networks which in turn influence his wellbeing and maintain his independence.

There are also examples of more joined up and coordinated responses to Norman's situation from statutory and community resources, e.g. NHS Memory Assessment Services and Alzheimers Society.

Appendix three - Ward Profiles

- Population figures for 2016 show that Larkswood is home to around 11,500 people.
- Larkswood is one of the least ethnically diverse areas of Waltham Forest, with a Black, Asian and Ethnic Minority (BAME) population that is 41% - below the Waltham Forest average of 62%. This includes the White Other ethnic group.
- Income in Larkswood is above the Waltham Forest average at £34,400 per annum.
- At 69.6%, Larkswood has the 7th highest employment rate in the borough
- House prices in Larkswood are the 9th most expensive in the borough, with an average growth rate of around 10.48%
- Crime rates continue to fall and this follows Waltham Forest trends. 2014/15 crime rates in this area are the lowest in the borough.

Resident Population: 11,500

White British/Irish population: 59%

Median Income: £34,400

Deprivation Rank: 14/20 most deprived ward in Waltham Forest

Median House Price: £372,500

Crime Rate: 61 (per 1,000 people)

- Population figures for 2016 show that Grove Green is home to around 15,500 people.
- Grove Green is one of the more ethnically diverse areas of Waltham Forest, with a Black, Asian and Ethnic Minority (BAME) population that is 76% - well above the Waltham Forest average of 62%. This includes the White Other ethnic group.
- Income in Grove Green is just above the Waltham Forest average at £32,000 per annum.
- At 70.3%, Grove Green has the 4rd highest employment rate in the borough
- House prices in Grove Green are the 5th least expensive in the borough, with an average growth rate of around 13.35%
- Crime rates continue to fall and this follows Waltham Forest trends. 2014/15 crime rates in this area are some of the lowest in the borough.

Resident Population: 15,300

White British/Irish population: 24%

Median Income: £32,000

Deprivation Rank: 18/20 most deprived ward in Waltham Forest

Median House Price: £350,000

Crime Rate: 52 (per 1,000 people)

- Population figures for 2016 show that Cathall is home to around 13,300 people.
- Cathall is one of the more ethnically diverse areas of Waltham Forest, with a Black, Asian and Ethnic Minority (BAME) population that is 78% - well below the Waltham Forest average of 62%. This includes the White Other ethnic group.
- Income in Cathall is below the Waltham Forest average at £25,300 per annum.
- At 62.7%, Cathall has the 3rd lowest employment rate in the borough
- House prices in Cathall are the 5th most expensive in the borough, with an average growth rate of around 13.07%
- Crime rates continue to fall and this follows Waltham Forest trends. 2014/15 crime rates in this area are the lowest in the borough.

Resident Population: 13,300

White British/Irish population: 22%

Median Income: £25,300

Deprivation Rank: 3/20 most deprived ward in Waltham Forest

Median House Price: £380,000

Crime Rate: 64 (per 1,000 people)

- Population figures for 2016 show that Wood Street is home to around 14,200 people.
- Wood Street is one of the more ethnically diverse areas of Waltham Forest, with a Black, Asian and Ethnic Minority (BAME) population that is 64% - just above the Waltham Forest average of 62%. This includes the White Other ethnic group.
- Income in Wood Street is just below the Waltham Forest average at £30,000 per annum. Many residents have 'professional' occupations .
- At 66.2%, Wood Street has the ninth lowest employment rate in the borough
- House prices in Cann Hall are the 5th most expensive in the borough, with an average growth rate of around 11.04%
- Crime rates continue to fall and this follows Waltham Forest trends. 2014/15 crime rates in this area are some of the lowest in the borough.

Resident Population: 14,200

White British/Irish population: 36%

Median Income: £30,000

Deprivation Rank: 7/20 most deprived ward in Waltham Forest

Median House Price: £380,000

Crime Rate: 74 (per 1,000 people)

Appendix Four - Synthetic Estimate Waltham Forest case mix and potential benefits based on Swansea calculations

Synthetic Estimate - value of improvement Waltham Forest caseload using Swansea data

			Swansea value of improvement			**Waltham Forest value of improvement**	
Generic Case	Swansea Case Mix	Swansea - proportion generic case of total caseload	Swansea value of improvement base - optimistic	Swansea value of improvement Pessimistic - base	Waltham Forest case numbers if case mix the similar to Swansea	Waltham Forest value of improvement base to optimistic	Waltham Forest value of improvement pessimistic to base
Individual w family caring responsibilities	15	0.056	99,810	206,250	16	105,791	218,610
Younger/ middle aged individual with health and financial challenges	38	0.142	71,858	38,608	40	76,164	40,922
Single parent with former spouse and wider issues	16	0.060	76,432	979,808	17	81,012	1,038,523
Isolated single parent with financial challenges	67	0.251	243,277	795,089	71	257,855	842,735
Younger/ middle aged individual with social issues	19	0.071	59,432	122,303	20	62,993	129,632
Older isolated individual with health challenges	112	0.419	2,075,360	4,014,080	119	2,199,726	4,254,624
Total	267	1.000	2,626,169	6,156,138	283	2,783,542	6,525,045
					283		
Caveats and Assumptions	Assumes that: The Swansea work is correct - we do not have the detail of their calculations; that the case mix is roughly the same as Waltham Forest; the table above shows financial benefit IF ALL interventions were successful; these savings are total potential savings at the end of two years; this calculator does not allow for the 'bounce' in service uptake that we saw with some people in Waltham Forest - see figure seven in the main body of the report.						