Duggal Consultancy
Health and Social Care Research

Havering
LONDON BOROUGH

SUMMATIVE EVALUATION – 2021

Local Area Coordination in
the London Borough of Havering

Contents page

Executive summary

Havering has shown a great deal of courage in their commitment to Local Area Coordination (LAC) which is part of their wider strategic commitment to prevention and strengths based ways of working, especially in the face of significant budgetary challenges and growing service pressures.

This evaluation reveals the hard work, dedication and commitment that has gone into the successful implementation of LAC in Havering. These efforts have produced significant wins across a range of levels within Havering, including; ground level (residents and communities), systems (key partner buy-in, stakeholder engagement, inspiring new ways of working), and capturing impact (cost avoidance analysis), all of which have been achieved in a relatively short amount of time.

At the ground level, LAC has successfully supported residents, many of whom are living in or close to crisis, to achieve improved levels of wellbeing and quality of life. Residents have been supported to find solutions to their problems across a wide range of areas, but mostly related to housing. The characteristics of the Local Area Coordinators themselves are highly valued by residents, demonstrating the successful recruitment of coordinators in post. These stories of impact from residents suggest that with LAC support, statutory services may only be accessed when they are really needed, which may reduce demand and pressure across health and social care within Havering.

At a systems level, LAC has been able to demonstrate a range of benefits, however the most promising of all appears to be how Local Area Coordinators are influencing a cultural change and new ways of working in other parts of the service through challenge and reflection. These 'green shoots' of change seem to be inspiring a move towards assets based and strengths based ways of working across the system.

We know from other evaluations that proving the cost effectiveness of LAC is challenging. Havering have attempted to generate a picture of financial impact with a series of cost avoidance case studies. However, more work needs to be done to improve data capture in order to provide a more robust financial picture in the future.

Ultimately, Havering have been successful in their implementation of LAC so far, therefore it would be highly detrimental to withdraw from the model at this point. This would mean losing out on the momentum and traction that has already been achieved across the system, which can be used as a solid springboard for whole borough roll out.

Recommendations

Building on success

The implementation of models like LAC remain vulnerable if they stand out as counter-cultural to mainstream approaches within the wider provision of social care or health services. Havering have worked hard to successfully place LAC in the 'centre of gravity' of mainstream changes, therefore they need to continue building on these wins and momentum to help facilitate future roll out across the borough.

Addressing crisis

Many residents in Havering continue to live complex lives, often blighted by many crisis points. Local Area Coordinators are making a direct impact on the lives of residents, and must continue to function in their roles to help residents avoid further points of crisis. This may have wide ranging cost implications for the council. Consequently, more Local Area Coordinators are needed to reach more residents across the whole borough for greater service parity.

Service pathway redesign

Parts of the statutory service pathway are difficult for residents to navigate. Therefore, a formal review should be conducted to understand the main challenges residents face within a typical journey through the service.

Systems change

The Leadership Group need to consider how to best highlight the 'green shoots' of change that are occurring within service delivery via workshops in order to make these connections clearer in practice in order to inform further learning.

Measuring outcomes

Consideration needs to be given to introducing a simple and user-friendly approach to assessing the outcomes from LAC. This should include a self-reported questionnaire at two time points; baseline (first interaction with LAC) and again at follow up (6 months or 12 months) to accurately record quality of life and wellbeing measures and statutory and health service usage.

1. Local Area Coordination in the London Borough of Havering: Introduction

1.1 Aim of the evaluation

The aim of this evaluation was to help Havering evaluate the effectiveness of Local Area Coordination (LAC) and to inform a decision on wider borough roll out when the funding for the pilot comes to an end in 2022/3.

1.2 Background

The LAC philosophy and approach was first conceived in Western Australia in 1988. Designed and built on a core vision, charter and set of principles, it aims to help re-balance local support systems from a focus on gatekeeping resources and crisis management towards capacity building at individual, community and service levels. This has been achieved in many areas of England and Wales through intentional and supported design with the Local Area Coordination Network (which is part of Community Catalysts), collaborative leadership and Local Area Coordinators themselves rooted in and alongside communities (Community Catalysts, 2021).

LAC aims to reduce barriers to support by avoiding deficit focussed assessments, providing time limited interventions and signposting. With introductions coming from anyone and anywhere, the approach advocates taking the time to listen, build trust and understand the whole picture first, before helping in a way that builds capacity, assets, connections and resilience at the individual, family and community levels (Community Catalysts, 2021).

The approach is defined by 10 core principles that guide the Local Area Coordinators so they can 'walk alongside' people to help them develop the skills they need to achieve their vision of a good life (see table 1). LAC seeks to connect people into their community, and help make that community a welcoming and supportive place where people seek support to solve their own problems, thereby reducing the need for traditional service interventions.

Table 1

The 10 Principles	What it means in practice
Citizenship	All people in our communities have the same rights, responsibilities and opportunities to participate in and contribute to the life of the community, respecting and supporting their identity, beliefs, values and practices
Relationships	Families, friends and personal networks are the foundations of a rich and valued life in the community
Natural Authority	People and their families are experts in their own lives, have knowledge about themselves and their communities and are best placed to make their own decisions

Lifelong learning	All people have a life-long capacity for learning, development and contribution
Information	Access to accurate, timely and relevant information supports informed decision-making, choice and control
Choice and Control	Individuals, often with support of their families and personal networks, are best placed to lead in making their own decisions and plan, choose and control supports, services and resources
Community	Communities are further enriched by the inclusion and participation of all people and these communities are the most important way of building friendship, support and a meaningful life
Contribution	We value and encourage the strengths, knowledge, skills and contribution that all individuals, families and communities bring.
Working together	Effective partnerships with individuals/families, communities and services are vital in strengthening the rights and opportunities for people and their families to achieve their vision for a good life, inclusion and contribution.
Complimentary Nature of Services	Services should support and complement the role of individuals, families and communities in supporting people to achieve their aspirations for a good life

LAC is an approach which focuses on people and places, and so generates new possibilities for positive change. LAC helps people look for their own solutions so that they can sustain themselves in full community life. On a wider level, LAC seeks to promote a different way of delivering services out in the community with a highly relational approach.

In a nutshell Local Area Coordination is designed to:

- Localise support in the community through the work of dedicated local authority employed Local Area Coordinators who use an evidence-led methodology that builds sustainable non-service solutions, new connections and helps people make their contribution.
- Help communities to develop their own assets and build capacity to be self-supporting places.
- Bring the support system together locally and provide evidence and insights that stimulate the transformation of health, housing and social care systems, processes and associated practice (including moving towards a culture of co-production) (Community Catalysts, 2021).

1.3 LAC in Havering

The LAC team for Havering consists of 8 Local Area Coordinators covering Havering Park, Mawneys, Gooshays, Heaton, South Hornchurch and Rainham and Wennington Wards.

The implementation of LAC supports Havering's wider corporate plan and aspirations for building more resilient communities. It is in line with other strengths based initiatives in Havering, such as Better Living (which sets out to; better enable people and give them control over their lives, empower them to make choices for themselves, encourage individuals to access support in the community rather than statutory services).

As of September 2021, the Monthly report to the LAC Leadership Group showed that seven coordinators were walking alongside 96 people (30 male, 66 female), with the ethnicity composition matching that of the wider borough at large, with the largest proportion of people falling between the working age of 44-45 (see figure 1) and over half of that population were recorded as unemployed (70%) (see figure 2).
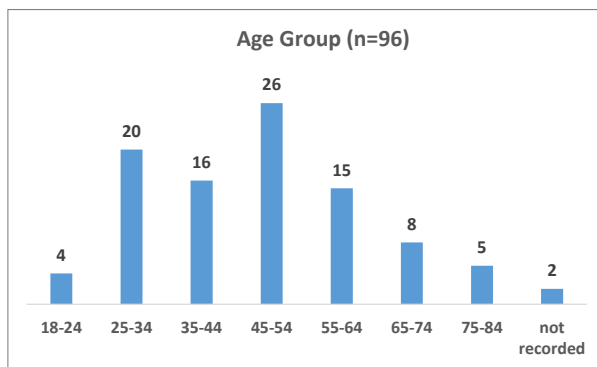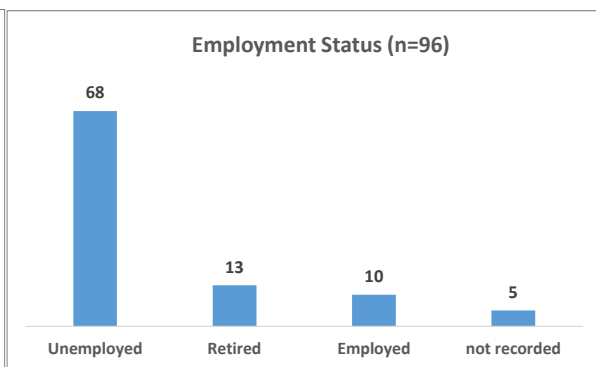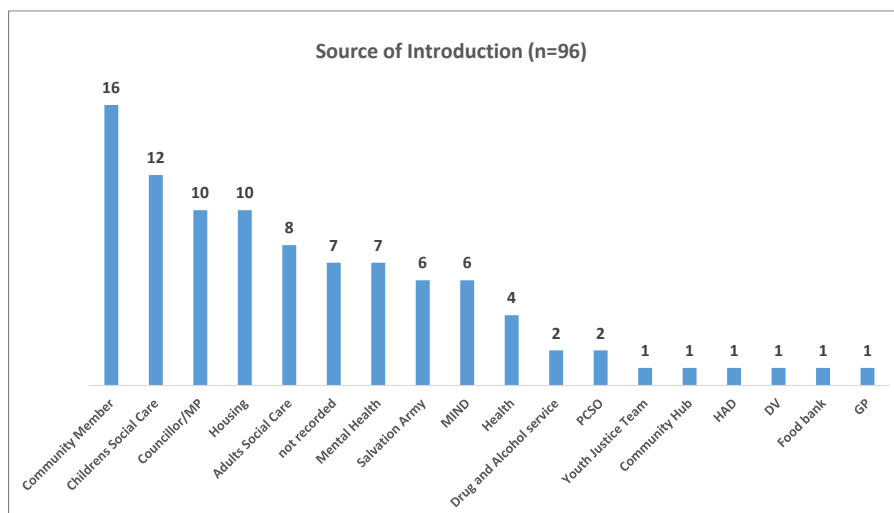
Figure 1

Figure 2

Age Group (n=96)

18-24	25-34	35-44	45-54	55-64	65-74	75-84	not recorded
4	20	16	26	15	8	5	2

Employment Status (n=96)

Unemployed	Retired	Employed	not recorded
68	13	10	5

The top three sources of introduction fell between community member (16%), children's social care (12%) and councillor/MP (10%) (see figure 3)

Figure 3

Source of Introduction (n=96)

Community Member	Childrens Social Care	Councillor/MP	Housing	Adults Social Care	not recorded	Mental Health	Salvation Army	MIND	Health	Drug and Alcohol service	PCSO	Youth Justice Team	Community Hub	HAD	DV	Food bank	GP
16	12	10	10	8	7	7	6	6	4	2	2	1	1	1	1	1	1

The top three reasons for accessing support included; financial advice and support, social isolation and support to advocate (see figure 4)

Figure 4

Reasons for Accessing Support

The values shown are: Financial Advice & Support 48, Social Isolation 45, Improve Physical Health 31, Living Environment 35, Risk of Homelessness 15, Needs support with Skills 34, Calling or using services… 4, Making Communit… 44, Physical Disability support 9, Support to advocate… 51, Mental Health - Managed… 38, Mental Health - Secondary… 14.
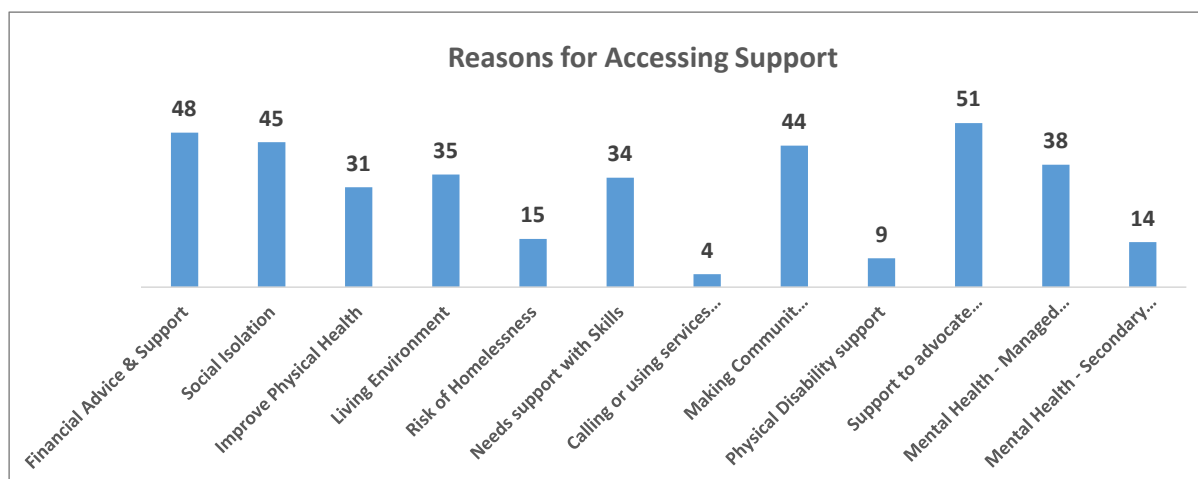
The health and care system locally (and nationally) is facing significant financial challenges and there is a real need for Havering and their partners to work in partnership to 'do things differently'.

Havering's population is predicted to grow by 5.7% by 2026 and currently has the highest population aged 50+ in London (37%) (ONS, 2018). As a consequence, Children's and Adults Services face significant budgetary challenges and demand pressures over the next 5 years. Similarly, Havering CCG has significant savings targets. One of the keys to meeting these savings targets is investing in a sustainable way of working and thinking across systems whilst meeting the needs of Havering's most vulnerable residents.

Therefore, LAC presents Havering with an innovative solution to provide support to their residents in order to; reduce reliance on statutory services (such as the ASC front door, GPs and A&E) and enable residents in crisis to access the support they need from within their own communities.

LAC has been identified by Havering as an initiative designed in part to help prevent, reduce, divert and delay costs to the statutory system - which requires a level of commitment and embedding within the community in order to turn the tide on existing patterns of demand for service usage, allowing strategic redesign and recommissioning of those services to better fit community needs and where possible reduce costs.

Havering have identified that the key to addressing their strategic and financial challenges is to build on community social capital and resilience to increase self-support and self-management, economic and social wellbeing. Implementing LAC was seen by Havering to meet council objectives of enabling greater self-sufficiency in community and family networks; and in particular meet needs for care and support before crisis point.

2. **Methods**

This evaluation was undertaken by an independent researcher (Dr Sandhya Duggal) who has over ten years' experience in research and service evaluations within the public health and adult social care sector (Kenyon, Johns, Duggal et al, 2016; Duggal, S., Miller, R., Tanner, D. 2021; Tew and Duggal, 2021, Tew and Duggal, 2019).

The findings of this evaluation are based on the following data;

- Qualitative interviews with 16 residents (male: 8, female: 8)

All of the resident interviews occurred over the phone. The objective of the interviews was to understand; their reasons for initial engagement, their experiences with LAC, support offered and received, how life had changed following LAC and their vision for the future. Interviews lasted approximately 30 minutes (see Appendix 1 for resident topic guide).

- Qualitative interviews with 18 stakeholders (6 Local Area Coordinators, 6 Service managers, 2 senior stakeholders/managers, 1 focus group with 4 housing colleagues)

All of the stakeholder interviews occurred over Microsoft Teams. The interviews focused on understanding; their involvement in the development and implementation of LAC, their perceptions of LAC and the overall vision, engagement and implementation, challenges and enablers, outcome measures and the future of the model. Each interview lasted approximately 60 minutes (see Appendix 2 for stakeholder topic guide).

All interviews were audio recorded, transcribed and analysed using NVivo coding and thematic analysis.

- Review of policy papers and strategic documentation

A selection of LAC policy papers and strategic documentation produced by Havering was analysed to provide contextual information for this evaluation.

- Analysis of costs case studies

8 case studies of cost avoidance produced by Havering were analysed.

Data collection and analysis took place over the course of two weeks in September 2021.

3.   **Work package 1: The impact of Local Area Coordination on residents**

This work package highlights the positive and wide ranging impact Local Area Coordinators had on the residents they have walked alongside in Havering

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3.1 Introduction

It was apparent that even in the short time they had been active in Havering, Local Area Coordinators had made a positive impact on the residents they were walking alongside. The residents who were interviewed were introduced to their Local Area Coordinators via various routes, including introductions from; friends and family, health and mental health professionals, the local MP, other council services.

At the time of their introduction to LAC, almost all of the residents were at or nearly at the point of crisis, which was characterised by a range of issues related to; mental health/physical health, poverty/financial crisis, social isolation, complex/combined needs, domestic violence/harassment, and housing. Unsurprisingly, these issues where causing significant distress for residents, and were negatively affecting their quality of life and wellbeing.

3.2 Local Area Coordinators – Strengths and abilities

When asked to describe their interactions with Local Area Coordinators, all of the residents spoke consistently about feeling supported and being heard/listened to in a way that had not occurred in previous council interaction. The consistency and quality of their interactions with the Local Area Coordinators was also highly valued amongst residents. For many of the residents, they felt as though the Local Area Coordinators understood their experiences and whole life story;

"The best thing I've found about it is feeling like I have support and someone to turn to because I haven't felt like that for a long time. And I feel like (name of coordinator) has got my back and she wants to do the best for me and my kids to help me get my life back on track again. Yeah, so I think that's probably the best thing because normally I kind of feel a little bit empty and alone in my head, but I've not felt like that since I've had her" (Resident - 9)

"She was a really good listener - she asked me questions. She wrote down what she needed and she gave me feedback on what she had planned to do and asked me if it was okay. And then she will report back to me a few days later" (Resident – 14)

"In the past there was nobody that asked and I didn't ask. So it was nice to find somebody that was willing" (Resident – 16)

All of the residents spoke positively about the Local Area Coordinators as people. The residents described a number of qualities they found to be highly valuable which

included personal characteristics such as; reliability and persistence, kindness, as well as in-depth knowledge of services, consistency in their contact, and the importance of a sensitive and personal approach;

"She is very trustworthy, respectful and doesn't judge anyone" (Resident – 1)

"She very knowledgeable. If you understand my meaning. She can say 'Yes, we can do that for you' - she is on the ball" (Resident - 5)

"They return your calls, they listen to you. They don't b******t to put it bluntly. You know they are going to do what they say they are going to do it because they do it. And they get things done" (Resident – 6)

3.3 Achieving positive outcomes

The Local Area Coordinators helped the residents achieve a number of positive outcomes across a range of areas including; housing and mental health. One of the most prominent forms of support from the Local Area Coordinators came from active referrals into other parts of the system (both internal and external to the local authority). Residents recognised and valued how Local Area Coordinators always knew who to contact, what information was needed and were able to provide them with practical support that was not just signposting or information giving;

"She helped me get in contact with the right people, get in contact with a hostel, helped me with meetings that I was scared to go to so I really respect her for everything that she has done" (Residents – 1)

"She filled in my mobility forms in for me and my blue badge for me because I just couldn't face up to it you know. I've got my blue badge now and all that sort of thing. So she really helped me" (Resident – 5)

For many of the residents, this support led to increased levels of wellbeing and improved quality of life. The active support some of the residents received who were living in complex situations (such as fleeing domestic violence) lead to dramatically improved outcomes in relation to; increased confidence, safe housing and addressing social isolation;

"before I wouldn't go outside the bungalow. I just sat in there all day long. And (name of coordinator) said 'Why don't you get yourself a car - it's giving you back your independence'. Yeah, you're right I thought. You're right. I just went out and bought a car – she has put me back on track" (Resident - 4)

"I was very negative about it all basically (sic LAC) and I thought this isn't going to go nowhere, and you know what, it did, she was really helpful. She got things done, because she had meetings with housing, she was in close contact with them and she managed to get me back on the housing list. She came up and met me with her manager, and she always returned calls - everything got done" (Resident – 6)

Not only did the Local Area Coordinators help improve residents' personal confidence, but there was evidence to suggest that they had helped improve their perceptions of statutory support. This was directly in relation to the negative

experiences residents had had in the past with services, which had left them feeling frustrated and let down. This was often due to not receiving timely support and having to navigate confusing services pathways on their own. Residents spoke about their appreciation of the specialist knowledge the Local Area Coordinators possessed across a wide range of services;

"She was fighting for me from day one, another women from housing gave me lots of promises about how I had passed a lot of eligibility criteria they were promising this and that and I wasn't getting anywhere and I was sleeping in the park and (name of coordinator) from day one from when she actually met me – she knew this could be better so she helped me fill in the forms because I couldn't fill them myself, she sorted out all my benefits" (Resident – 3)

"The guy (council service) was really rude on the phone to me. It was terrible. Like that made me feel even worse. And within myself, made me feel like they didn't care and to offer me somewhere on the same estate where I am – knowing full well they shouldn't be doing that. I mean, that's very frustrating" (Resident – 6)

"The other various bits and pieces, especially financial side of things. I didn't know that at all and I didn't get any help at all. But because of (name of coordinator) I got to know about these benefits, otherwise I wouldn't have known" (Resident – 16)

3.4 Life since Local Area Coordination

When asked to describe how their lives have changed since their interaction with the Local Area Coordinators, all of the residents spoke positively about the impact LAC had had on their lives, with impact evident across a wide range of areas including; wellbeing, mental health, housing, social isolation and personal finances;

"She can help me play pool and help meet other people as opposed to staying indoors all the time" (Resident – 4)

"And, you know, after that scheme (LAC) is really good, because I felt suicidal and everything. Before she came along, I felt really bad and she's put me in a better place now" (Resident – 9)

"I was almost close to breakdown. I stopped eating, I would go into the bathroom and cried. I didn't talk to my family. And I had a social worker at the time and she would say to me 'I am worried about your mental health' If it wasn't for (name of coordinator) I probably would have gone back (to domestic violent home). Either that or be in a mental hospital? I don't know. I don't even want to think about that. Because what would have happened to my two children, I'd have to send my children back. I wouldn't have been in a good place" (Resident – 7)

"The most important thing is, if (name of coordinator) hadn't helped, I would have killed myself. There's no two ways about it" (Resident – 13)

"I have found the confidence because even (name of coordinator) would sit down and she said 'Well, when you get things sorted out you will go to university' She's given me hope. I was a mess. But I'm getting on my feet now – they are helping me

get my life back together – I am settled you could say because of their support"
(Resident – 7)

"It's been wonderful I've been doing really well they have changed my life I am getting drug counselling, I am going to MIND" (Resident – 8)

When asked to describe their vision of the future following their interaction with LAC, all of the residents spoke positively about their future. It is apparent from these particular testimonies that the impact of LAC on people's lives are not singular (across health or housing) but across a wider life aspiration;

"Yeah I do feel like it is better and I do have my spring back in my step. That's a little bit, a little bit more motivation" (Resident – 9)

"It's just made me think a bit more positive. But maybe there is a bit of help out there. Whereas before, I didn't think there was no, I thought I was going to be stuck where I am. And there was going to be no help. But now, I feel like she's helped me with a lot of things …confidence… trying to get me where I am, I wouldn't have been where I am if it wasn't for them" (Resident – 11)

"I feel so much more positive that things are moving now. And I feel that my son has now got a bit of hope. Hopefully, we can get a bigger place. It will just help my son's needs so much more" (Resident – 10)

"She did speak with me and asked me if I was planning to go back to work. And then I told her that I want to go back into college she was urging me that, you know, now that I've got my life on track, I can do whatever I put my mind to" (Resident – 14)

3.5 Conclusion

This work package reveals the extent to which Local Area Coordinators have had a positive impact on resident's lives in Havering. It demonstrates the extent to which Local Area Coordinators are able to successfully support vulnerable residents, many of who experience complex needs. Residents identified a number of key characteristics of the Local Area Coordinators which facilitated the success of their interaction which included; reliability, consistency of support, trustworthiness and kindness.

The data shows how residents are being successfully supported with LAC, and how Local Area Coordinators are able to help residents avoid further crisis points. Therefore, it could be suggested that with LAC support, statutory services may only be accessed when they are really needed, which may reduce demand and pressure across health and social care.

Recommendations:

- Local Area Coordinators need to remain in their roles in order to help keep residents from reaching further points of crisis.
- More Local Area Coordinators are needed to reach more residents across the whole borough for greater service parity.
- The LAC Leadership group may wish to explore why it is that most people are approaching or are in crisis and whether LAC coordinators are getting a balance of introductions.
- Parts of the statutory service pathway are difficult for residents to navigate, therefore a review should be conducted to improve service access.
- The LAC Leadership group may wish to consider how they can accurately capture quality of life and wellbeing measures at baseline (initial LAC interaction), and again at follow up (6 months or 12 months).

4. <u>Work package 2: Local Area Coordination and the wider strategic fit</u>

This work packages explores the key themes that emerged from interviews with stakeholders which describe; the implementation of LAC, LAC and wider change, the challenges and enablers and the future of LAC. The data suggests that LAC has influenced wider systems change, and has met the wider council strategic objectives related to prevention

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4.1 Implementation of LAC

There was a strong consensus across the board that LAC was making the communities it was serving more resilient, and it was recognised that LAC was part of the wider move towards a preventative agenda as part of the wider council approach (i.e. Better Living strategies). Senior management viewed the introduction of LAC as part of a wider strategic aim encapsulated by a 'doing things differently' approach at a systems level. This was also characterised by a move towards assets based and strengths ways of working in order to understand the issues residents are facing, what their family and/or community networks are and how these needs can be met outside of statutory services;

"So we're moving back to that place where we're supporting residents and connecting with communities. Within that, I say it has to be one of the key cornerstones of changing that relationship - supporting communities to work differently together. LAC is sort of that piece if you like, that stepping stone" (Senior stakeholder - A)

This vision/aspiration for LAC was also clear amongst the Local Area Coordinators in terms of their view of the model and the wider fit;

"I think it was quite clear that they wanted to go along the strengths based approach to more trying to get the community to look at their strengths and what's going right in their lives, rather than focusing on the negative. And I think that's always been quite key with this role, and to sort of help people to acknowledge what they can do and what they can do for people within the community and share those skills. And I think for me, that's always been highlighted with this role" (LAC Coordinator – O)

The introduction of LAC in Havering received strong buy-in from key partners including; commissioning, NHS partners (CCG, NHS Trust, GP federation), Lead Members, and key council departments such as; housing, public health, children's services and mental health. All of the senior stakeholders from these areas recognised the complex issues facing residents across different services, which supported the justification of not placing LAC solely within Adult Social Care. Instead, it was strategically placed at a commissioning level with the hope it would gain wider reach across the local authority. This commitment to a broader agency approach included promotion of LAC across different services and across key partner organisations to not only to introduce LAC as a model, but also to inspire a move towards a more dynamic and integrated system;

"It's about getting it into staff DNA that the first port of call is Local Area Coordination"
(Senior Stakeholder – A)

"I think actually, this is one of the projects that if we're looking at a more integrated system, it would very much be picked up and carried forward. So we do keep making that case as the new structure settles down and I'm confident we can make the case it's worth pursuing
(Senior Stakeholder - B)

The Leadership Group was a collaborative and well-coordinated team that was made up of different representatives from across the public sector, and was key to the initial design and implementation of LAC. The Leadership Group had many functions within the implementation stage, however it became apparent that its ability to successfully engage with other services within the system was not only a key part in the successful implementation of LAC, but also seen as an important strategic commitment;

"We need to work hard to embed the approach in other council departments, e.g. housing, that's a work in progress. And by that I mean we're at the beginning of that journey. In fact, we may not have even really started" (Senior Stakeholder - A)

It was clear that a considerable amount of work had been undertaken to ensure other parts of the system were aware of LAC and had been engaged at the implementation stage, which was a crucial part in the successful launch of LAC. This initial effort had clearly worked, as all of the service managers agreed that they had a clear understanding of the direction and aspiration of LAC within the local authority. For one service manager, engagement with the Leadership Group provided clarity around LAC as a model, and helped them identify the boundaries of support in relation to their service;

"And I think that comes from the initial stages in terms of the planning that I spoke about, and that involvement of partners through the development, I think that's really embedded local area coordinators into services prior to them getting off the ground. So as they've come in, we've all really welcomed them, because we've been talking about it, thinking about it, thinking about how we're going to embed it" (Service manager – D)

Havering showed a strong commitment to community engagement during the implementation stages of LAC. This was due to the fact that Havering had been working closely with the LAC Network for over two years, and in that time had become committed to following the design and implementation process set out by the Network. As a result, Havering recognised the importance of raising the profile of LAC in the community. This was reflected in Leadership Group decision making around the recruitment process of Local Area Coordinators, which was a co-produced activity with local community stakeholders, which not only stayed close to the fidelity of the model, but also achieved local buy-in from the community.

We know from other evaluations and research on LAC that the integration of the model within complex systems has the potential for overlap with existing services. The due diligence conducted by the Leadership Group at the implementation stage reduced this risk by also involving community stakeholders in the early stages;

"We had regular meetings with Havering, about their vision, and how they wanted to start introducing local area coordinators. So I was really in from the very beginning. To be honest, they were asking our views. Because what we don't want is to overlap. It's a complete waste. So it's about partnership working rather than fighting for work" (External Stakeholder – K)

It is evident from the interview data that this strategic commitment of embedding LAC within other services was not only beginning to have a positive impact, but it was also contributing to a positive momentum of how services were being delivered in a more personalised strength based way of working;

"So I think it's building a really positive momentum about way that services delivered and could be delivered. It is very much linked to personalisation and working with people to find their own solutions and linked into strength based approaches. When people build on their own assets and they can come up with their own solutions, these are far more sustainable than those imposed by an organisation" (Senior Stakeholder – B)

Implementation summary:

- LAC is clearly embedded within the council's wider preventative approach
- LAC has received support and buy-in from key partners which has facilitated implementation
- The Leadership Group have been successful in integrating LAC within other services such as housing, mental health, children's services
- The integration of LAC is starting to have a positive impact on how services are working in more personalised and strengths based way

4.2 LAC and wider change in Havering

LAC was positively influencing wider systems change within Havering, particularly across two levels; logistical and cultural.

4.2.1 Logistical systems change

At a logistical level, Local Area Coordinators had wide reaching benefits for other council services, particularly; mental health, children's services and housing. Service managers spoke about the ways in which Local Area Coordinators provided an additional resource to their services, and in being located 'on the ground' they acted

as 'eyes and ears' within the community. In this role, Local Area Coordinators were able to provide valuable detail and information from the community level;

"So I think in terms of the services, what's changed is it gives us another resource, it helps us grow on that community cohesion which were very much early help is very much part of so I think it I think it fits really well with the early help model as well as a statutory model"
(Service manager - D)

"We had actually had quite a couple of really successful cases where they came to our attention via the coordinators, and then we were able to put in the right support mechanisms to get them off the streets. And so yeah, it was a great addition for us in terms of it's an extra set of eyes on the ground. They're out in the community all of the time. So they are coming across things, people are talking to them and telling them to look out for someone sleeping in that shed, or, you know, it's a great way of gathering intelligence as well, that we wouldn't ordinarily have" (Service manager – E)

"Since lockdown, we haven't been able to be face to face. So it's always sort of behind the telephone. So for the local area coordinators actually being out there and supporting clients face to face and passing on the information to us, letting us know the situations and it has sort of really helped so yeah, we have, we have experienced that" (Service manager – G)

"The local area coordinators, what they can do on the ground floor on the shop floor, we can't do in mental health, you know, we've got to get our consultants have caseloads of up to 150 to 300 people. In other areas where we'd have patients who are frequent offenders of ringing 111, or 999, we would automatically link in with the local area coordinator and say, 'Is this on your radar?' It might be that this person might need some social activities, they might really need a gym membership. I've worked with them really closely, I just find them invaluable (Service manager - G)

Being able to access this 'community level data' was also recognised to be valuable by the Local Area Coordinators themselves, however they spoke about the concerns they had about how well these narratives were being correctly fed back up in the system;

"It looks like you have this clear picture of what's happening but that isn't true. Because when you start getting out there and you start doing your work, it becomes very clear that there's a much bigger picture here. And I think that I don't know if Havering realise how important we are in the sense of being able to produce opportunity to really change things at a senior level because that for me that picture is starting to unfold - just how valuable these stories are" (Local Area Coordinator – Q)

Whilst the 'on the ground level' positioning of Local Area Coordinators was highly valued by service managers, it was acknowledged that services must also need access to this information, and that this evidence needed to be shared across all arms of the system;

"I think services across the board need to listen to what the local area coordinators are saying in terms of those gaps and meeting people's needs, particularly the ones who aren't meeting the threshold. So they've got maybe a lower level need, but it's most likely going to escalate to a higher level need if it goes unaddressed" (Service manager – F)

4.2.2 Cultural systems change

Members of the Leadership Group acknowledged the tension that exists between residents and the council in relation to service access, which has negatively affected how residents perceive the council as a source of support. However, the Local Area Coordinators play a key role in tempering those relationships, particularly amongst those who are most alienated;

"A common criticism across local government is, you face a wall of bureaucracy or process driven systems, if you're looking for the basics, or it's a very simple problem, it's no problem at all to navigate that system. It's when we get into the realm of grey areas, or those who don't neatly fit into those boxes. That's were local area coordination really comes into its own because it's those groups that are become alienated from the system" (Senior stakeholder - B)

Local Area Coordinators were also seen as playing a positive role in reducing some of the negative perceptions residents had about some statutory services, especially housing and children's services. Service managers described the ways in which coordinators had reduced some of the stigma attached to their services, and were able to positively change the cultural narrative about their service provision;

"So for families to walk over the threshold to a Children's Centre there is still a stigma attached to it, that it's linked to children's social care, that they remove their children. And I think the difference between local area coordinators it's an offer that kind of goes out to families, as opposed to families coming into it" (Service manager – D)

The Local Area Coordinators had also influenced how services were culturally working at an internal level. For example, service managers were able to identify key moments where Local Area Coordinators were able to offer innovative solutions for residents who could not be traditionally met with statutory support. For one service manager, this had a positive impact on how their service was able to provide better support for their residents which was seen to 'add value back into the service';

"Like I said, they're very unbounded, but because of the connections that they've got, they would give us options and alternatives. So the answer isn't just 'oh, no, we haven't got anything for that area', they know who they are, you know, they've got their contacts, they've got their connections, and they will almost signpost the service that they're familiar with. So I think they add a lot of value back into the service, I think they've done a lot of networking and they are able to share that which is really supportive" (Senior manager – D)

However achieving this was not easy. Local Area Coordinators spoke in detail about the challenges they experienced when trying to initially integrate and engage with other parts of the system;

"To start with housing was a little bit challenging, but obviously we have regular meetings with them now. I always think to myself, when new roles are created within a company or an organisation, you'd get that people think; ''oh, they are not going to be taken seriously'''
(Local area coordinator – J)

"The biggest challenges and barriers was around trying to engage other council services. Particularly housing. You get those few people that will be helpful all of the time and that's amazing – and it's a case of 'what can I do to help' - but we've found that there's far too many areas of the council that have got that 'what can I do not to help you' (Local area coordinator – P)

However, the persistence shown by the coordinators in their continued engagement despite these challenges has paid off, and as a result parts of the wider system are now benefiting from this initial mapping work. For example, service managers described the ways in which the coordinators have actively influenced systems learning. Coordinators were described as actively challenging existing processes, which was in turn producing systems reflection at a management level;

"I think what they do is that they hold up a mirror to our current service in the way that it is, and that mirror is sort of almost an opportunity to reflect on. Actually, and to think about the way we've always been doing things. I think it's also advantageous that they don't have the previous or legislative experience, because then they can just ask questions about why it works in that way - I think that's valuable. I love the challenges that they presented to me when we did our surgeries, because then that helps us to be a bit sharper" (Services manager F)

LAC and wider change summary:

- Logistical systems change:
    - Local Area Coordinators provide council and health services with rich 'community level' information
    - Recognition that this 'community level' information must be acknowledged and shared across the system
- Cultural systems change:
    - Local Area Coordinators are changing residents perceptions of council support, which has been historically challenging
    - Local Area Coordinators are actively changing ways of working within services through challenge and reflection

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4.3 Enablers and challenges

As with the introduction of all models like LAC, there are enablers and challenges that help or hinder the process of implementation.

4.3.1 Enablers

A number of enablers were identified by stakeholders, one of the most prominent was the impact of wider organisational buy-in from partners such as health, as well as local supportive senior management in helping to develop and foster a supportive environment for LAC. These were considered to be key features in helping LAC progress as an established approach;

"We need that help to be backbone in how this gets taken forward and for it not to be seen as another council thing" (Senior stakeholder – A)

Supportive and flexible management of the coordinators was also identified early on as an important feature of the models success. The Local Area Coordinators spoke about the importance of not being micro-managed, which allowed them to work in a holistic way;

"From a strategic perspective, she (LAC manager) was able to pull in all the different people and partners that we needed to get on board with this. And through her hard work and diligence, I think it's it has worked really well, I don't know what it would have looked like in different circumstances" (Local area coordinator – Q)

"I just think we were very lucky to have (LAC manager) on board when we did. So we kind of all grew together, but she was definitely the person that she just got it, and she helped build those blocks to get us going and to get us where we are today" (Local area coordinator – P)

Another enabler identified by a service manager related to how well LAC had been promoted as a model which allowed them to feel confident to engage with and work alongside coordinators;

"I think it's the fact that they're so visible and how to get them is so approachable, you know, it's not a secret service, it's something that's very well advertised, the links are there if you Google it. And that's what I always do, because if I'm pushing it, I need to know that it's out there, you know" (Service manager – G)

4.3.2 Challenges

Unsurprisingly, the impact of COVID and the national lockdown presented a significant challenge for Havering and their implementation of LAC. Local Area Coordinators spoke about the negative impact COVID had on communities, which included the closing of community spaces which they saw as contributing to the growing cases of social isolation and mental health issues amongst the residents they were walking alongside;

"I think is because of COVID and everything being shut down, it's only slowly opening and we need to know what services are open. We understand that it is still a bit of a barrier because Peabody for example are still not visiting homes" (Local area coordinator – M)

Lockdown presented significant challenges for how coordinators were able to operate in the community. However, Local Area Coordinators were able to find innovative and practice solutions so they could continue to support residents. This included socially distanced walks, phone calls and Zoom meetings.

As with most implementations of LAC, maintaining fidelity to the model is a significant challenge for local authorities. In Havering, it was recognised that Local Area Coordinators may need reminding that they must not inadvertently create dependency with the people they are walking alongside;

"she's (coordinator) is a bit more leading than walking alongside. But again, it's much more about reflection and helping her move through that kind of 'I'm going to save everybody' phase that she's in. So it's a challenge, but the team are amazing. And they are very passionate, and they go above and beyond (Senior manager – C)

At a basic level, one of the biggest challenges posed service managers was that there was simply not enough coordinators;

"Now, I think (service) really embraced the local coordinators. I guess, for us the challenges are that there's not enough of them. They're not covering every area. In terms of my service, they're very valuable (Service manager – D)

Another significant challenge related to demonstrating the impact of LAC and the associated cost saving implications for the council. It was recognised that a tension exists between staying true to the model, and proving cost effectiveness, and the difficulties in asking Local Area Coordinators to take on additional recording activities;

"So I think we need we need to keep the integrity of local area coordination, and not let it fall into the same trap of setting targets that then start becoming the point rather than the point being, people. I think that's the important message to keep getting across. Don't start going back into the old service treadmill of targets. So there is a need to really protect the integrity of it as we go forward. And sometimes you'll come across people who are wedded to that idea that every service has to have these targets. So savings is part of that. So you definitely have to measure it and see what impact it's having in that area, but can't get it the wrong way around" (Senior stakeholder – H)

"So we built the liquid logic system to record our data and it's trying to get that balance between recording and getting what you need, but I didn't want data sitting on their laptops all the time, I wanted them to be with people" (Senior stakeholder – C)

Proving effectiveness in a short amount of time was also a pressure felt by Local Area Coordinators;

"I think the time it takes to get these results are a lot longer than what I feel like we're being expected to do because obviously I can hear in the conversations that we're having in our meetings. They're asking for results, right? And I'm thinking 'this person or that person that I'm working with, they've got a long way to go' not everything is easily fixed and the things that are easily fixed, they're the complex cases (Local area coordinator – O)

> Enablers and challenges summary:
>
> - Enablers;
>   - Buy-in from key partners and local senior management support
>   - Supportive manager of LAC who was a champion of the model
> - Challenges;
>   - COVID and the impact of lockdown
>   - Maintaining fidelity to the model, and reducing dependency
>   - Service providers not being able to work with enough Local Area Coordinators
>   - Pressures to record financial outcomes and cost savings of LAC

4.4 Future of LAC in Havering

When asked to describe how they saw the future of LAC in Havering, all of the stakeholders described their wish for LAC to be rolled out across the whole borough. It was recognised that LAC should not become 'stuck' within adult social care, but rolled out across all service provision with the help from more invested partners in a way that still positively serves the community;

"So it's about it being developed with communities in such a way that it's, it's there for communities, not a sort of a one size fits all across the borough" (Senior stakeholder – A)

The initial work that had gone into engaging internal and external stakeholders was seen to have a positive long lasting effect, and was considered to be an important foundation for the future roll out of LAC, alongside its potential to redesign services at a systems level;

"And then what comes after that is hopefully so much easier to build, and attracting the funding, growing the team becoming a kind of a central product and then eventually redesigning services around this way of working when we have that parity across the bar which is difficult to do without it really" (Senior stakeholder – C)

> The future of LAC in Havering:
>
> - All stakeholders expressed their wish for whole borough roll out of LAC
> - Significant work has taken place in 12 months, now is the time to build on successes and momentum

4.5 Conclusion:

Havering have been successful in their implementation of LAC and have achieved a significant amount of progress in a short time frame. These successes include; the embedding of LAC within the wider preventative approach, building on buy-in and support from key partners, the creation of a proactive Leadership Group who have

been key in successfully integrating LAC at service level. The successful implementation of LAC compliments the delivery of the councils' wider preventative strategy, such as the Better Living model in adult social care, Face to Face in Children's social care, Open Dialogue in Mental Health and similar approaches employed within NELFT. These 'wins' reveal the extent to which Havering have been able to successfully achieve their strategic ambition for LAC.

As a result of the committed implementation work, there are now lots of 'green shoots' of change taking place in relation to systems change and service delivery. The data shows how Local Area Coordinators are providing challenge and reflection for statutory service delivery, which is inspiring changes and a possible move towards personalisation and strengths based ways of working across the system.

Recommendations:

- The Leadership Group need to consider how to best highlight the 'green shoots' of change within service delivery via workshops in order to make these connections clearer in practice to inform further learning
- Further resources are needed for communities following lockdown so that Local Area Coordinators can fully support residents
- Support from wider partners and the Leadership Group need to be sustained in order to grow on the 'early wins' of LAC implementation for full borough roll out
- The Leadership Group need to consider how they can improve LAC outcome measure reporting in a way that meets the needs of Local Area Coordinators whilst staying close to the model

5. __Work package 3 – Demonstrating the financial impact of LAC in Havering__

This work package explores how cost avoidance can be achieved within the system. A selection of eight case studies have been analysed as exemplars to demonstrate costs avoided in a typical service journey/pathway that people may have made over a 12 month time frame.

5.1 Introduction

Understanding the financial impact of LAC has not only been an important feature of this evaluation, but also of previous LAC evaluations (Community Catalysts, 2021). Across the evidence, it is apparent that proving the cost effectiveness of LAC remains a significant challenge due to a number of reasons; firstly it is not possible to accurately determine 'avoided' service utilisation – it is only possible to estimate it. Secondly, there is evidence to suggest that initial interaction with LAC may increase service utilisation for a short period of time as people who have otherwise 'fallen between service gaps' begin to engage with support as they begin their journey to becoming independent. Thirdly, it is important to recognise the principles of LAC as a model which focus on improving wellbeing and quality of life, as opposed to measuring specific financial benefits.

Havering have taken a retrospective narrative approach to evidencing the financial impact of LAC over the last 12 months which focus on 'costs avoided'. A series of case studies have been produced which describe 8 people's interaction with LAC, which highlight the predicted 'missed/avoided' service utilisation, and potential attributed costs avoided because of that persons interaction with LAC. This methodology has been used elsewhere in previous evaluations (Swansea University, 2016; Gamsu and Rippon, 2018), and is one approach that can provide a series of generalisable forecast figures related to cost avoidance.

A commonly used approach is Social Return on Investment (SROI), which is a widely recognised framework for measuring and accounting for all value encompassing social, environmental and economic costs and benefits. There are six principles that underpin any SROI analysis; establishing scope and identifying key stakeholders, mapping outcomes, evidencing outcomes and giving them a value, establishing impact, calculating the SROI, and reporting/embedding and using. Due to the scope of this evaluation and limited financial data available, it was not possible to complete a SROI for Havering. However, a number of evaluations that have utilised the SROI model to determine the return on investment of LAC show that LAC is delivering significant benefit to the local community and other stakeholders with up to £4 forecast for every £1 invested (Kingfishers, 2015, Kingfishers, 2016).

5.2 Cost avoidance in Havering

This work package analyses a selection of eight costed case studies that have been produced as exemplars to demonstrate costs avoided against typical service journeys/pathways that people who interacted with LAC may have made over a 12 month time frame. It must be emphasised that the data presented in this work package should be treated with caution for two reasons; firstly, due to the scope and speed of this evaluation it was not possible to complete a full financial evaluation or a SROI. Secondly, it is important to note that the financial data provided by Havering has been primarily generated from predicted 'missed' or 'avoided' service utilisation and therefore can only be treated as guiding estimate figures.

Havering produced 8 case studies which sought to answer the following hypothetical question; what would have happened if LAC had not been involved? Answers included;

- Eviction from housing
- Unplanned admission into hospital
- Admissions related to mental health
- Social care assessments
- Continued excessive and inappropriate use of General Practice

Table 2 shows a summary breakdown of cost avoidance for the 8 case studies:

Table 2

Person	Summary of cost avoidance	Health	Mental health	Housing	Social Care Adults	Social Care Childrens	Fire	Total
A	Without support from Local Area Coordination A would have needed support to live in the community independently: Average weekly cost of home care package for local authority in-house provision at £153 per week over 1 year. Plus assessment cost social worker 4 hours of time.				£8,480.00			
	Cost of complex eviction			£6,559.00				
	Rent arreas outstanding that would not have been repaid			£2,000.00				
	Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year		£830.00					
A Total:		£0.00	£830.00	£8,559.00	£8,480.00		£0.00	£17,869.00
B	Attendance at A&E	£160.00						
	Ambulance call out	£233.00						
	Hospital inpatient episode	£1,865.00						
	Social care assessment				£480.00			
	Social Care cost of home care package for 6 weeks				£918.00			
	Commmunity cost of mental health support		£830.00					
	Fire risk for hoarding						£3,186.00	
B total:		£2,258.00	£830.00	£0.00	£1,398.00	£0.00	£3,186.00	£7,672.00
C	No cost avoidance, added value listed in the case study.							
C Total:		£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
D	Children in Need - average total cost of case management processes over a six month period (standard cost)					£1,416.00		
	Early help family practitioner if support required for baby supplies, not ongoing support. (1 week cost of an early help family practitioner).					£500.00		
	Homelessness application - average one-off and on-going costs associated with statutory homelessness					£2,501.00		
	Children's Servcies placement in a HMO					£4,800.00		
D Total:		£0.00	£0.00	£0.00	£0.00	£9,217.00	£0.00	£9,217.00
E	Homelessness application - average one-off and on-going costs associated with statutory homelessness			£2,501.00				
	Cost of temporary accommodation over 1 year			£2,000.00				
E Total:		£0.00	£0.00	£4,501.00	£0.00	£0.00	£0.00	£4,501.00
F	Rent arrears coupled with high levels of personal debt which were leading towards eviction. Set out a plan to repay the arrears and manage finances to ensure rent in paid.			£6,559.00				
	Rent arrears that are being repaid. If evicted these would not have been repaid to the council.			£200.00				
	Cost of rehousing in temporary accommodation for 1 year			£2,000.00				
F total:		£0.00	£0.00	£8,759.00	£0.00	£0.00	£0.00	£8,759.00
G	Hospital admission and MH bed days, ambulance call outs and inpateint episodes	£2,257.00	£1,260.00					
	MH support in the community		£830.00					
	Residential care				£30,524.00			
	Time of social workers and housing officers (calculated as social care costs)				£4,752.00			
G total:		£2,257.00	£2,090.00	£0.00	£35,276.00	£0.00	£0.00	£39,623.00
H	Homelessness application - average one-off and on-going costs associated with statutory homelessness			£2,501.00				
	Cost of temporary accommodation over 1 year			£2,000.00				
H Total:		£0.00	£0.00	£4,501.00	£0.00	£0.00	£0.00	£4,501.00
I	Housing Homelessness HO 3.0							
	I would have presented as homeless as the living situation with her daughter was untenable. Homelessness application - average one-off and on-going costs associated with statutory homelessness.			£2,501.00				
	Cost of temporary accommodation over 1 year			£2,000.00				
	GP - cost per hour, General Medical Services activity	£125						
	Hospital inpatient cost per episode	£1,865						
	Nurse practitioner per hour (Asthma) £36	£36						
	Average health and social care costs of a patient with a stroke - all types: £46,039	£46,039						
	Average annual cost of patient with Chronic Obstructive Pulmonary Disease (COPD): £3802	£3,802						
	Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year		£830					
I Total:		£51,867	£830	£4,501.00	£0.00	£0.00	£0.00	£57,198.00
TOTAL:		£56,382.00	£4,580.00	£30,821.00	£45,154.00	£9,217.00	£3,186.00	£149,340.00

The total 'cost avoided' figure has been averaged across the 8 case studies as so to produce an average figure for one individual (£149,340.00 divided by 8 = £18,668 per person a year).

It must be emphasised that this 'average' figure must be treated with caution for the following reasons;

- Sample size is not large enough to make any significant statistical claims
- It has not taken into account the 'outliers' in the data provided (namely the larger cost avoided estimate which may skew the average - £57,198.00)
- Cost avoidance will not occur evenly across all service provisions. Estimations about this could be made within a larger data set
- It is not clear how these cases were selected for inclusion, so questions remain about representation across the wider served population

It is important to note that the figures provided in this work package should be treated as estimates. Reviewing official PRSSU figures in regards to health costs (such as hospital accident and emergency admissions or GP attendance) reveal that these costs can occur across a range. Therefore it is important to forecast for higher costs in a pessimistic situation, which will provide a broader picture. In this work package, the pessimistic estimate has been calculated at the total average (see table below).

It is also important to provide some sensitivity analysis. The crude average has been calculated on the assumption that every person has 'avoided' all services. However, it is important to consider other scenarios where there has been partial service 'avoidance'. This has been calculated as the optimistic (the proportion of those who 'avoided' a service).

Based on the figures derived from the 8 case studies, the following estimates for costs avoided for 1 person over a period of 12 months have been calculated at; £11,473 optimistic, £18,668 crude average and £41,155 pessimistic (see table 3)

Table 3

Sample size of 8 people		Health		Mental Health		Housing		Adult Social Care		Children		Fire		Totals	
Needed support		3		4		5		3		2		1			
Costs avoided	£	56,382	£	4,580	£	30,821	£	45,154	£	9,217	£	3,186	£	149,340	Total cost avoided
Average per person	£	18,794	£	1,145	£	6,164	£	15,051	£	4,609	£	3,186	£	18,668	Crude average
Optimistic (weighted)	£	7,048	£	573	£	3,853	£	9,407					£	11,473	
Crude Average													£	18,668	
Pessimistic (total average)	£	18,794	£	1,145	£	6,164	£	15,051					£	41,155	

These figures have been used to calculate an estimated cost avoidance figure for 150 people over a 12 month period at; £1,720,931 (optimistic), £2,800,125 (crude average) and £6,173,180 (pessimistic).

The cost of whole borough coverage of LAC (estimated at £1,177,00 a year) falls under the cost avoidance estimate for 150 people (at the crude average figure) which suggests that there is a financial case for long term implementation of the model in terms of cost avoidance.

5.3 Cost avoidance / diversion and reduction / SROI – evidence from other sites

Whilst it is challenging to generate an accurate figure associated with cost avoidance, there is a mass of research and evidence from other sites and evaluations that suggest significant savings can be made from the implementation of LAC. Table 4 provides a summary of this evidence (Community Catalysts, 2021);

Table 4

- An early Leicestershire LAC study estimated that 53 critical incidents had been avoided as the result of Coordinator support, producing savings to the public purse of between £200,000 and £330,000 per non-incident and £4.10 in accumulated benefit for every £1 spent (M E L Research, 2016),
- An early Derby City study identified £800k of diverted costs in the first year of Local Area Coordination implementation and £4 return for every £1 invested (Kingfishers Ltd, 2016).
- Swansea's formative evaluation suggested a financial benefit ratio of £3 for every £1 invested (Swansea University, 2016).
- Thurrock's early SROI study forecast that for every £1 invested, between £3.50 and up to £4 of social value is generated (Kingfishers Ltd, 2015).
- Experimental (currently unpublished) internal research estimates that between 76-96% of Local Area Coordination work in York is diverting a need for services in people's lives through supporting non-service solutions instead (City of York Council, 2020).
- Derby City's recent evaluation outlined where a LAC relationship has lasted for 4 years, the average delay for people needing residential care was approximately 45 months. For these people, it is estimated that LAC has already contributed to savings of more than £535,000 (Derby City, 2021)

5.3 Conclusion:

This work package sought to understand how LAC may have a direct impact on the utilisation of statutory service, and on 'costs avoided'.

This activity is inherently challenging when the intervention being measured is seeking to impact on individuals wellbeing and quality of life who are often experiencing complex multi-factoral issues. This is also challenging to measure when often the changes demonstrated occur over a longer period of time than 12 months.

As previously mentioned, the figures presented in this work package should be treated with caution. Therefore, Havering need to consider what measures they need record in order to generate a more robust picture of costs avoided.

Any local authority wishing to calculate the financial impact of LAC will always be presented with a challenge as LAC is inherently focused on improving the quality of people's lives, therefore any measure that wants to fully record its impact should also include improvements to wellbeing as well as any financial impact.

Recommendations:

- Havering should invest more time and resources to capture a fuller data set which primarily focuses on self-reported service usage (i.e. GP attendance, hospital admission in the last 3 months etc.) at baseline and then again at 6 or 12 month follow up to determine any service/cost reduction since LAC interaction (see Tew and Duggal, 2019 for further guidance on methods)
- Any future measuring tool needs to take into account qualitative case stories of impact to provide a multi-dimensional picture of impact. It is recommended that Havering continue working with independent evaluators to develop a methodology that includes validated measurement tools across a wider sample population (see Tew and Duggal, 2019 for further guidance on methods)

Appendix 1

Topic guide – resident interviews

1. What was your life like before you came to be involved with LAC?

   - What were the challenges that you and your family were facing?
   - How were you managing these needs before LAC?

2. What were you hoping might change in your life following your contact with LAC?

   - What were your aspirations in terms of your preferred lifestyle?

3. Can you tell us about your experiences related to your contact with LAC?

   - What did you like / dislike?
   - Did you feel listened to? Did you feel you had to keep repeating your 'story' to lots of different people? Or was this reduced?
   - If you've had previous experience of asking for support, was anything different this time compared to before?
   - Did you come out feeling more confident about what you (and your family and friends) could do to make a difference?
   - Tell us about your interaction with LAC during the pandemic/lockdown

4. What would you say has actually changed in your life (positively and negatively) since your interaction with LAC– and what has been important in bringing about these changes?

5. What support or care were you receiving before the LAC (paid and informal)? How has that changed since?

Appendix 2

Topic guide – staff and stakeholder interviews

1. Your involvement;
   - What has been your role in relation to the development and implementation of LAC?
   - From your perspective, how did you view the introduction of the LAC? What did you see as its objectives and were you in support of these?
   - How have things changed in terms of the development and implementation of LAC in the last 12months or so?
   - What about staff perception of LAC? How is this working from your perspective?
   - What is the strategic overview of LAC with the wider system?
   - How does LAC sit in with other areas such as housing, public health and mental health?

2. Engagement and partnership;
   - Who has been involved with LAC and how have they been involved?
   - What has been your experience of leadership/introduction of LAC?
   - Tell us about the evidence of co-production at strategic and local levels
   - What is your sense of how involved you have been, and what influence do you feel you have had?

3. What was your sense of an overall vision of LAC, and is this something you are able to support?
   - How clearly has this been articulated?
   - How are the bits going to fit together?

4. Implementation: challenges, barriers and enablers;
   - What have been the enablers?
   - What have been the challenges/barriers?
   - What is (or is not) working in terms of better outcomes for people?
   - What ingredients really make a difference in practice?
   - What could be done to improve service user experience?
   - What has been the impact of Covid-19?
   - Has there been sufficient training, support and supervision to enable people to work differently?

5. Expected outcomes for citizens and families, and for organisational practice, and how these are (or will be) evaluated
   - How is this (going to be) different from how things were?

6. How do you see the future of LAC as a model? And the future of preventative strategies as a whole?

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