

Local Area Coordination

*Formative Evaluation: Understanding the
praxis and impact of the Local Area
Coordination approach on the Isle of Wight*

This report provides context to understand the early findings from implementing Local Area Coordination, and offers areas for conversations to build and enhance the effectiveness of Local Area Coordination in working alongside people, communities, organisations and agencies in practice to better enable people to achieve their vision of a good life on the Isle of Wight.

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Table of Contents

1.0 Introduction.....	p.7
2.0 Background	p.8-12
3.0 Context	p.13-15
4.0 Evaluation Approach and Methodology.....	p.16-20
5.0 Creating the Conditions for Local Area Coordination	p.21-22
6.0 Formative Evaluation Key Findings	p.23-36
7.0 Evaluation Next Steps	p.37
8.0 Conclusion	p.38
9.0 Recommendations and Considerations.....	p.39-40
11.0 Appendices	
1. Local Area Coordination Logic Model - P.41	
2. My Life, a Full Life model - P.42	
3. Evidence informed outcome projection 12-24 months - P.43-44	

Executive summary

This six month formative evaluation outlines the work carried out to plan, implement and evaluate Local Area Coordination on the Isle of Wight. It describes the design, integrity, and steps taken to create the conditions for Local Area Coordination to deliver outcomes on the Isle of Wight, as well as the evaluation approach implemented to generate the evidence provided within the report.

Generally, formative evaluations of Local Area Coordination programmes occur after 18-24 months and then summative evaluations after 3-5 years. Therefore it is important to recognise that this evaluation needs to be seen in the context of what can reasonably be expected to be achieved during this initial period of establishing relationships and building credibility in the community. Taking this into account this evaluation clearly demonstrates that outcomes have exceeded expectations within this very short time frame of six months.

Local Area Coordination is a long-term evidenced-based approach to supporting people with disabilities, mental health needs and older people to:

- Stay strong, safe, connected as contributing as valued local citizens
- Be in control
- Build personal, local and community solutions through nurturing more welcoming, inclusive and more supportive communities

Local Area Coordination is central to the strategic vision for a new model of care for the island being led through the My Life a Full Life integrated programme, and puts into practice a person-centred and strength-based approach to contribute towards prevention and early intervention intentions.

This evaluation of Local Area Coordination is underpinned and guided by Realist Evaluation, and connects three key building blocks:

- **Context** - the operating environment and individual circumstances;
- **Mechanism(s)** - the processes of how programme beneficiaries respond to the resources provided by, and through a Local Area Coordinator;
- **Outcome(s)** - the effects caused and/or changes occurred at individual, community and system level attributable to Local Area Coordination;

To demonstrate how Local Area Coordination works for whom in what circumstances and why, and hence able to evidence what is it about Local Area Coordination that makes things change, and how it can be improved.

To effectively implement Local Area Coordination on the Isle of Wight a number of key pre-conditions were required for Local Area Coordination to grow and develop:

- The development of a multi-agency Leadership Group to drive implementation, provide strategic and operational awareness, explore shared outcomes and added-value;
- Partnership working with local communities to recruit Local Area Coordinators, and support community ownership of the development of the programme within each area;
- A Continuous Learning and Improvement Protocol within the Leadership Group, placing a responsibility on the group to act on the evidence generated to inform system thinking and the operational effectiveness of Local Area Coordination, ensuring the evaluation is a learning and development process.

The key findings of this formative evaluation are as follows:

Impact of the recruitment process

The extent of involvement of community members in the recruitment process outweighs statutory services. The active involvement of community has resulted in members contributing ideas, opportunities, and assets and generated collective-efficacy through members wanting to be connected to, and be responsible for the Local Area Coordinator within their community going forward.

Induction period

The evidence recognises the value and importance of having the opportunities to build personal relationships at a range of layers (individual, community and system), and building on what is being done to maintain awareness, engagement and understanding of Local Area Coordination within areas of practice across the whole system.

Implementation

Following an introduction, a Local Area Coordinator spends time getting to know the individual/family and building a trusted relationship. Some of the key mechanisms identified through the evaluation that facilitate the positive outcomes are: being based within the community; listening and not judging; taking time to understand formal and informal assets; being ‘within the system’ and staying true to the principles of strength-based approaches through positive conversation.

Immediate impact for individuals

To date (31st March 2016) there have been 76 introductions to Local Area Coordinators across the three communities, they have been received from across the whole health and social care system as well as through the community. People across all ‘service labels’ and age ranges have had introductions to Local Area Coordinators. Key outcomes include an increase in social capital, increased individual personal and social networks, and reduced reliance on services and

improvements for individuals and families in accessing services and enabling greater choice.

A series of recommendations are being drawn from the evaluation to support the development of Local Area Coordination going forward and they include:

Strategic Recommendations

- To support the growth and development of the leadership Group in a focused role to foster joint working in practice, and further create the conditions to maximise the potential of Local Area Coordination on the Isle of Wight. It is imperative for the development of the programme that the Leadership Group have the authority to respond to the challenges of working in an integrated way to drive this approach and associated system change alongside communities.
- To build a shared vision of the shared opportunities and outcomes at the individual, family, community and systems/reform levels and a clear action plan to make this a reality to clearly understand synergies.
- For the leadership group to also include people with a lived experience of services, disability, mental health issues, ageing or being a family carer.
- The value and need to sustain a partnership with the national Research Network to share learning and innovation to integrate and improve practice of Local Area Coordination in going forward.

System Recommendations

- Early evidence is demonstrating that Local Area Coordination has started working with a range of partners including children's services, housing providers, police, GPs and District Nursing. Although there have been a few introductions from Adult Social Care there is a need for intentional work to build the relationship with Adult Social Care both at a leadership level and with the various teams to enhance partnership working operationally.
- This needs to be done alongside work around mapping and maintaining 'human sized units' to avoid programme 'stretch' through areas becoming too large, or supporting too many people which increases the risk of a more traditional response of short-term fixing of problems, rather than building trusting relationships, resilience, contribution and citizenship. Based on long-term learning and appropriate metrics the national Local Area Coordination Network have identified a need for a Local Area Coordinator per an area size of 9-11,000 people (max 12,000) to maintain the person-centred, local approach to nurturing resilience and local solutions rather than service responses and/or signposting to funded services.

- To enable the Local Area Coordinators to work smartly a number of functional requirements are recommended:
 - Structural flexibility/manoeuvrability in relationship to the systematic policy environment to enable Local Area Coordination to deliver the outcomes quicker. Local Area Coordination can support the development of policies and practice that enable positive and productive working relationships with local people and partners.
 - Provision of communication and IT equipment that is fit for purpose for a community working environment that will deliver cost-effective dynamic working practice.

Operational Recommendations

- Build on community and collective efficacy to support the immersion and connectedness of Local Area Coordination within local communities.
- Review and build on current data collection activity to ensure that the required data is being captured fully and efficiently from what is happening in practice to inform evaluation.

1.0 Introduction

The purpose of the proceeding report is to critically evaluate the implementation of Local Area Coordination on the Isle of Wight over the past six months. To achieve this, the report initially introduces the background and evidence-base to Local Area Coordination, the justification for Local Area Coordination within the context of the Isle of Wight and the steps taken to creating the conditions for implementing Local Area Coordination on the Isle of Wight.

The report is furthered through outlining how Local Area Coordination is being evaluated; the aim and objectives of the evaluation, how it was planned and implemented, what evidence has been accumulated so far, how it connects to the My Life, a Full Life programme (MLAFL hereon in) evaluation and what is going to be done next.

The data accumulated and synthesised through the formative evaluation results in a series of recommendations for the Leadership group and the MLAFL programme board to consider, in order to further implement, embed and integrate Local Area Coordination within and across the multi-sectorial health, care and support system and communities, and make visible, value and better mobilise and utilise resources and assets within communities and personal networks which enable people to achieve their vision of a good life on the Isle of Wight.

The primary audiences for this report are the contributors to the report, Local Area Coordination Leadership Group, MLAFL Programme Board, Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust, additional providers of health, social care, and support services including the voluntary sector, and the Isle of Wight Health and Wellbeing Board.

2.0 Background

The legislative and political ‘commitment’ to integrating, transforming and shaping future health and care provision and practice towards a system which is sustainable, place-based and person-centred in order to achieve cost-effective outcomes that (actually) improve the lives of people within the given resource available, is an unprecedented challenge facing all unitary and district authorities across England. This comes at a time when people are living for longer, when demand and cost to provide health and social care services is increasing, and funding and resource to meet these demands has, and continues to decrease which perpetuates the inequalities facing people that need it most within our society. This causes, and connects to higher levels of; unmet ‘need’, isolation, inactivity, loneliness and factors that cause risk of harm and/or ill-health in the future.

The synergy between the NHS (2014) ‘Five Year Forward View’, the Care Act (2014), Public Health England’s (2015) ‘Guide to community-centred approaches for health and wellbeing’ linked to, and stemming from The Marmot Review (2010) ‘Fair Society, Healthy Lives’, and the Local Government Association’s (2015) ‘Spending smarter: a shared commitment’ response to the spending review, all outline and advocate the fundamental need to change current practice, and build new relationships with people and communities. There is growing support towards approaches that start from considering the person’s own strengths and capabilities, and what assistance might be available from their wider support network or within the community they work, live, grow and age. Thus enabling the role of services to support and assist the person in meeting the outcomes they want to achieve, whilst maintaining ‘in control’, and deliver on savings through wider, and more streamlined integration of health and care within community-based settings.

In furthering the case for change, the shortcomings associated with taking a ‘deficit’ or ‘treatment’ approach to the delivery of public services (people being done to and passive recipients within the exchange processes) which breed reliance and dependency on health and care have given a renewed focus on, and impetus to finding better ways of working with, and within communities (GCPH, 2011 and Hopkins and Rippon, 2015). Recognising and valuing the role of communities, and changing the design and delivery of public services through an approach that is built around people and communities, their needs, aspirations, capacities and skills, and works to build up their autonomy and resilience expounds the need for new ways of thinking and working beyond traditional commissioning boundaries. This newer ‘community orientated’ wave of working is required if to effectively reach, engage and empower individuals and local communities within decision-making, and intentionally tackle the deep-rooted social problems that persist within communities to protect, maintain and/or improve health and wellbeing and reduce health inequalities as a matter of fairness and social justice (Marmot, 2010 and Christie, 2011).

An approach that is gaining momentum within Scotland, Wales and England to contribute towards actualising the ideals and addressing the challenges facing the health and care system outlined above is Local Area Coordination. Local Area Coordination was pioneered within Western Australia almost 30 years ago, and is progressively becoming viewed as a holistic approach to improving individual health and wellbeing, and addressing the social determinants of ill-health across the lifecourse through working alongside services and community members to build stronger, resilient and more inclusive and resourceful communities where people grow, live, work and age.

In previous studies, Local Area Co-ordination has been recognised as a key approach to building resilience (reducing demand for services) and wider service reform, making services more personal, local, flexible, connected/integrated and accountable. It is an innovative and long term evidence-based approach to supporting people with disabilities, mental health needs and older people, 'person by person' to:

- Stay strong, safe, connected and contributing as valued local citizens
- Be in control
- Build personal, local and community solutions through nurturing more welcoming, inclusive and mutually supportive communities.

Rather than waiting for people to fall into crisis, assessing need and responding with services or money (if eligible), it builds relationships at the individual, family and community levels to nurture resilience, strengths, connectedness and local solutions. The approach also recognises the value of formal services, as a back up to local more informal solutions, and forms strong partnerships with services and professionals to simplify the pathway that individuals have to follow when seeking support or services. Therefore, changing the thinking and practice from current system design towards one that is more prevention-orientated to reduce risk of: individuals/families requiring/becoming dependent on services (capacity building); for individuals/families at risk of crisis or requiring formal services to find local, low cost/no cost, non-service solutions wherever possible; and for individuals/families already dependent on formal services to build relationships, contribution and other opportunities to reduce dependence on more expensive, formal services.

To achieve this, Local Area Coordination rests on a set of interrelated and interdependent principles; Citizenship, Relationships, Information, Gifts, Expertise, Leadership and Services that guide the practice of Local Area Coordination through a Local Area Coordinator role. It combines a range of traditionally separate roles and delivers alongside local people, families within the community to enable individuals to achieve their vision of a good life, alongside support to strengthen communities where people live, work, grow and age.

The key roles and responsibilities of a Local Area Coordinator are to build and pursue a positive vision for a good life and practical ways of making it happen:

- Identify gifts, strengths and needs
- Information advice
- Relationship building - circles of support
- Self advocacy
- Community building
- Planning for the future
- Community connecting
- Find practical non service solutions
- Support people to access, navigate and control services appropriately - brokerage



Source: People, Places and Possibilities, 2015, p.23

A Local Area Coordinator applies the principles and approach into practice through a dualistic approach dependent on the individual, starting by:

- Asking person by person, what is your vision for a good life and what are the range of ways we can get there.
- It focuses on gifts, skills, interests and local solutions first, but values services as a back up.
- It specifically aims to help people stay strong instead of waiting for crises
- In the community, Local Area Coordinators are skilled individuals that support individuals across age groups and service labels as a single point of contact in the local community.
- Rather than being parachuted in for a time limited intervention to fix people - they take time to get to know people and support local solutions and build resilience. Help people to stay strong in the future.

This is delivered through:

Level 1 support: the provision of information, connections 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.

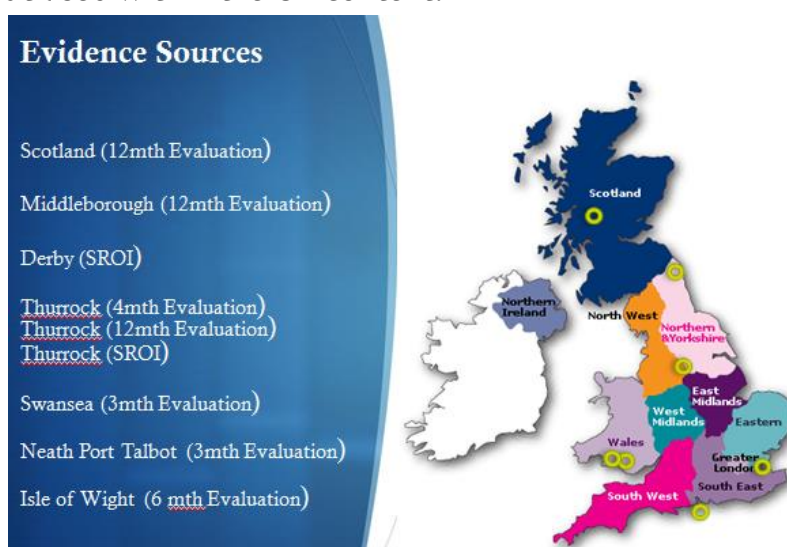
Level 2 support: a longer term relationship alongside people (children and adults) with disabilities, mental health issues and older people, their families and/or carers and requiring sustained assistance to build relationships, nurture control, choice and self-sufficiency, plan for the future, find practical solutions to problems etc.

Local Area Coordination does not operate via referrals or waiting lists.

To enable working effectively alongside individuals and families in the community, a Local Area Coordinator spends time getting to know the local community; its people, places and possibilities through understanding and nurturing local gifts, skills, passions and focussing on the talents of individuals rather than deficits. Local Area Coordinators support not only community building, but also opportunities for connecting and contribution within the neighbourhood.

Local Area Coordination as an approach in practice has been robustly evaluated since its conception over the 28 years. To make sense of the evidence surrounding Local Area Coordination into practice, and understand how the principles of Local Area Coordination through the activities of a Local Area Coordinator achieve a range of outputs and outcomes (short-mid-long term) at an individual, family, community and system (strategic and operational) level. A meta-synthesised Logic Model (Appendices 1) has been produced. The model demonstrates the consistency of outcomes achieved across varying contexts internationally with Australia, and in Scotland, Wales and England, and therefore illuminates the possible transferability of the Local Area Coordination approach.

The visuals below outline some recent sources of evidence surrounding Local Area Coordination (including this report), alongside the range of (triangulated) methodologies utilised within the UK context:



Evaluations	Case Studies	Focus Groups	Recipient Interviews	Stakeholder Interviews	LAC Interviews	Analysis of LAC materials	Policy Review	Economic Analysis	Visual Ethnography	Social Media	Network Mapping	Expert Panel
Middleborough (12 months)	✓		✓	✓		✓						
Scotland (12 Months)	✓			✓	✓		✓					
Thurrock (4 months)	✓											
Thurrock (14 months)	✓			✓				✓	✓	✓		
Swansea (3 months)	✓	✓		✓	✓	✓					✓	✓
Bridgend (5 months)	✓			✓	✓	✓		✓			✓	✓
Neath Port Talbot (3 months)				✓							✓	✓
Isle of Wight (6 months)	✓	✓	✓	✓	✓	✓						

The question whether Local Area Coordination ‘works’ is demonstrated by multiple methodological approaches which attest to its effectiveness in practice. This is furthered by the economic case for Local Area Coordination through Thurrock and Derby (2015) having an independent Social Return on Investment (SROI) evaluation conducted to calculate the ‘cost’ effectiveness of Local Area Coordination in terms of cost savings/avoidance created to the system, and generation through building ‘social capital’ which builds the case for the long-term funding and hence sustainability of Local Area Coordination. The evidence from the SROI across both sites demonstrate a 4:1 return ratio on investment i.e. £4 saved for every £1 invested into Local Area Coordination. The evidence of the savings generated by Local Area Coordination in other districts indicates that adequate resources can be released to sustain Local Area Coordination into the future, and release further savings for reinvestment in services as a result of diversion of demand on statutory services.

The question to evaluation then is not whether Local Area Coordination ‘works’, rather to unravel the ‘black box’ and deepen understanding of ‘how’ Local Area Coordination ‘works’ for people within a given set of circumstances and ‘why’ in order to identify the mechanisms of change and causation created through Local Area Coordination. The next step, is to create a process whereby the system (strategical and operationally) utilises the evidence generated through this type of evaluation to mobilise reforming the system to create the environment and conditions to enhance the effectiveness of Local Area Coordination as a holistic approach to improving individual health and wellbeing, reducing health inequalities and demand and reliance on services in the future. Alongside, serving as a development role to support learning and innovation to improve and integrate working alongside people and communities together in going forward.

3.0 Context

The Isle of Wight context creates a unique set of challenges for the local health and care and wider system currently and in the future when contextualised within the national policy frameworks and austere economic conditions. Currently on the Isle of Wight, the population is near 140,000, in-which 24.1 percent of the near 140,000 population are aged 65 and over in comparison to the England average of 16.9 percent with this figure set to rise to 28.4 percent by 2021 (iwight.com/JSNA, 2013). Alongside this, the number of people living with long-term conditions is set to increase, and the cost of healthcare for people with one or more LTCs equates currently to around 66 percent of the NHS budget, and the cost of caring for people with three or more LTCs is due to rise from 17 percent of the budget in 2006 to 24 percent by 2016.

The factors outlined above and within the background section contribute to perpetuating health inequalities, and risk factors that could affect individual health and wellbeing and therefore service utilisation to ‘address’ currently and/or in the future. This context creates the justification for why Local Area Coordination is being introduced, and how the principles underpinning the approach can contribute to managing and reducing current and future ‘demand’, and actualising the vision and outcomes outlined within the Isle of Wight’s My Life a Full Life programme which is a Vanguard Site for New Models of Care. The My Life a Full Life programme is a coming together of the Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust and Voluntary sector to work collaboratively to deliver on a strategic vision for health and care in the future in response to the challenges outlined above.

Specifically, the new model of care is aimed at improving health, wellbeing and care of the island population, improving care and quality outcomes, delivering appropriate care at home and in the community and making health and wellbeing clinically and financially sustainable. Central to this new model of care is prevention and early intervention as depicted by the ‘My Life’ model (Appendices 2), which explicitly outlines the intention of increasing individual and family networks and associational life (community connectedness and contribution) to reduce demand and reliance on services in the future. This formula requires some vital ingredients to make it become a reality. Local Area Coordination is viewed as one of these ingredients in enabling this transformational shift away from being heavily reliant on statutory services, which has limited the range of care and support available to Island residents and based on forecast demand is no longer clinically or financially sustainable, to a new care model where people will have much greater support from their community and family/friends, as it:

- Builds on assets and mobilises social capital to help reshape care delivery to meet peoples changing needs
- Integrates services to improve quality and increase system efficiencies using technology as the key enabler.
- Is based in the community / at home
- Is a significant shift to prevention and early intervention, self-help/care, with the aim of reducing health inequalities and the health and wellbeing gap

To:

- Improve the health and wellbeing of our island population
- Empower and enable self -care, recovery and self -management
- Strengthen Community Building
- Reduces reliance on statutory services

In addition to this, Local Area Coordination fits within the patchwork of delivery and enabling workstreams of My Life, a Full Life programme through:

- **Integrated Locality Teams** - Local Area Coordinators will be based within a community within a locality. Local Area Coordinators can connect into the Integrated Locality Teams, the knowledge and evidence generated surrounding informal and formal assets, activities and outcomes can contribute towards influencing more effective and localised practice.
- **Whole Integrated System Review** - The understanding and evidence generated through Local Area Coordination principles in practice can provide valuable learning to better inform a whole-system approach to integrated care that is person-centred, place-based and community-led.
- **Leadership and Workforce** - The principles of Local Area Coordination and 'glass half-full' thinking guided by a 'bottom-up' development approach can contribute to learning and development to enhance the current workforce when working with communities, and how to actively involve and empower communities to achieve best possible outcomes within the resource available.
- **IT/infrastructure/Estates** - Local Area Coordination in time can uncover existing informal physical assets, opportunities and valuable uses of technology to work more effectively within communities, and to better enable people living within communities.
- **Strategic commissioning & contracting** - The outcomes generated through the operationalisation of Local Area Coordination can contribute to more effective and efficient commissioning and contracting of some services delivered within community-based settings.
- **Organisational integration** - The learning through Local Area Coordination can generate understanding surrounding the capacity of local communities, and understanding about how organisations integrate practically within communities and connect with people within them, and generate ideas and opportunities for more effective local integrated working.
- **Evaluation and measurement** - Local Area Coordination is being robustly investigated and can contribute evidence to the whole-system evaluation of My Life, a Full Life programme.

- **Communications, engagement and project office** - Local Area Coordination will provide an outlet for local communications of new information and innovations for people within communities, and the Local Area Coordinator will be able to facilitate connecting the right people within the community to the right people within the system to generate the most effective outcome(s).

The justification for Local Area Coordination locally is furthered through the capacity to contribute towards actualising Public Health's vision to 'improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest'. In which, Local Area Coordination cuts across four key domains of Public Health:

- Improving the wider determinants of health that affect individual health and wellbeing and health inequalities at an individual and community level;
- Health Improvement through people helped to live healthy lifestyles and make healthy lifestyle choices;
- Health Protection through reducing health inequalities and promoting health assets that act as protective factors within communities;
- Contribution to improving healthcare public health and preventing premature mortality through a reduction of the number of people living with preventable ill health and people dying prematurely.

Within this framework of thinking, Local Area Coordination in theory contributes towards two key outcomes: 1) **Increased healthy life expectancy**; taking account of the health quality as well as the length of life; and 2) **Reduced differences in life expectancy and healthy life expectancy between communities** through greater improvements in more disadvantaged communities. In-turn, demonstrating how Local Area Coordination cuts across multidisciplinary Public Health and aligns to the ideals of proportionate universalism in differentiating 'support' contextual to individual and community 'needs' as set out by Marmot (2010).

4.0 Evaluation Approach and Methodology

The evidence base of Local Area Coordination spans over 28 years, with its origins in Western Australia, and newer knowledge branching from Scotland, Wales and England. This evidence has been meta-synthesised within a Logic Model (Appendices 1). A logic model provides a 'theory of action' and suggests a series of causal-effects. The intention of the evaluation approach adopted on the Isle of Wight is to 'test' and understand how and why the actions of Local Area Coordination in practice catalyse/generate change(s) that achieve the individual outcomes captured, and to generate new insights and local understanding.

To achieve this, the evaluation is underpinned and guided by Realist Evaluation (Pawson and Tilley, 1997). The basic premise of realistic thinking is that programmes are based on implicit and explicit assumptions about how and why they will work (Pawson and Tilley, 1997; and Scriven, 2004). The underlying idea is that interventions work when the resources on offer (material, cognitive, social or emotional) strike a chord with programme subjects. Realist evaluation is thus fundamentally about unearthing and studying vital mechanisms which catalyse the outcome(s) caused; the mechanism explains what it is about a programme that makes things change (Carlsson, 2005 and Pawson, 2006).

This is depicted through Pawson (2003) outlining the basic logic of realist evaluation as:

- Evaluation seeks to discover whether programmes work in relation to specified aim and objectives;
- Programmes are theories; the core hypothesis is *'if we provide these people with these resources, or work with people in this way it may change their behaviour'*.

Therefore it follows that;

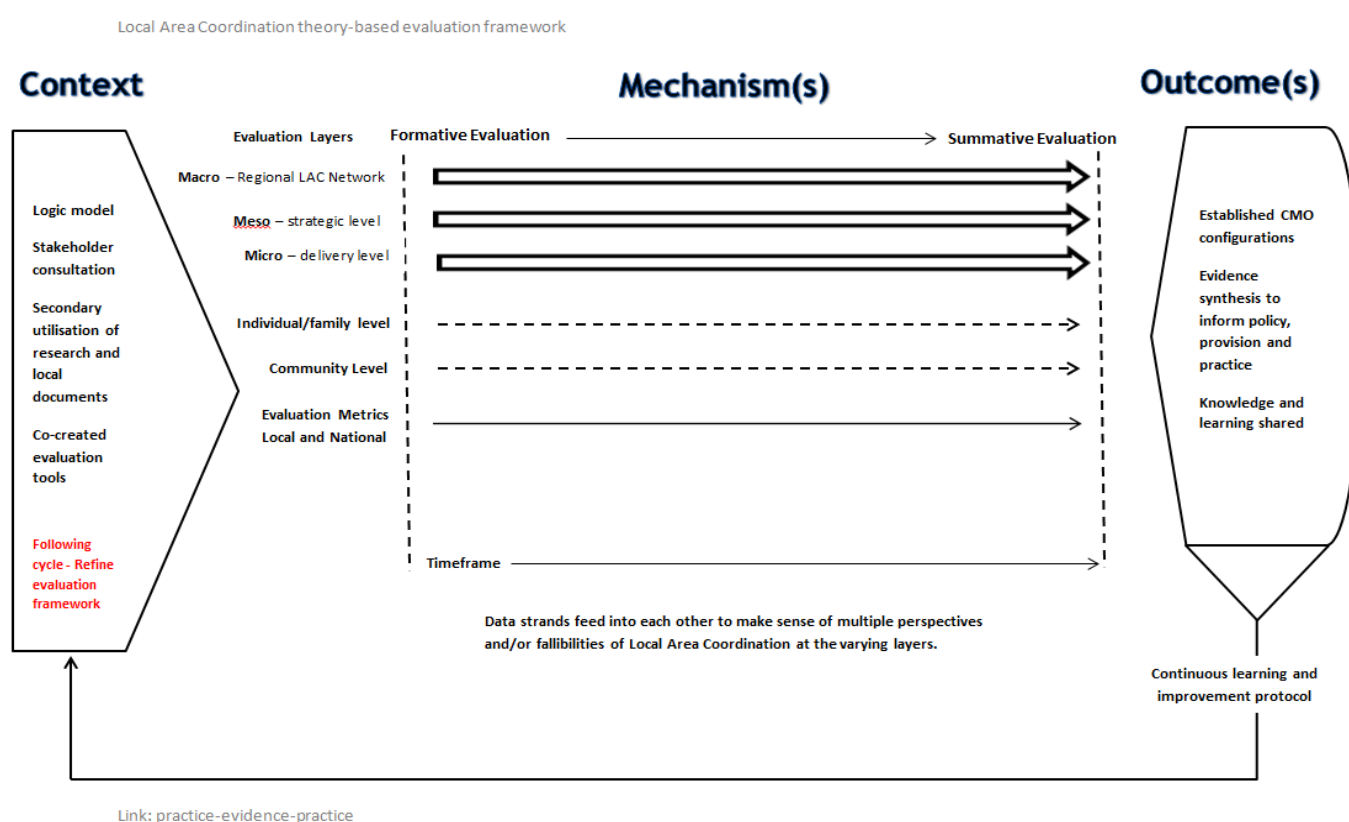
- Evaluation is theory-testing.

To understand how and why a programme works, realist evaluation is based on three conceptual building blocks:

- Context - the features of the operating environment and conditions that are relevant to how successful those mechanisms are in meeting their intended purpose.
- Mechanisms - the process or processes of how subjects/beneficiaries of a programme respond to the resources and opportunities provided by the programme.
- Outcomes - the intended and unintended consequences of implementing a programme, which can be mixed and multi-layered.

This results in the generation of Context-Mechanism-Outcome (CMO) configurations which explain how and why the programme produced the outcomes within an individual set of circumstances. Applying realist evaluation thinking to Local Area Coordination suggests that all outcomes generated through Local Area Coordination are contingent on mechanisms used to deliver, and the context in which they are embedded (Chichlowska *et al*, 2015). The purpose of evaluation is to test and understand how and why the ‘theory’ of Local Area Coordination and underlying principles guiding the approach achieve the outcomes it does on the Isle of Wight.

To apply this thinking into practice, a theory-based evaluation approach forms the ‘realist’ methodology to guide the inquiry. To operationalise theory-driven evaluation, the model below was produced:



The model sets out a framework for evaluating the implementation and outcomes generated through Local Area Coordination at multiple levels using both qualitative and quantitative data collection methods, to generate evidence from multiple stakeholder perspectives to understand how and why the outcomes were achieved, and to intentionally use the evidence generated to inform better policy, provision and practice i.e. system thinking, partnership working operationally and working alongside communities and individuals within communities.

To achieve the latter, a Continuous Learning and Improvement Protocol has been introduced within the Leadership Group. This creates the requirement for the Leadership Group to act on the evidence generated to either inform system thinking and reform or the operational effectiveness of Local Area Coordination,

in-turn making evaluation go 'full circle' and changing the view and role of evaluation as a learning and development process to enable system reform to occur.

This is further depicted within the pictorial below:

Continuous Learning and Improvement Protocol in Practice

Inform practice

Five-phased approach:

- 1) Data capture, interpretation, analysis and present findings
- 2) Identify how the role of LAC contributed to those outcomes and experiences (+ive and/or -ive)
- 3) Collectively select and agree area(s) for service improvement
- 4) Develop a 'service improvement' plan
- 5) Track change to understand effects of improvement(s) made for people/families/communities/system (strategic and operational)

Inform system reform

Five-phased approach:

- 1) Data capture, Interpretation, analysis and present findings
- 2) Identify how the role of LAC contributed to the findings
- 3) Collectively agree how this evidence should be escalated
- 4) Present and discuss findings at agreed forum(s)
- 5) Track impact/ effect of findings presented on informing system reform (decisions made changing strategic and operational policy, provision and practice)

4.1 Evaluation Aim and Objectives

In considering the evaluation approach that is being introduced on the Isle of Wight, and the intentions it serves, the following overall aim and objectives are:

Aim:

To establish context, and unfold the underlying mechanisms which contribute towards determining the extent to which Local Area Coordination enables people to achieve their vision of a good life.

Objectives:

- To co-produce and implement a realist monitoring and evaluation framework appropriate for Local Area Coordination;
- To co-produce an appropriate evaluation toolkit for Local Area Coordination;
- To provide an evidence-based synthesis to support continuous learning and development of Local Area Coordination and the wider system.
- To test, learn and refine the processes of evaluation for evaluating Local Area Coordination across varying contexts and complexities.

4.2 Methodology

To achieve the aim and objectives, a theory-driven evaluation model has been produced (pg.17), a logic modelling exercise has been conducted with respective stakeholders associated to Local Area Coordination on the Isle of Wight, and coupled with evidence from previous evaluations to map the evidence-informed causal links to how Local Area Coordination can achieve the intended output(s) and outcome(s) identified through a sequence of interrelated activities (Appendices 1). In addition to this, a series of participatory principles have been applied to involve Local Area Coordinators, Leadership Group members and planned conversations with Community members to discuss and decide how to best evaluate Local Area Coordination from their perspectives.

With the context of this report, the formative evaluation focuses on the early stages of implementing Local Area Coordination to understand the praxis surrounding, and initial impact of Local Area Coordination. The concept of praxis is an important one within formative evaluation as it enables the evaluator to critically analyse the process of implementing theory into practice, in this case, the principles underpinning, and approach guiding Local Area Coordination on the Isle of Wight. These multiple perspectives captured within the formative evaluation are synthesised to understand the key facilitator and barrier mechanism(s) to implementing, embedding and integrating Local Area

Coordination in practice, alongside explaining the mechanisms that generate change in relation to early findings captured at an individual and community level.

The data presented with this report is obtained through a plurality of methods i.e. telephone conversations, face-to-face interviews, mixed-method questionnaire, Local documentation; Local Area Coordination leadership steering group minutes, Local Area Coordination database and individual case-studies. The data sources are community members, Local Area Coordinators and health and care staff at an operation level.

5.0 Creating the Preconditions for Local Area Coordination

This section briefly discusses the background work undertaken to create the conditions needed to effectively implement Local Area Coordination on the Isle of Wight. This section also introduces and outlines the key enabling mechanisms needed to plan, implement and evaluate Local Area Coordination on the Isle of Wight.

The key projected milestones for Local Area Coordination implementation towards whole Island is as follows:

Quarter	Cohort 1	Cohort 2	Cohort 3	Cohort 4
1 (April - June 16)	Walking alongside 35-40 individuals and their families each LAC. May see some evidence of increases in employment, education, volunteering social capital, etc.	Induction and training completed. Community relationships, mapping of assets and up to 10 introductions		
2 (July - Sept 16)	Working at full capacity alongside 50-60 individuals/families per LAC. Area plans in place Expect to see robust outcomes on improving individual health and wellbeing, reducing inequalities and demand on services	Walking alongside 35-40 individuals and their families each LAC. May see some evidence of increases in employment, education, volunteering social capital, etc.	Community recruitment.	
3 (Oct - Dec 16)	Working at full capacity alongside 50-60 individuals/families per LAC. Area plans in place Expect to see robust outcomes on improving individual health and wellbeing, reducing inequalities and demand on services	Working at full capacity alongside 50-60 individuals/families per LAC. Area plans in place Expect to see robust outcomes on improving individual health and wellbeing, reducing inequalities and demand on services	Induction and training completed. Community relationships, mapping of assets and up to 10 introductions	Community recruitment
4 (Jan - March 17)	Expect to see sustainable and long-term outcomes and solutions. Development of plans for joint/co-funded LACs with services becoming a back up to local solutions and reductions in avoidable illness and demand for services.	Working at full capacity alongside 50-60 individuals/families per LAC. Area plans in place Expect to see robust outcomes on improving individual health and wellbeing, reducing inequalities and demand on services	Walking alongside 35-40 individuals and their families each LAC. May see some evidence of increases in employment, education, volunteering social capital, etc	Induction and training completed. Community relationships, mapping of assets and up to 10 introductions

5.1 Developing the Leadership Group

The First stage of development of Local Area Coordination on the Island involved the bringing together of leaders from across the health and social care system, to drive the implementation and embedding of the programme within the system. Partners from My Life a Full Life, Adult Social Care, Children's Services, Fire Service, Police, Community Action IW, CCG and Housing have been working together to raise awareness, advocate and provide positive leadership within their respective organisations and across the system.

The development of this Leadership Group has been faced with a number of challenges. Including interim high level leaders resulting in short term heads of service and directors, changes in system governance, accountability structures and how a shared vision can be realised in a climate of change and competing priorities.

5.2 Partnership working with communities

To recruit Local Area Coordinators, increase community ownership of, and community accountability from Local Area Coordination in the communities they are immersed within, sufficient planning and time has been needed in order to build relationships, awareness and understanding of Local Area Coordination to generate engagement and community participation within the recruitment process.

It is imperative that as Local Area Coordinators work alongside people with different lived experiences of disability, mental health, caring and of all ages that the community interviews are representative of local community. To achieve this diversity and facilitate inclusion time has been invested in meeting local people, developing connections and having a range of conversations to ensure as far as possible that local people are able to be involved, and want to be. It has been particularly important to provide opportunities for individuals to participate that may or may not have had a similar opportunity in the past.

This recruitment approach is replicated across the Local Area Coordination Network and demonstrates the practical application of the values and principles which underpin the programme. Through working with colleagues across the Network a learning environment has been created to support and add-value to local action.

6.0 Key Findings following Formative Evaluation

The data presented in the proceeding sections represents the key findings from the formative evaluation conducted, and is based on the multiple perspectives of key stakeholders involved. The data has been synthesised within a realist framework to identify and outline the key facilitator and barrier mechanisms to implementing, embedding and integrating Local Area Coordination in practice and the key mechanisms contributing towards the early impacts for individuals and communities. It is important to be mindful that the varying contexts (working environment and individual circumstances) are hugely significant in causing the outcomes and the reasoning responses from people when coming into contact with Local Area Coordination at varying levels and ways.

6.1 Community Member Impact from Involvement within Recruitment Process

To date six community interviews have been held. The extent of involvement of community members within the interview process outweighs that of the statutory commissioning organisation. Community members are involved within the two activities held in the morning, and three members alongside the National Director of the Local Area Coordination network and Local Area Coordination Programme Manager for the Isle of Wight formed the panel for the interview in the afternoon. The number of community members attending the interview day has ranged from 8-20. The impact of being actively involved within the interview process for the community members is outlined within the composite table below:

Facilitator Mechanism(s)	Outcome(s)
Bringing community members together to discuss what they love about their community, and applying the strength-based development approach led to individuals sharing their ideas, assets, skills and opportunities for Local Area Coordinators to use when in post.	Gift sharing and contribution leads to supporting the Local Area Coordinator in understanding formal and informal assets and networks that exist within communities, which can be utilised and built on to connect people together, and create activity which contributes towards building more resourceful and inclusive communities.
Bringing community members together, and increasing awareness and understanding about Local Area Coordination within the community led to members discussing how they could introduce the Local Area Coordinator to 'vulnerable' people they knew or were concerned about living within their neighbourhood and/or linking to people within organisations that could lead to partnership working for shared outcomes.	Raising awareness and understanding of Local Area Coordination amongst community members within the recruitment processes leads to the community connecting which better enables the Local Area Coordinator to embed and integrate within the community more effectively and efficiently.

Facilitator Mechanism(s)	Outcome(s)
Being involved within the interview activities and having a better insight and understanding of Local Area Coordination at an individual and community level leads to community members more willing to offer their ideas and time to Local Area Coordinators as a consequence of being involved, opposed to just reading about the role within a local newsletter/poster.	Being intentional about building Local Area Coordination community Capacity within the planning (leading to implementation) of Local Area Coordination generates a wider diffusion of Local Area Coordination throughout existing networks, and conversations about a community-led vision for a good life and the role of a Local Area Coordinator in supporting that.
Community members collectively felt positive about being involved within the appointment of candidates, and wanted to be maintained within the involvement and ‘ownership’ of Local Area Coordination within their community.	Actively involving community members within the recruitment of ‘their’ Local Area Coordinator generates ‘collective-efficacy’, community responsibility and ownership of Local Area Coordination.

Areas and Activities to build on:

Mechanism(s) to strengthen	Outcome
Community Briefing	To ensure and maintain a consistent briefing of community participants in all interview days to reduce potential bias when scoring candidates.
Integrity and Objectivity in Scoring	To ensure a clear process is in place to balance scoring candidates fairly between extent to which activity was achieved and whether they are someone they would feel comfortable with and want alongside them, if needed in the future.
Community Diversity	Ensure sufficient timeframe within recruitment planning to engage with communities to generate a diverse range of ‘community’ contribution in the interview process to provide a more representative set of community perspectives.
Feedback to Community following appointment of Local Area Coordinator	Ensure community members are informed of appointee and induction period so the newly appointed Local Area Coordinator for that community can start building on the gifts, ideas, opportunities and assets shared.
Coordinators being a part of the recruitment process	To ensure current Local Area Coordinators are involved within the recruitment process as they will be colleagues, and they have insights HR and managers do not.

The evidence within the composite tables explain how intentionally and meaningfully involving communities within the recruitment of ‘their’ Local Area Coordinator can generate a set of responses that enhances the potential effectiveness, and thus productivity of Local Area Coordination once in post towards the outcomes outlined in Appendices 1. The value from having community members involved in interview processes creates a catalyst for producing a foundation for the Local Area Coordinator to work from in terms of understanding and being connected to formal and informal assets, associations and networks within the community, and build on the gifts, ideas, opportunities and assets shared through the collective efficacy generated from communities to work together in going forward.

To further community member contribution to, and ownership of Local Area Coordination following the interview day, a key action is to consider how to sustain community member engagement and activity. The possibility of a ‘Community Day’ style event within the induction period for a Local Area Coordinator would enable a Local Area Coordinator to reconnect and build on the activities, ideas, opportunities, enthusiasm and gifts shared by members within the recruitment activities to agree a series of collective targets that would contribute towards making their community a great place to live for them. And in doing so, create a ‘Local Area plan’ for the Local Area Coordinator which outlines key themes, activities and how it can be evaluated so we are able, in time, to better understand the impact and outcomes generated through the ‘lighter touch’ role of a Local Area Coordinator in supporting building more resourceful, resilient and inclusive communities.

6.2 Induction period

This section outlines the key themes within the induction period that facilitate the Local Area Coordinator to achieve the objectives of their role, alongside some areas that need to be strengthened in order to maximise and enhance future effectiveness of Local Area Coordination in practice:

Facilitator Mechanism(s)	Outcome(s)
Local Area Coordinators being connected to other Local Area Coordinators through the national network.	1) Being able to obtain real world examples of Local Area Coordination principles within practice, introductions and supporting community activity, and where introductions haven't come from to understand perceived reluctance of lack of value (within other areas). 2) Being able to connect with Local Area Coordinators within other regional sites to form peer-support networks.
Introducing a new programme of work that thinks and acts differently to other service traditions creates the need for Local Areas to reflect on practice and support each other through a local peer-peer network	1) Having all three Local Area Coordinators together to learn and share together, undoing a lot of unlearnt behaviour in order to do the role. 2) To support, and consistently reinforce what has been done (principles into practice), reflect and talk through contacts.
Part of the induction period requires undertaking corporate in-house training surrounding areas associated to the role of a Local Area Coordinator.	In-house training has been useful for making links and networking with people across the system as it has led to introductions, and staff having a greater awareness and understanding of Local Area Coordination operationally which supports the wider diffusion within areas of practice and how they can work together.
Part of the induction consisted of the Local Area Coordinator spending time within the community conducting an 'Asset Mapping' exercise to enhance their understanding of formal and inform assets which exist.	Being able to spend time within the community to 'map' assets that exists within the community has been valuable in identifying and building relationships within community organisations, associations and individuals which leads to introductions, community conversations and the Local Area Coordinator becoming 'immersed' within the community.
The induction period incorporated meetings with a range of service areas across the whole-system to have face-to-face conversations about how they could work together in going forward.	Face-to-face diffusion of Local Area Coordination at an operational level enhances both Local Area Coordinators' understanding of different organisational departments across the health and care sectors, and in building an operational network (and understanding) of how they can collaborate in practice to achieve shared outcomes, and reduce demand facing the system currently and in the future.

Areas and Activities to build on:

Mechanism(s) to strengthen	Outcome(s)
Following the recruitment days held for the first phase, the delay in appointing the Local Area Coordinator meant that gifts shared and opportunities identified have been missed.	It took nearly five months (from recruitment day to post induction period) before the Local Area Coordinator was conducting their role within the community, this time delay meant the Local Area Coordinators had to spend time reconnecting with community members, building on initial conversations to pick-up from what had been generated at the recruitment day.
In considering the job description and role of a Local Area Coordinator the corporate training package on offer does not (in areas) support the Local Area Coordination approach.	The delivery of in-house training sessions reinforces the institutional and/or traditional thinking that causes constraints, confusions and ambiguity around to what extent Local Area Coordinators are able to work and think differently. This causes challenges and questioning from services areas in relation to activities of Local Area Coordination.

The evidence within the composite tables explains the key mechanisms facilitating and constraining the effectiveness of Local Area Coordination in practice within the induction period; focusing on building Local Area Coordinator capacity to apply the approach into practice. In considering this, the evidence recognises the value and importance of having the opportunities to build personal relationships at a range of layers (individual, community and system) to create ubiquity in understanding of Local Area Coordination which is necessary if to identify opportunities for working in partnership for shared outcomes across the system, and to connect with individuals to work alongside and support community building.

The evidence within the induction period outlines the need to maintain the national network connection for Local Area Coordinators as part of a peer-support system, building their capacity and guiding practice. Alongside this, there is a need to consider ways of reducing the overall time taken to appoint a Local Area Coordinator in post following the recruitment day. There is also a need to ensure the functional requirements for a Local Area Coordinator are in place by the end of the induction period to avoid the Local Area Coordinator losing time spent doing what they should be doing within communities; to build on conversations and support bridging, bonding and linking people together within and across communities and the system to enhance individual health and wellbeing, reducing health inequalities and demand for services.

Finally, in relation to the induction period it is necessary to consider the training needs of a Local Area Coordinator when being inducted into practice and how the training can be delivered to add-value to Local Area Coordination and the wider system. It is therefore necessary to consider how the approach, principles and

values of Local Area Coordination can fuse within corporate training to support creating the conditions and environment for Local Area Coordination and other similar value-based approaches within the system to maximise potential productivity through developing staff learning and practice.

6.3 Implementation

This section focuses on the key mechanisms which have facilitated the implementing, embedding and integration of Local Area Coordination into practice. Alongside, identifying the mechanism(s) needed to enhance to maximise productivity and effectiveness of Local Area Coordination in going forward:

Facilitator Mechanism(s)	Outcome(s)
Community engagement and 'ownership' of Local Area Coordination leads to creating 'advocates' or 'champions' of Local Area Coordination and generates better 'buy-in' and engagement from other community members in different positions/roles.	This results in Local Area Coordinators being able to build relationships quicker, and embed and integrate within a community more effectively through facing less potential challenge/resistance.
Being able to be based within places that people value, feel safe and that traditional services cannot reach assists a Local Area Coordinator in being able to engage with people who may need support and not otherwise able to access it.	Being immersed within existing assets in the community leads to reaching, engaging and enabling people who may need support and that current services cannot to achieve their vision for a good life, and potentially avoid future costs to the system through earlier intervention.
Applying the strength-based principles leads to Local Area Coordinators positively challenging how people perceive the role of services to influence/motivate positive behaviours and action towards becoming more independent, in control and less reliant on services through building capability, confidence and connecting people to activities/opportunities that align to their interests and vision for a good life.	Taking the time to build trusting relationships, challenging individual perceptions of service roles and responsibilities and empowering people to take control in achieving their vision for a good life leads to individuals feeling more independent, less reliant on services and more positive, confident and in control in the future (this is contingent to time taken to build trust, individual vision for a good life and set of circumstances).
Local Area Coordinators are not there to judge, assess and fix people, and being seen as not to judge results in people being more willing to allow a Local Area Coordinator to come alongside them to achieve their vision of a good life.	Local Area Coordinators are 'invited' into an individual's life. Knowing when to listen, being seen to not judge or to fix increases the likelihood of individuals becoming more open, in control of choices, supports and services and willing to work alongside a Local Area Coordinator which otherwise would not have been possible based on previous experiences of support.

The capacity to 'link' community members with appropriate professionals with departments, organisations and agencies is viewed as an important value to community members and organisations who previously have had difficulty to engage with service areas and/or be listened to by them.	The value of Local Area Coordination being 'within' the system is that it can help connect community organisations, associations and individuals appropriately and more efficiently within the system to mobilise working collaboratively together around areas and activities more effectively, which potentially would not be possible otherwise.
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Areas and Activities to build on:

Mechanism(s) to strengthen	Outcome(s)
Reliance on the skills, knowledge, expertise and experiences of a Local Area Coordinator and their autonomy to differentiate how they work alongside an individual/family and their circumstances can cause potential risks to the individual/family in terms of outcomes achieved and to the Local Area Coordinator and faced with a complex situation.	The agency and autonomy of a Local Coordinator can cause a potential risk to both the individual/family and themselves when working in challenging situations which could result in unforeseen/unintended negative consequences that can impact on the trust, relationships, extent to which the individual achieves a vision for a good life and the Local Area Coordinator's confidence.
Local Area Coordinators can spend an intensive amount of time to initially build trust and relationships within an individual that can result in the individual viewing them as a friend.	Being seen as a 'friend', and managing this dynamic of friendship forming with people the Local Area Coordinator works alongside is essential as it can potentially create/promote dependency or reliance on the Local Area Coordinator when that should (in time) come from their personal social network and associations of support.
At an individual level intensive time can be spent to build a relationship and trust with an individual who is also receiving support from other services that are time-limited and target-driven.	Multiple service involvement can create confusion, duplication of work and confliction in experience of services for the individual as they vary in timeframe, approach and nature i.e target driven which results in being done to. This short-term fix to creating long-term outcome(s) creates a prevailing and challenging discourse for Local Area Coordination to operate within.
Part of an approach to increase awareness and understanding of Local	Social Media is an important tool for community engagement with particular

Area Coordination within communities, for people to research and engage with their Local Area Coordinator is through social media platforms. However, the current Local Authority policy and practice makes it difficult for Local Area Coordinators to connect and engage with communities through social media.	target audiences; it can create good data insights and support Local Area Coordinators in their role. Being unable to connect with their communities through social media reduces the effectiveness of Local Area Coordination in practice and should be viewed as an important functional requirement.
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The composite tables explain the key mechanisms which have facilitated and impeded the implementing, embedding and integrating of Local Area Coordination in practice. The evidence links to principles and values underpinning the Local Area Coordination approach which have mobilised a Local Area Coordinator becoming immersed within the community, building and creating connections and utilising key assets to reach and engage people on the margins of community and/or in need of support to work towards achieving their vision for a good life. In doing so, improving individual health and wellbeing, reducing inequalities through connecting people together and supporting community activity which increases individual personal social networks, resource available within communities and inclusion through communities working together.

Importantly the intentional positioning of Local Area Coordination within the system although based within the community is a key mechanism for building on the community-system interface, and how services, communities and individuals can work better together towards sustainable solutions in areas of practice important to individual health and wellbeing. To support this, taking time to understand both formal and inform assets within a community to better use local resources when working alongside people to access information, take control and connect people to activities that support them in achieving their vision for a good life is also valuable to embedding and integrating Local Area Coordination into practice towards a range of positive outcomes.

If to drive forward Local Area Coordination towards becoming normalised within practice, there is a need to consider a series of areas to maximise potential effectiveness. Primarily, the robust supervision and stewardship from both Line Manager, Leadership Group and national Local Area Coordination Network are key supportive layers for a Local Area Coordinator when confronted with contextual challenges, and monitoring the friendship forming duality between a Local Area Coordinator and person and potential dependency that can manifest.

In practice there are two key pressing areas which need to be considered and addressed if to enhance the effectiveness of Local Area Coordination and reform towards a more sustainable system for the future. To start, there is a need to

clarify overlapping between community/care roles to increase efficiencies and maximising community working in partnerships to achieve shared outcomes, make best use of existing resource available, and enhance system awareness and understanding (through reducing confusion) of their roles; similarities and distinctions between. Ultimately there is a need to clarify and create consistency in service approaches to working with, and within communities in the future, and question how can Local Area Coordination and similar approach support creating conditions for enhancing or supporting short-term interventions to be maintained, and slow down the 'revolving door' for these interventions in the future, which is necessary if to create sustainable outcomes for people and for the system in terms of financial efficiencies.

There is a need to consider the existing functional and system structures to create flexibility/manoeuvrability within, to support creating the conditions and environment to enhance operational effectiveness of Local Area Coordination and the wider system to integrate and deliver a new model of care which generates sustainable outcomes for people, communities and the system. In furthering this, the 'referral' process, 'hand over' and interface between service areas need to be aligned to create a normative approach and parity in working in partnership together for shared outcomes when working with individuals within communities and strengthening communities.

Finally, other areas to be mindful in embedding and integrating Local Area Coordination into practice surround how to balance time to build relationships from working alongside with individuals and their families, the light-touch work and raising awareness and understanding amongst key stakeholders across the health and care system when considering the remit of a Local Area Coordinator, and as they reach full capacity in working alongside people how the other areas of the role are sustained and supported.

6.4 Immediate Impact for Individuals

This section outlines the key impacts Local Area Coordination has had for people, community and the system within the short time it has been operational.

At the time of data collection (31st March 2016) there had been 76 introductions (N=76) to Local Area Coordinators across the three communities.

Age Range	Number
0-18	4
19-35	13
36-55	22
56-75	15
75+	16
unknown	6

Introductions have been received at a range of 'layers' across the whole health and care system and sectors, community organisations and members:

Introduction from:	Number
Community	22
Other health care professional(s)	11
Children Social Care	9
Friend	7
Housing	6
Voluntary sector	6
Family	5
GPs	4
Adult Social Care	2
Mental Health	1
Unknown	3

The presenting issues have been:

Presenting issue	Number
Mental Health	13
Physical Disability	12
Older Age	8
Learning Difficulty	4
Carer	4
Domestic violence/abuse	2
Drug and Alcohol	1
Community Tension	1
Sensory Impairment	1
Other	21
Unknown	9

The data in the tables above and synthesised perspectives gained from individuals, community members and staff across the health and care system alongside analysing local documentation support that there is a clearer understanding from community members and some service departments of Local Area Coordination surrounding how they can working together which has resulted in more appropriate introductions. This demonstrates the breadth/range of people accessing Local Area Coordination support, and highlights relevance and ease of access across a wider range of people.

It is less clear from health and care professionals where fewer introductions have been received from and where attendance and contribution at the Leadership Group has not been consistent. Increased participation and engagement from key health and care partners is needed if to respond to the challenges of working in an integrated way to drive this approach and associated system change alongside communities, and partnership working operationally.

Importantly, no introduction to a Local Area Coordinator stems from the diffusion of Local Area Coordination from a leadership group member within their area of practice. This suggests that the Leadership Group has had no effect in influencing the embedding of Local Area Coordination in relation to being connected to, and working alongside vulnerable individuals. This directly reduces range of possible outcomes and integrated working. The created conditions for joint working to happen now require genuine partnerships for added, shared value and better outcomes for the local Island population.

Based on the introductions to date, and the work of a Local Area Coordinator within their community of practice, a series of initial individual and community outcomes have started to be generated. These are presented within the composite table below:

Context	Mechanism(s)	Outcome(s)
Individual and community	Strength-based principles and being person-centred; focus on individual skills, conversations about what they love, and vision of a good life and utilising existing community assets and networks leads to partnership working and community activity.	Connection to community associations generates new activity, resource for the community to utilise, and a natural way for a Local Area Coordinator to meet, introduce and connect with more individuals within the community.
Individual and community	A Local Area Coordinator changing the conversation to what an individual loves, what skills they have, and how they can share that generates a response where the individual feels supported and empowered to achieve their vision for a good life.	Local Area Coordination supports individual to link and access local support and/or services within the community, and contribute and share their individual skills creating reciprocity.
Individual and community	Through the Local Area Coordinator being contactable, accessible and visible within the community results in building connections and understanding of Local Area Coordination through enhanced community capacity and supporting the diffusion of Local Area Coordination.	Individuals feeling able to discuss, and connect the Local Area Coordinator to people on the 'margins' of community, and quicker than traditional methods (referral process and time lag) to access appropriate services and community support.
Individual	Through spending time to build trust and discuss their vision for a good life, leads to planning for the future, and people feeling support to drive towards happiness through a strength-based opposed to deficit approach.	<p>This approach enables a Local Area Coordinator to provide information, advice and guidance to support self-advocacy, take control and making positive changes which leads to feeling more positive about the future, confident, less reliant on services, enter employment/training and volunteering or share gifts.</p> <p>Connecting individuals to access activities/groups that exist within communities leads to increased new social networks of support.</p>

The evidence explains how some of the principles guiding the Local Area Coordination approach generate responses that elicit change and outcomes at both an individual and community level i.e. strengthening or renegotiating personal social networks of support which reduce isolation, loneliness and inactivity, alongside contributing to social capital which creates new activity and resources within the community for individuals to connect to and utilise. Key to this for a Local Area Coordinator, based on the evidence is being immersed within and being seen as 'part' of the community.

Understanding local assets and networks enables Local Area Coordinators to build associations with community organisations and members, and share knowledge, information, advice and guidance to pass on to individuals who have problems with getting to appointments and assisting individuals to deal with issues that causes anxiety and unnecessary use of services. Additionally, the evidence makes visible the value of the lighter touch, and use of language and wording to positively challenging the behaviours, attitudes of people in what they can do for themselves, what they can access within the community and the role of services.

The key findings to date broadly surround social capital, employment, increased personal social networks, and reduced reliance on services and improvements for individuals and families in accessing services and enabling greater choice. The early evidence around individual impact of Local Area Coordination is that the outcomes generated are contingent to individual circumstances, vision for a good life and time taken to build trust. Furthermore, the outcomes demonstrate the initial impact of the programme in practice, and what is needed to maximise the potential 'productivity' of Local Area Coordination, and support the position that long-term solutions to individuals circumstances take time, and requires approaches that go beyond traditional commissioning boundaries. It is important to note that the credibility and consistency of outcomes short, medium and long-term can be further analysed as the evaluation surrounding Local Area Coordination is continually accumulated.

The findings actualised to date through Local Area Coordination are consistent with that of previous evaluations at this stage of implementation. Projections for outcomes to be actualised over the 12-24 months of operational practice of Local Area Coordination based on synthesis of existing evidence surrounding Local Area Coordination into practice are hypothesised broadly in Appendices 3.

7.0 Innovating, Integrating and Improving role of Evaluation in Practice

In reflecting on the objectives of the evaluation, the evaluation approach is complete and being implemented. The framework needs to be refined to ensure the right information is being collected on the database as quickly and efficiently as possible with minimal disruption to Local Area Coordinators to effectively inform commissioners and achieve the intentions of the evaluation whilst being considerate to not conflicting with the principles of the approach.

In addition to this, on-going user-testing and co-creation of evaluative tools is required and how they can be applied in practice. As Local Area Coordinators reflecting on how to record and capture data in the right circumstances in a way that maintains having a natural conversation within the person without it feeling like a process/assessment and artificial.

Finally, there is a need to further investigate to what extent Local Area Coordinators contribute to creating new, and/or maintaining existing health assets that promote, support and protect individual health and wellbeing, these are important factors to understand and mobilise in order to support strengthening communities.

In order to take the considerations outlined above forward, and increase the credibility and rigour within the evaluation and human resource in terms of time and capacity to evaluate Local Area Coordination a partnership has been agreed between Southampton Solent University and Public Health. A strand of this partnership is to mobilise resource, expertise and research as a mutual benefit to both organisations. Ensuing this, Southampton Solent University have agreed in principle to fund and lead evaluating Local Area Coordination over the next 12 months through a full-time Research Assistant, which could lead into a three-year co-funded PhD in the future on the Isle of Wight.

In addition to this, the development of the national research network for Local Area Coordination has progressed to a point whereby a cluster of universities; Swansea University, Southampton Solent University, University of Birmingham and Loughborough University in partnership with the national Local Area Coordination Network CIC are in conversations to create a collaborative research network, and work together to build a robust empirical evidence base.

8.0 Summary

Findings provided within this report should be read in mind that within the planning and implementation of Local Area Coordination (18 months) there has been significant structural and strategic changes in relation to becoming a Vanguard site for New Models of Care, in how we think and act as a whole-system in responding to the political and economic challenges, and the introduction of new interventions.

There is also a need to be mindful of how the evidence provided explains how Local Area Coordination challenges the ‘needs’ that can be met by family, friends and social networks, those that will be best met through cooperation between services and communities, and those that can only be delivered through mainstream services, and therefore actualising the My Life model (Appendices 2). However, this needs to be widened and holistically mapped, planned and commissioned to provide more appropriate and cost-effective services within the resource available to improving health and wellbeing and reducing health inequality in innovative and sustainable ways.

In relation to the intentions of the report, the evidence provided explains how and why Local Area Coordination principles into practice cause change(s) at an individual and community level which results in individual health and wellbeing improvement, reducing health inequalities through social capital generation and supporting the creation of more inclusive and connected communities and reducing avoidable reliance and use of services across the system.

The evidence around the ‘praxis’ of Local Area Coordination as a holistic placed-based and person-centred approach suggests that long-term and sustainable solutions and outcomes are contingent to the time taken to build trust and contextual to the individual; their perception of self, circumstances, vision for a good life, previous experiences with the health and care system, and how the system works around them now and for them in the future. To enhance the effectiveness of Local Area Coordination in practice, functional, systemic and normative changes are required to further create the environment, conditions and support network needed to embed, integrate and normalise Local Area Coordination over time and respond to the areas outlined within the report to strengthen. The rippling effect of these changes results in the role Local Area Coordination can play as a catalyst for a reforming system, as the new integrated “front end” of the service system (building resilience/reducing demand) and creating conditions for change within services.

9.0 Recommendations:

A series of recommendations are being drawn from the evaluation to support the development of Local Area Coordination going forward and they include:

Strategic Recommendations

- To support the growth and development of the leadership Group in a focused role to foster joint working in practice, and further create the conditions to maximise the potential of Local Area Coordination on the Isle of Wight. It is imperative for the development of the programme that the Leadership Group have the authority to respond to the challenges of working in an integrated way to drive this approach and associated system change alongside communities.
- To build a shared vision of the shared opportunities and outcomes at the individual, family, community and systems/reform levels and a clear action plan to make this a reality to clearly understand synergies.
- For the leadership group to also include people with a lived experience of services, disability, mental health issues, ageing or being a family carer.
- The value and need to sustain a partnership with the national Research Network to share learning and innovation to integrate and improve practice of Local Area Coordination in going forward.

System Recommendations

- Early evidence is demonstrating that Local Area Coordination has started working with a range of partners including children's services, housing providers, police, GPs and District Nursing. Although there have been a few introductions from Adult Social Care there is a need for intentional work to build the relationship with Adult Social Care both at a leadership level and with the various teams to enhance partnership working operationally.
- This needs to be done alongside work around mapping and maintaining 'human sized units' to avoid programme 'stretch' through areas becoming too large, or supporting too many people which increases the risk of a more traditional response of short-term fixing of problems, rather than building trusting relationships, resilience, contribution and citizenship. Based on long-term learning and appropriate metrics the national Local Area Coordination Network have identified a need for a Local Area Coordinator per an area size of 9-11,000 people (max 12,000) to maintain the person-centred, local approach to nurturing resilience and local solutions rather than service responses and/or signposting to funded services.
- To enable the Local Area Coordinators to work smartly a number of functional requirements are recommended:

- Some structural flexibility/manoeuvrability in relationship to the systematic policy environment to enable Local Area Coordination to deliver the outcomes quicker. Local Area Coordination can support the development of policies and practice that enable positive and productive working relationships with local people and partners.
- Provision of communication and IT equipment that is fit for purpose for a community working environment that will deliver cost-effective dynamic working practice.

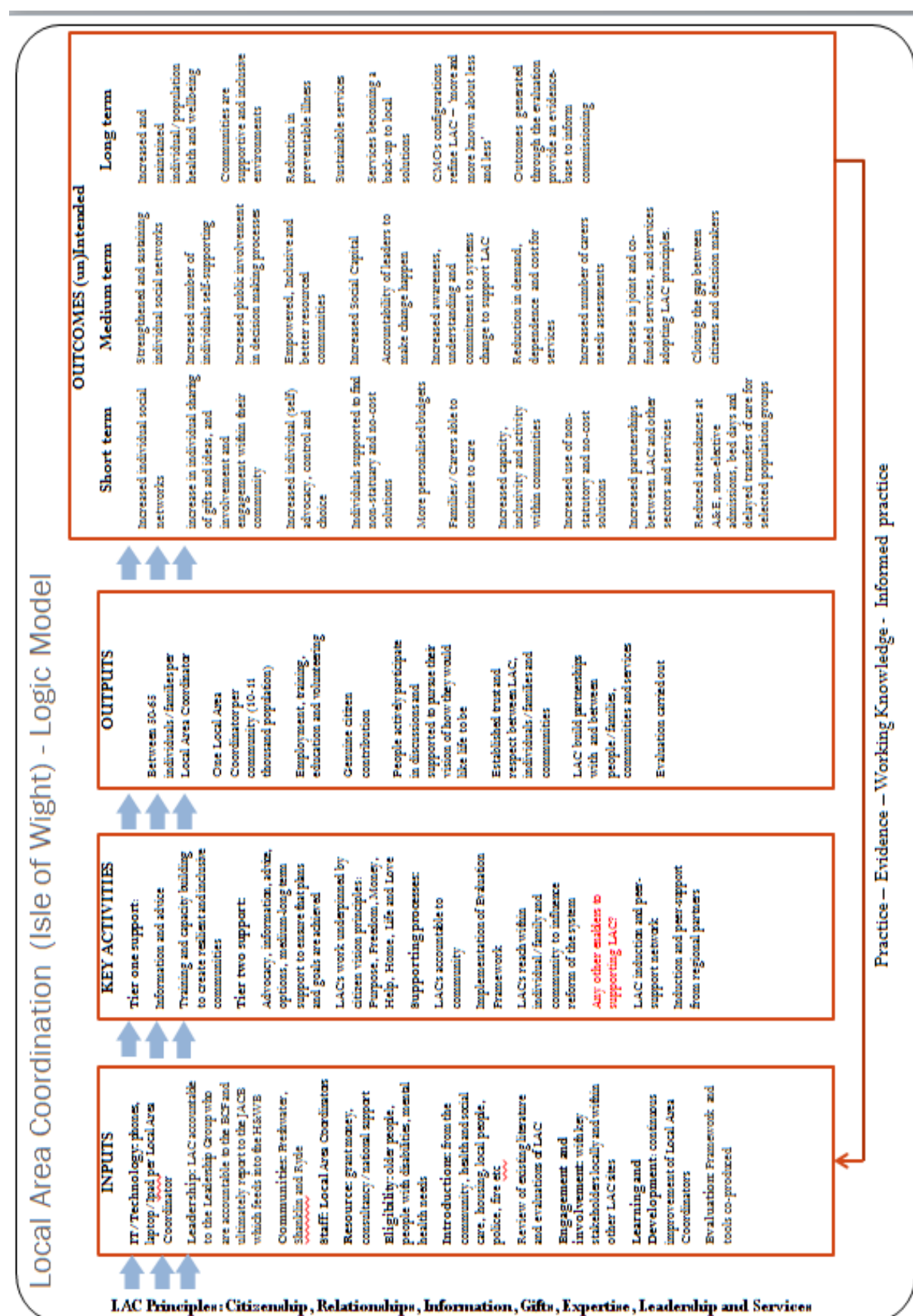
Operational Recommendations

- Build on community and collective efficacy to support the immersion and connectedness of Local Area Coordination within local communities.
- Review and build on current data collection activity to ensure that the required data is being captured fully and efficiently from what is happening in practice to inform evaluation.

Additional Considerations based on wider National Research Network recommendations from recent evaluations from Swansea, Derby and Thurrock outline:

1. **Fidelity in the approach**- it's proven and robust, and the local evidence explains how and why it works, but if you dilute it's components then your list of risks increases greatly. This reinforces the need to maintain and nurture a local, flexible and human approach that is supported by the system around it to avoid programme stretch and dilute effectiveness.
2. **Warming the Coals** - implementing Local Area Coordination in areas next to each other rather than operating in silos across a large region.
3. **Go where the demand is** - sounds obvious, but just because you've set your area out, if there's no demand in certain patches then change the boundaries.
4. **Linking with each alternative** - Implementation manager to implementation manager, leadership group member to their alternative in another region etc. Thus building a even stronger leadership group - a cluster.
5. **Clear reporting structures if joint funding occurs** - who takes responsibility for what? What does the funding partner want from the relationship?
6. **Develop Software and App capability** - As caseloads grow it becomes increasingly difficult to track, there are lots of CRM type databases out there that can customise the platform for your specific needs. An effective App would also save time and log visits in a timely fashion.
7. **Bring the learning from your partners onboard** - this links with multi and interdisciplinary working and the membership of your leadership groups.

Appendices 1 - Evidence-informed Logic Model of Local Area Coordination

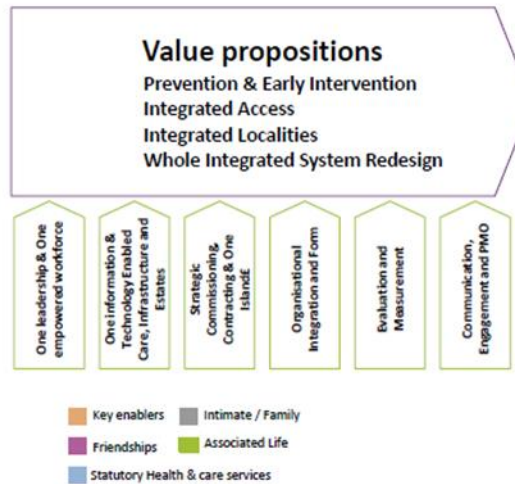


Appendices 2 - My Life, a Full Life - 'My Life' model

Current Model

Currently, there is a larger reliance on statutory services (outer rings). Our model has been:

- Episode based
- Unintegrated and disjointed
- Expert led
- Does not give flexibility for where people are treated
- Financially & clinically unsustainable



A map of our future model in action, our proposed integrated customer pathway & our IT plans to support our new care model can be seen on the following 3 slides.

Future Model

People will have greater involvement with their associate life and family/friends (inner rings). Our co-produced new care model:

- Builds on assets & mobilises social capital within communities
- Integrates services
- Is based in the community / at home
- Is a significant shift to prevention
- Reduces reliance on statutory services



Appendices 3 - Evidence-informed outcome projection (hypothesised) 12-24 months:

Projection based on 12-24 month operationalisation of Local Area Coordination in working alongside people, communities and services. The numbers/percentage increase or reduction dependent on the individual, their circumstances and vision for a good life, 'caseload' and tier 1 work of Local Area Coordinator within their community of practice, engagement of Leadership Group and support from National network.

Individual and/or Family:

- Improved individual health and wellbeing
- Increase in number of people feeling more in control of their health and wellbeing
- Increased social and personal networks
- People are able to speak up and self advocate
- People are managing their own health better
- People are able to self direct the services they want to live independently
- People are supported into employment, volunteering or training
- More people will recover and be empowered to maintain their emotional wellbeing
- Improved choice of activity relational to individual interest/motivations
- Increase in number of people feeling better informed and able to make decisions
- Increase in number of people feeling more informed about their local community
- Increase in number of people feeling more engaged in their local community
- Increase in number of people feeling more confident about the future
- Increase in number of people feeling more able to share their gifts and skills with their community
- People supported to find non-cost, low-cost solutions that support their health and wellbeing
- People are empowered to have the chance to co-produce services: participation can increase confidence, self-esteem and self-efficacy (that is, a person's Belief in their own ability to succeed).
- Increased resilience, sense of purpose and feeling secure and safe
- Reduction in isolation, loneliness and inactivity
- Increase in preventing episodes of crisis through early intervention
- Increase in number of people supported to find local, low cost/no cost solutions
- Increased capacity of families to continue in caring role

For Communities:

- Communities feel empowered and actively involved in participating within the decision-making and practice of community-development orientated activity
- Improved relationships between communities and services - emerging partnerships with and between service types
- Communities define the role of systems in supporting them in becoming better equipped to meet community 'need'
- Intergenerational solidarity/mutuality
- Communities become more resourceful, resilient and inclusive
- Increased and strengthened community connectedness
- Developing and sustaining social capital
- Reduced health inequalities within local communities
- Increased local economic development
- Services in the community for local people are being supported with volunteers connected by the Local Area Coordinators. This includes charity shops, Day Care, Residential Care and Community Centres.

-

For the 'System':

- Service efficiencies/cash savings - Lean services across provision, commissioning, and corporate functions that will lead to a reduction in overall costs, and through the preventative outcomes from reducing avoidable use of health and care services.
- A co-produced, financially and clinically sustainable health and wellbeing system
- Emerging partnerships and joint working with local organisations, associations and services (including fire and police, housing, children services, 3rd sector organisations)
- Preventing increase in demand through increased utilisation of resources (informal) within communities
- Workforce development - improved skill-mix to provide staff with a wider skill-set and allow greater flexibility, and increase in number of people with lived experience contributing to training
- Identifying scope of collaboration within communities
- More person-centred community-based services/practice
- Maintained and increases 'health assets' protecting and improving health and wellbeing within communities
- Increased confidence in community citizens to engage in collaborative relationships by improving accountability and democratic renewal.
- Improved access to specialist services through changing the balance of care to the use of more informal supports and diverting people from more expensive services
- Long term funding of initial Local Area Coordination posts identified
- Sources of joint/crowd funding across service types for expansion identified
- Local Area Coordination forming new "front end" of system
- Beginnings of cultural change in services - move to strength based approaches
- Increase in services adopting community inclusive recruitment