

LOCAL AREA COORDINATION IN SURREY

Independent Evaluation

2024



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EXECUTIVE SUMMARY

In 2022, Surrey County Council took a decisive step by introducing Local Area Coordination to fulfil the system-wide commitment of supporting independence, promoting prevention, and addressing health inequalities within Surrey.

This evaluation outlines the successful implementation and positive impact of Local Area Coordination in Surrey.

This has been achieved through a purposeful alignment between the model and the broader system, via a phased implementation strategy, underpinned by institutional support and collaboration at both the broader county and local district/borough and neighbourhood levels.

In a relatively short time, Surrey have achieved several successes across the following three domains: **people**, **community**, and **systems**.

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PEOPLE

- **Personalised support:** local area coordinators are instrumental in helping people access personalised information and short-term support within their local area, ensuring tailored assistance to meet unique needs
- **Long-term relationship building:** local area coordinators go beyond immediate needs, fostering longer-term relationships with people facing complex life challenges
- **Improvements to health and well-being outcomes:** local area coordinators are positively contributing to people's health and well-being over the longer term
- **Innovative solutions:** local area coordinators are helping people find innovative solutions to address complex problems in real-time.

COMMUNITY

- **Local champions:** local area coordinators serve as integral members of their communities, possessing a deep understanding of unique local community challenges. They adeptly identify local needs, address community issues, and target support towards those most in need
- **Enhancing community activities:** local area coordinators are having a positive impact on existing community activities, demonstrating notable effectiveness amongst community partners and the local NHS
- **Building community capacity:** the model is cultivating robust partnerships with community members, groups, agencies, and services, contributing to local community capacity building and fostering closer collaboration
- **Community integration:** local area coordinators are actively helping residents integrate within their communities. This involves not only addressing immediate concerns but also creating pathways for sustained community engagement.

SYSTEMS

- **Local insight for system improvement:** local area coordinators play a vital role in supplying localised intelligence and community insights into the wider system. Therefore, Local Area Coordination is poised for enhancing future strengths-based service design, commissioning, and policies
- **Alignment with system preventive strategies:** Local Area Coordination is closely aligned with broader system preventive strategies in Surrey, inspiring operational changes in various service areas
- **Positive integration and continuous improvement:** the integration of Local Area Coordination into the system has been well-received by partners, providing valuable insights into emerging community needs. These insights across the wider system can ensure continuous improvement and effective response to evolving community dynamics and needs.

Ensuring the continued success of Local Area Coordination within Surrey's 21 key neighbourhoods will be essential for achieving the overarching ambition of 'leaving no one behind' in the county. However, challenges persist within the current funding landscape, where short-term demands may take precedence over long-term opportunities for prevention, early intervention, and community-led self-management. Despite these hurdles, Surrey has laid the foundation for successful Local Area Coordination implementation, emphasising systems strategy, community empowerment, and community-focused approaches.

Surrey's integration of Local Area Coordination into the wider system stands as a success story marked by purposeful engagements, careful planning, and the establishment of permanent roles. The Local Area Coordination leadership group has played a pivotal role in solidifying commitment, inspiring systemic preventive strategies, and influencing operational practices. While challenges persist in capturing and implementing valuable insights, particularly related to financial impact, the dedication to refining these processes will be crucial for maximising the model's influence at a systems level. Ongoing collaboration and strategic efforts position Local Area Coordination as a catalyst for positive change within the broader systems context, with the potential to reshape commissioning strategies that contribute to Surrey's overarching health and well-being goals.

RECOMMENDATIONS

The following recommendations have been made for Surrey so that they can fully realise the positive impact of LAC on people, communities and systems over the coming months and years.

1. Maintain current recruitment, training, and reflective excellence

Maintain existing recruitment, training, and induction processes for local area coordinators to ensure the future recruitment of high-quality individuals that are valued by residents. Simultaneously, foster ongoing reflective practices that celebrate local area coordinator and resident achievements, while avoiding dependency through targeted personal development activities.

2. Establish long-term partnership funding to expand local area coordinator presence

Implement a long-term partnership funding approach to sustain and build on the community capacity and capability created by local area coordinators. Address the need for additional local area coordinators to achieve parity of the offer and impact across the 21 key neighbourhoods.

3. Strengthen stakeholder engagement

Continue efforts to strengthen stakeholder engagement, emphasising support from various service areas, particularly Adult Social Care. This should involve targeted communication, collaborative forums, and the showcasing of resident success stories across the wider system.

4. Improve shared learning practices

Recognise successful practices for shared learning, especially in achieving cross-sectoral engagement with community partners and the local NHS via the development of digital tools that allows for the explicit flow of intelligence, insight and feedback for system partners so they can respond in real time and coordinate strategically where appropriate.

RECOMMENDATIONS

5. Refine resident outcome measurement

Prioritise the refinement of measurement and reporting outcomes for residents, including the development of a strength-based approach to measuring outcomes at two time points. Suitable measures include the Sense of Community Index and the Most Significant Change approach.

6. Foster flexibility in commissioning and place-making

Encourage flexibility in commissioning and place-making frameworks to incorporate local intelligence and insights provided by local area coordinators. This should include the adoption of agile commissioning methodologies, to enable swift decision-making, frequent reviews, and adjustments based on real-time feedback from the community.

7. Enhance strategic implementation

Develop a systematic approach for translating insights from the local area coordinators into strategic actions. This may involve the creation of specific frameworks and mechanisms within the governance structures of the LAC leadership group to ensure identified issues are seamlessly integrated into system-wide operations.

8. Standardising methods for measuring economic impact

Future data collection efforts should aim to standardise economic outcome methods. This can be achieved through the adoption of a mixed-methods approach that combines different analytical techniques. This standardisation will allow for a deeper understanding of LACs' cost-effectiveness and wider benefits to society.

01. INTRODUCTION: LOCAL AREA COORDINATION IN SURREY

1.1 Aim of the evaluation

The aim of this evaluation was to examine the effectiveness of Local Area Coordination (LAC) in Surrey since its implementation in 2022, and to inform its further development through 2024/25 and beyond.

1.2 Background

Surrey is known for being one of the more affluent counties in England, and is characterised by a relatively high standard of living, educational attainment, and employment levels. However, like many other regions, Surrey has a diverse demographic profile, is made up of a mixture of urban and rural communities and there are pockets of deprivation across the county. Similarly, as per national trends, the COVID-19 pandemic exacerbated inequalities across the board and coincided with the twin pressures of financial constraints and increasing unmet service demand.

Like other councils in England, Surrey County Council (CC) and the Surrey district and borough councils have identified the need for their strategic functions and services to shift towards preventive ways of working. Whilst the development of preventative 'thinking' at local government levels are a relatively recent development (Tew, Duggal and Carr, 2023), Surrey have sought to move away from 'treating symptoms' to 'addressing root causes', in order to meet demands and drive system change.

After observing its success in other regions, Surrey CC initiated the implementation of LAC in 2022 with partners as an operational way to deliver the system wide commitment to better support independence, promote prevention and to reduce health inequalities as outlined in the Community Vision for Surrey in 2030, and the Surrey Health and Well-Being Strategy 2022.

1.3 Community Vision for Surrey 2030

In 2018, engagement was completed with residents, communities and partners across the county to understand what Surrey should ‘look like’ by 2030 (Surrey Community Vision, 2019). The findings from these conversations led to the creation of a shared vision for Surrey:

*‘By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind’
(Surrey Community Vision, 2019)*

The vision is primarily focused on delivering outcomes related to people and place. The full list of ambitions for people and place are listed in Table 1.

Ambitions for people	Ambitions for place
Children and young people are safe and feel safe and confident	Residents live in clean, safe and green communities, where people and organisations embrace their environmental responsibilities
Everyone benefits from education, skills and employment opportunities that help them succeed in life	Journeys across the county are easier, more predictable and safer
Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing	Everyone has a place they can call home, with appropriate housing for all
Everyone gets the health and social care support and information they need at the right time and place	Businesses in Surrey thrive
Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life	Well connected communities, with effective infrastructure, that grow sustainably

Table 1 Ambitions for people and place (Surrey CC, 2019)

1.4 The Surrey Health and Well-Being Strategy 2022

In 2019, the Surrey Health and Well-Being Board published a 10-year Health and Well-Being Strategy. The strategy was the product of a collaboration between the NHS, Surrey CC, district and borough councils and wider partners, including the voluntary and community sector. It was based on evidence from the Surrey Joint Strategic Needs Assessment, and the views of residents. Following the COVID-19 pandemic, the Health and Well-Being Strategy was updated in 2022 to ensure it had a greater focus on reducing health inequalities for residents across Surrey. This included addressing wider determinants related to health, housing, the economy, and the environment. In the updated strategy, the following principles (the Four C's) for working with communities were established to guide this commitment across the system:

- **Community capacity building:** Building trust and relationships
- **Co-designing:** Deciding together
- **Co-producing:** Delivering together
- **Community-led action:** Communities leading, with support when they need it

The updated strategy identifies '21 key neighbourhoods' where health and wellbeing outcomes and prospects are currently poorest. The 21 key neighbourhoods have been highlighted as communities of identity and geography which are often overlooked and currently most at risk of experiencing poor health outcomes (as identified by the COVID Community Impact Assessment and Rapid Needs Assessments and the 2019 Index of Multiple Deprivation's rankings for the Lower Super Output Areas in Surrey that these wards encompass) (see Appendix 1 for the full list of the 21 key neighbourhoods).

The Surrey Health and Well-Being Strategy 2022 also identifies the following groups of people who experience the poorest health outcomes:

- Carers and young carers
- Looked after children and adults with care experience
- Children with additional needs and disabilities
- Adults with learning disabilities and/or autism
- People with long term health conditions, disabilities, or sensory impairments
- Older people (80+), and those in care homes
- Black and minority ethnic groups
- Gypsy roma traveller communities
- Young people out of work
- People experiencing domestic abuse
- People with serious mental illness
- People with drug and alcohol problems
- People experiencing homelessness

Three interconnected priorities have been identified in the strategy, which adopt both a primary prevention, and secondary/tertiary prevention approach, and focus on providing the right physical, psychological, social and economic contexts for communities that experience the poorest health outcomes, as outlined in Figure 1.

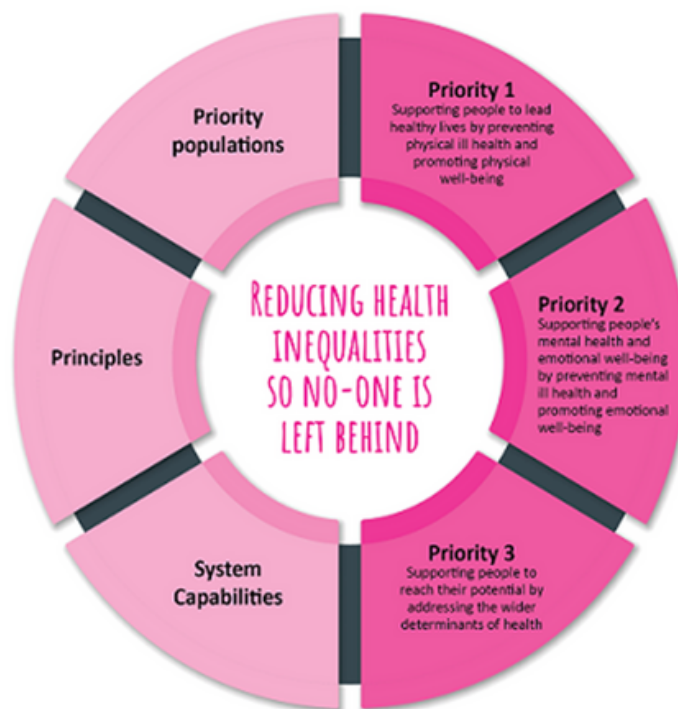


Figure 1 Priorities and outcomes (Surrey Health and Well-Being Strategy, 2022)

1.5 Surrey demographics

- Population

Approximately 1,203,108 people live in the county of Surrey (Surrey-i, 2024), which is an increase of 6.2% since 2011 (Surrey-i, 2024). All district and borough councils showed a growth in population since 2011, with the highest growth seen in Reigate and Banstead (9.4%) and the lowest in Mole Valley (2.4%) (Surrey-i, 2024). The fastest growing age cohort compared to the 2011 Census data are those aged 70–74, with a growth of 34.1% (Surrey-i, 2024).

The average household size has also increased, as the population has grown faster than the number of households across Surrey; a growth of 5.7% since the 2011 Census (Surrey-i, 2024). This trend was found across all district and borough councils, with an increase in household size varying from 3.3% (Guildford) to 8.0% (Reigate and Banstead) (Surrey-i, 2024).

The residents of Surrey are having their needs addressed by:

- o Local support in 27 towns, and hundreds of villages and neighbourhoods
 - o One county council
 - o 11 district and borough councils
 - o 87 town/parish councils
 - o 6 healthcare trusts
 - o 25 primary care networks
 - o Over 100 GP practices
 - o Over 5,000 voluntary, community, faith, and social enterprise organisations
 - o Around 400 schools and academies
 - o 2 integrated care systems
 - o Numerous higher and further education establishments
 - o Thousands of local businesses
 - o Hundreds of community healthcare providers
 - o Surrey Police and the Office of the Police and Crime Commissioner
 - o Surrey Fire and Rescue
- (Adapted from Surrey Health and Well-Being Strategy, 2022)

- Employment

Between October 2020 and September 2021, around 80% of Surrey adults aged 16 to 64 were in employment, which is a higher proportion compared to the South East and England. Elmbridge and Woking had lower employment rates than the South East average, which was 78% (Surrey-i, 2021).

A slightly higher proportion of men aged 16 to 64 were employed (83%) than women (75%). This is because a higher proportion of women were economically inactive (21% of women compared to 14% of men). Men were also more likely to be self-employed than women (12% of men compared to 8% of women) (Surrey-i, 2021).

- Ethnicity

The predominant ethnic group in Surrey is White British, and 14.5% of residents identified with ethnicities other than White (Surrey-i, 2021). However, Surrey is becoming more ethnically diverse over time. For example, between 2001 and 2011 there was a 28.8% increase of non-white British and mixed/multiple ethnic residents living in the county.

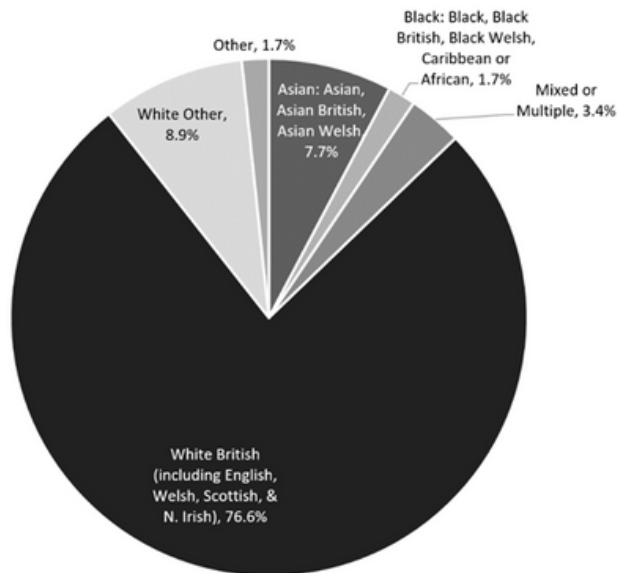


Figure 2 Surrey residents by ethnic group 2021 (Surrey-i, 2024)

- Household deprivation

42.9% of total Surrey households were classified as deprived in 2022 (Surrey-i, 2024) (See Appendix 2 for full dimensions of deprivation). Nearly a third of these households (30.8%) in Surrey met one of the dimensions of deprivation. 9,670 households met three of the four dimensions and 733 Surrey households which met all four of the dimensions of deprivation (Surrey-i, 2024). The highest proportion of households which met at least one dimension of deprivation were in Spelthorne (49.1%) and the lowest in Elmbridge (38.1%) (Surrey-i, 2024).

1.6 Local Area Coordination in Surrey

Surrey CC and partners have shown considerable commitment towards wider system change across their public services, characterised by a focus on prevention, reducing inequalities and empowering communities, as evidenced by their vision and strategy.

However, the effective implementation of these policies relies on the strategic utilisation of appropriate methods to fulfil the overarching aims and objectives in practice. Surrey CC and partners have worked closely with Community Catalysts to identify LAC as a suitable model to meet the needs of their residents in a new strengths-based way.

1.7 What is Local Area Coordination?

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 rebalance 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 LAC Network, 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 focused assessments, providing time limited interventions and signposting. With introductions coming from anyone and anywhere, the approach advocates taking the time to listen, building trust and to understand the whole picture first, before helping in a way that builds capacity, assets, connections and resilience at individual 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. The term 'walk alongside' is used purposefully to indicate that the practice is guided by the LAC principles, as opposed to the use of assessments or case management approaches (see Table 2). LAC seeks to connect people into their community, and to 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.

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. It is in this way that the LAC model aligns with the broader policy focus on preventative approaches for transforming Adult Social Care (ASC) systems. This commitment is detailed in the Care Act (2014), which mandates local authorities to promote health and wellbeing, with a focus on 'prevent, reduce and delay'. See Appendix 3 for full LAC model description.

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 lifelong 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 the 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 visions for a good life, inclusion and contribution
Complementary 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.

Table 2 The 10 Principles of LAC (Community Catalysts, 2021)

1.8 Local Area Coordinators

A local area coordinator is an accessible point of contact employed by a local authority, they work at a hyper local level in an area with a population between 5 to 10,000 (LAC Network, 2024). They work to the LAC approach and principles, meaning anyone in the area can connect with them - with no referral needed. The local area coordinator's job is to 'walk alongside' people and families, helping them to form their vision of a good life, whilst building relationships and making connections with local people, families and groups (LAC Network, 2024).

Local area coordinators help people develop a plan by identifying sustainable (often non-service based) solutions to any concerns/challenges. This is done by listening and building a relationship of trust before helping people identify what a good life means to them, and how they might achieve it together. They do this whilst promoting inclusive connected communities and supporting community capacity building. The majority of the time in the role is spent alongside people and families who are often experiencing some form of exclusion and complex challenge in their lives.

The role may involve various activities, such as:

- Helping people access personalised information and short-term support in their local area
- Developing longer-term relationships with people/families facing more complex life situations
- Cultivating strong partnerships with community members, groups, agencies, and services to support local community 'capacity building' and closer collaboration
- Collecting stories and information to drive transformative changes in the wider health and social care system, showcasing how the LAC approach and principles can reduce the need for statutory / funded supports, and commissioned services.
(LAC Network, 2024)



1.9 National evidence of LAC

Since 2009, there have been 15 independent academic evaluations carried out on different English and Welsh programmes ([LAC Network Evidence Base](#)). The collective findings from these evaluations show positive outcomes that are in line with the model's aims, particularly in relation to individuals, community and wider systems. The evidence also shows that the model can inform the simplification of systems, drive integration, strengthen cross-system collaboration and create shared outcomes. Evaluations that have included a social return on investment analysis have shown LAC to generate at least £4 of social value for every £1 invested (LAC Network, 2024).

Examples of positive outcomes for people and communities include:

- Increased informal and valued supportive relationships – reducing isolation
- Increasing capacity of families to continue in a caring community
- Greater confidence in the future
- Better knowledge and connection with community
- Improved access to information – choice and control
- Better resourced communities
- Support into volunteering, training and employment
- Preventing crises through early intervention and supporting people who do not meet statutory eligibility criteria
- Improved access to specialist services

Examples of positive system outcomes include reductions in:

- Visits to GP surgery and A&E
- Dependence on formal health and social services
- Referrals to Mental Health teams and Adult Social Care
- Safeguarding concerns, people leaving safeguarding sooner
- Evictions and costs to housing
- Smoking and alcohol consumption
- Dependence on day services

1.10 Implementation of LAC in Surrey: the story so far

The implementation of LAC in Surrey began in June 2022, and is progressing through four phases. Currently, the implementation has successfully completed phase I and is presently in phase II.

- Phase I

A cross partnership LAC leadership group was established in September 2021 to oversee the design and implementation of LAC, with support from the Local Area Coordination Network. The LAC leadership group have various responsibilities, however one of the main purposes of the group is to ensure that the implementation of LAC does not become diluted over time, or stray away from the core values and design principles. The LAC leadership group is also responsible for capturing and sharing learning at the system level (see Appendix 4 for the full list of responsibilities). It is expected that the LAC leadership group will expand over time as more local area coordinators become introduced in additional neighbourhoods. During the first phase of implementation, four local area coordinator roles were introduced across the county in locations based on the following conditions:

- Where there was a clear need for additional support
- Where the local context was good for prototyping an innovative approach
- Where there was a strong appetite from the local community itself for the role.

The four neighbourhoods were: Sheerwater and Maybury, Hurst Green, Horley Central and West, Old Dean and St Michaels. Table 3 outlines the specific assessments conducted by the leadership group for the four locations.

The recruitment of local area coordinators in each area occurred locally in partnership with relevant district and borough councils, and included a community recruitment stage. Local area coordinators were selected from various relevant backgrounds, which included previous experience in local authority positions (such as community development and social care), as well as the voluntary sector. At the start of their roles, local area coordinators immersed themselves in their respective communities. They engaged with residents by participating in local community groups, attending resident association meetings, and collaborating with community partners, including voluntary sector and faith organisations. This approach helped them to comprehensively 'map' their communities, gain insights into the primary issues residents faced, and identify community strengths and opportunities.

	1. Scope for impact		2. Local context insight	3. Community validation	Health place	D/B
	(i) IMD data	(ii) Local data				
Maybury and Sheerwater	H (IMD 2)	H	H	Yes	NW	Woking
Horley central and west	H (IMD 13)	H	H	Yes	East	Reigate & Banstead
Hurst green	M (IMD 82)	H	H	Yes	East	Tandridge
Old Dean & St Michaels	M/H (IMD 34/26)	H	H	Yes	Surrey Health (Frimley ICS)	Surrey Heath

Table 3 Location assessments (Surrey CC)

In phase I, a total of 104 introductions were made: 78 were female, and 24 were male (2 not specified), across various ethnicities (Asian/Asian British 10, Black/Black British 1, Mixed ethnicity 3, Other 3, White 72, unknown 15). A large proportion of introductions were via self-referral (33), followed by those from housing providers (13) and family centre/outreach workers (9).

The LAC leadership group collected preliminary data in February 2023 to capture early findings related to the initial impact of LAC. This included a record of the number of ongoing introductions, the collection of resident stories, and identifying insights and issues for action by agencies/partnerships. This initial data indicated early positive signs of the impact of LAC for residents, communities, and the wider system. Phase I of the implementation was funded through Surrey CC Transformation funding.

- Phase II

Encouraged by positive progress in the four neighbourhoods, the LAC leadership group developed the following medium-term roadmap and ambition for LAC in Surrey in March 2023; that the local area coordinator role becomes a standard augmented part of integrated neighbourhood teams in the 21 key neighbourhoods across Surrey.

It is anticipated that the following four ambitions will be achieved by the growth of LAC in Surrey:

- Be a key contributor to improving health and wellbeing in these communities
- Directly contribute to the local “ground up” insight needed to improve wider service design, commissioning, transformation and policies
- Demonstrate in a practical way the application of the agreed principles for working with communities
- Deliver directly on the overall ambition that no one is left behind in Surrey

The second phase of the medium-term roadmap will see the existing team of four local area coordinators grow, with a further four roles recruited in 2023/24 in key neighbourhoods (see Figure 3). Based on needs across the county, data analysis and conversations with people working in key neighbourhoods (Surrey CC staff, GPs, local councillors, district and borough teams), the following neighbourhoods have been identified and agreed by the LAC leadership group for phase II; Stoke (Guildford), Stanwell (Spelthorne), Goldsworth Park (Woking) and Dorking South (Mole Valley) (see Appendix 5 for full description). Surrey CC continue to build their evidence base, and have produced a report in collaboration with Community Catalysts which captures insights from 32 respondents who introduce residents to local area coordinators. The full report can be found [here](#). Phase II has been funded through the Surrey Heartlands Workforce Innovation Fund, complementing the existing transformation funding from Surrey CC. This joint funding runs to April 2025. Following conversations between the LAC leadership group and Frimley ICS, an additional local area coordinator role was identified for Upper Hale / Farnham Heath End (Waverley). This role was funded through the North East Hampshire and Farnham Better Care Fund.

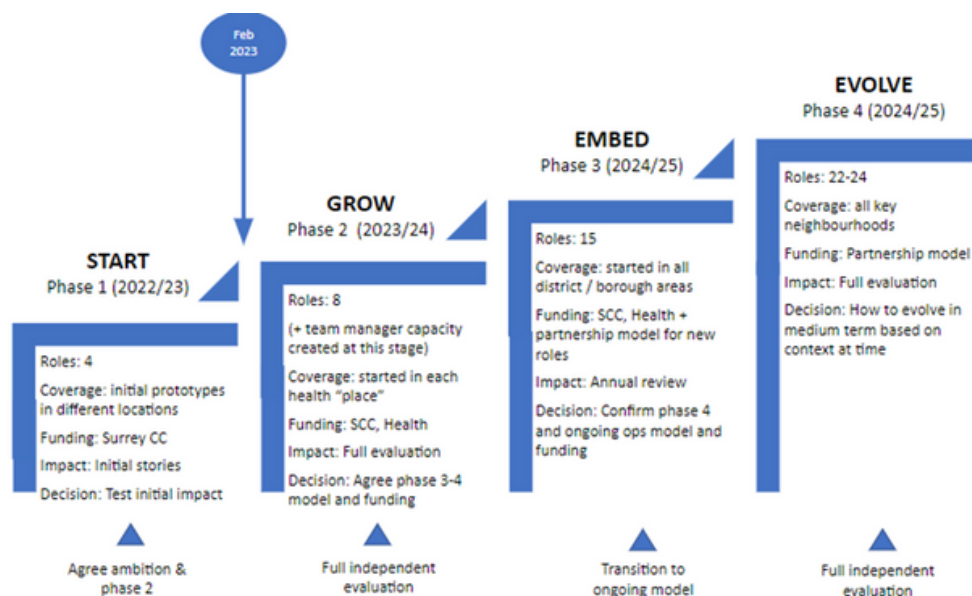


Figure 3 Roadmap of LAC implementation (Surrey CC)

02. METHODS

2.1 Rationale for evaluation

At a broad level, research evaluations are integral to enhancing quality improvement for service model delivery. When conducted effectively, they serve as valuable tools for problem-solving, guiding informed decision-making, and contributing to knowledge development.

Within the context of LAC, evaluations can achieve the following aims:

- Check that core design features, practice, resources, supports – and individual, family, community and systems partnerships are in place
- Find out what's going well and why: reinforce, repeat and grow conditions that support better outcomes
- Clearly identify where things are not going so well and why: set a clear action plan to remedy this and ensure accountability
- Identify gaps, obstacles and opportunities: embed flexibility, creativity and innovation and inform future decision-making processes, improve service design
- Build understanding of external or other factors that affect outcomes: enablers and obstacles
(LAC Network Evaluation Framework, 2023)

2.2 Evaluator

This evaluation was undertaken by an independent evaluator (Dr Sandhya Duggal) who has over ten years' experience in research and service evaluation within public health and adult social care ([Tew, Duggal and Carr \(2023\) How has the idea of prevention been conceptualised and progressed in adult social care in England?](#)); [Duggal, Miller and Tanner \(2021\) Implementing asset-based integrated care: a tale of two localities](#); [Tew and Duggal \(2021\) System transformation](#); [Duggal \(2021\) LAC in Havering: Summative Report](#)).

2.3 Data collection

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

Work package 1 (resident interviews n=14)	Work package 2 (stakeholder interviews n=10)	Work package 3 (stakeholder interviews n=5) (focus group n=1)
<p>Female 11 Male 3 Age range 31-78</p>	<p>Local Area Coordinators (n=5) SCC leadership (n=1) Community partner (n=1) NHS (n=1) Other SCC (n=2)</p>	<p>SCC (n=3) Public Health (n=1) NHS (n =1) 13 LAC leadership group members (focus group)</p>

Table 4 Data collection across work packages

Interviews with residents took place over the phone, with a focus on understanding their initial reasons for engaging with LAC, their experiences with LAC, the support they were offered, how their lives changed after LAC, and their vision for the future. Interviews lasted between 30-45 minutes (see Appendix 6 for resident topic guide).

Interviews with stakeholders took place over Microsoft Teams and explored their insights related to; the development and implementation of LAC, the overall vision of LAC, engagement and implementation, challenges and enablers, outcome measures and the future of the model. Each interview lasted approximately 60 minutes (see Appendix 7 for stakeholder topic guide).

All participants consented to the research process, and research ethics practices were met and verified through the Surrey CC research team. All interviews were audio recorded, transcribed and analysed using thematic analysis. A selection of LAC policy papers and strategic documentation produced by Surrey CC were analysed to provide contextual information for this evaluation.

Data collection and analysis took place between November 2023 and February 2024.

03. WORK PACKAGE 1: THE IMPACT OF LOCAL AREA COORDINATION ON RESIDENTS

3.1 Introduction

This work package highlights the positive and wide-ranging impact local area coordinators had on the residents they have walked alongside in Surrey. The findings are presented under the following themes:

- Introduction to local area coordinators
- Local area coordinator skills and qualities
- Achieving positive outcomes
- Moving forward

3.2 Introduction to local area coordinators

When asked to describe how they first met local area coordinators, residents made their initial contact in a variety of different ways, including introductions made via; local authority services (predominately Adult Social Care/social workers, housing and social prescribers), and community places such as churches, community hubs, and recommendations from friends.

“The social worker told me to speak to the coordinator. She thought I needed more help and she (coordinator) helped me” (Resident -1)

“Lots of things were happening...with my grandson getting in trouble with the police and debt was creeping up and I couldn’t cope with what was going on, everything was going on and I was helping out with the church and I met the coordinator there and I was talking to her one day and she scheduled an appointment” (Resident - 6)

“I was very lonely and isolated and I was having a rough time financially, and I picked up the courage to go to one of the clubs she organises and I walked in and I asked if anyone knew how I could get access to the foodbank, she (coordinator) was there and she said she could help me” (Resident - 3)

Residents were asked to describe their circumstances before they came into contact with local area coordinators. All of the residents described their lives as being characterised by complex and ongoing adversity, largely related to long-term health conditions (including depression/anxiety, stroke and type 2 diabetes), social isolation and housing issues. Other challenges included financial difficulties, bereavement and caring for children with special needs, anti-social behaviour, and coping with the cost-of-living crisis.

For many of the residents, LAC was the first time they were interacting with their local authority, (apart from housing services), and for the most part they were not connected to their communities or VCSE (Voluntary, Community and Social Enterprise) organisations.

“I wasn’t really doing anything, you know? And I kept thinking, ‘all I’m doing is going out, getting my shopping and going for a walk’, you know?” (Resident - 8)

“I was expecting to be relocated because the whole area was scheduled for demolition and redevelopment so there were not many people around in the flats, and the local shops were disappearing, I wasn’t doing much, my anxiety and depression was severe, and I lacked energy to get myself organised” (Resident - 7)

“It’s been about just over a year when I met her (coordinator), my mum passed away but there was a lot of upheaval and when she died they (housing) told me I need to move out so I moved areas, not miles away but I didn’t know anybody, I don’t drive, and I suffered from depression and anxiety” (Resident - 4)

3.3 Local area coordinator skills and qualities

All of the residents described their overwhelmingly positive experience of walking alongside the local area coordinators. They engaged residents in positive conversations, contributing to an uplifting and supportive relationship. Residents consistently described the local area coordinators as kind, understanding, and empathetic. Residents praised them for their effectiveness, and found them to be helpful, approachable, and easy to talk to. Residents viewed the local area coordinators as non-judgmental, which created a comfortable and pressure-free environment for them to share their struggles without fear of criticism.

“I wanted someone to talk to about my problems, someone that can help, I go to her and have a rant and she says ‘what can we do with that?’ and she doesn’t pressure me, she listens to how I’m feeling” (Resident - 5)

Listening, problem solving and continuity were all identified by residents as important features of their interactions. Local area coordinators played an active role in residents' lives, offering a listening ear, and provided practical solutions to problems. Residents also highlighted the importance of having a consistent point of contact. This was particularly notable in comparison to their experiences with formal support agencies, where they often had to tell their 'story' repeatedly.

“She’s just encouraging, I told her a bit about my life and she’s really good at listening and suggesting things such as going to the hub” (Resident - 8)

“The consistency of one person I can contact is very important. I was an outpatient at a clinic and there are various agencies I’ve been in contact with and the one thing that used to frustrate me was the lack of continuity with the same person, and I’m aware that she (coordinator) isn’t a nurse but the consistency of one person I can contact is very important” (Resident - 7)

“I was so reluctant to tell our story to another person, and for them to go ‘I don’t know how to help you’, it took the lady from church a while to tell me to get in touch with her (coordinator) but it was the best thing” (Resident - 5)



Residents described their conversations with local area coordinators as solution focused, which emphasised their strengths.

“She (coordinator) will try and identify things I need help with and encourage me in ways that we can do them with her help or make suggestions on how I can move things on. It’s the unpressured manner in which she proposes these things” (Resident - 7)

3.4 Achieving positive outcomes

The local area coordinators helped the residents achieve several positive outcomes across a range of areas, with a notable focus on enhancing community integration. This was achieved through local area coordinators encouraging residents to join groups and activities based in their local communities, which helped them overcome loneliness and isolation. They also facilitated social opportunities for residents, including regular coffee mornings, and events at community hubs.

"She (coordinator) has twisted my arm to join a couple of groups which has been good" (Resident - 3)

"I've been going to the hub. It's nice to meet up with others and have a cup of tea and talk to a friendly face" (Resident - 13)

"She (coordinator) encouraged me to go to the arts club...it opened everything up for me" (Resident - 8)

"Without her (coordinator) I didn't know about this area, my whole life I was living in London and when I first came here I didn't know one person, but now I have lots of friends from church because of her" (Resident - 2)

Some of the residents described the ways in which local area coordinators had also encouraged them to start their own community groups based on their personal skills and interests.

"For people my age, who are feeling emotional, and really don't know what to do, she (coordinator) suggested I start a group, anyway we said we would try and have some ideas on how else we can do things for the community and get people back together...because she had all the links to the council it was perfect because she could speak on my behalf and inquire about room and spaces and stuff like that to do a breakfast club or a jumble sale, stuff like that" (Resident - 11)



In some instances, local area coordinators also assisted residents in accessing additional support services, such as mental health services via signposting. For two residents, local area coordinators also signposted educational programmes for those keen to further their education.

“She (coordinator) put me in touch with (mental health service), and I've been seeing them for a few months” (Resident - 3)

“She's (coordinator) been very helpful guiding me to the right places and to speak to different individuals in regards to my health” (Resident - 13)

“She (coordinator) said to me 'What do you want fixed now and later?' and I said I wanted to do a course, so since September I've been doing a GCSE course” (Resident - 5)

Many of the residents described the practical tasks that local area coordinators helped them with, which consisted of form filling and paperwork, including immigration applications and forms related to benefits and disability assessments.

“She's (coordinator) helping me to fill in all the forms because I can't use the technology, if an email comes from the NHS she answers them for me because my hands shake” (Resident - 2)

“Every week she (coordinator) has been sitting with me chasing people to see what's going on” (Resident - 5)

“She (coordinator) has helped me with filling in forms and the financial support as well, she helped me with my immigration application because my visa was going to expire” (Resident - 1)

“She's (coordinator) helped me fill in forms for assessments, otherwise it would take me weeks and weeks to get it done” (Resident - 4)

3.5 Moving forward

When asked to describe how their lives had changed since their involvement with the local area coordinators, residents described several positive changes, which related to an increase in personal confidence and independence. This was largely achieved through local area coordinators empowering residents to engage with their community independently, which fostered feelings of self-assurance and increased personal capability. As residents become more engaged in their local communities, residents felt they had more friends, and local area coordinators supported residents in pursuing hobbies, such as arts and crafts, which also led to feelings of increased confidence:

"I feel independent, she (coordinator) wants me to be independent, before I didn't go anywhere by myself and the first time I went on the train outside the area, I didn't think I could do it but she said I could do it – I couldn't believe I could do it"
(Resident - 1)

"I didn't have any confidence... she (coordinator) said to me, 'You really like crafts. What would you like to do more of that?' It went really well" (Resident - 4)

For many of the residents, their increased community engagement (facilitated by the local area coordinator) had improved their personal sense of purpose and agency. This positive shift in perspective improved their overall outlook on life, and for some residents, this had a beneficial impact on their overall health and mental well-being.

"I'm actually being somebody, I'm doing something (art class facilitation) rather than sitting at home thinking" (Resident - 11)

"I always enjoyed craft, I like doing creative things, and I've found it helped me mentally because it's keeping my hands busy and I stopped smoking" (Resident - 4)

"I am quite optimistic; I feel better about a lot of things. She's (coordinator) made a huge impact on my life really" (Resident - 3)

Local area coordinators facilitated goal setting and life planning conversations with residents, helping them identify personal aspirations, and provided support along the way. Residents expressed specific goals for the future, including learning to drive, owning a house, and initiating their own community groups.

"We filled in a form about what I want in my life now. I wanted to feel better about myself and have more confidence, and she's helped with that" (Resident - 3)

"I can't drive at the moment. In the future, I want to drive and have my own house, and she (coordinator) is helping me with that" (Resident - 1)

"I was thinking of planning a meet in the area where people could do a swap shop where they could take their bits that they don't need" (Resident - 13)



3.6 Conclusion

This work package reveals the positive impact local area coordinators have had on residents' lives in the current four areas in which they have been operating in. Local area coordinators have interacted with residents experiencing complex challenges, demonstrating their ability to effectively support vulnerable individuals dealing with various needs related to health, housing, and social isolation.

Residents highlighted specific qualities possessed by the local area coordinators (empathy, consistency, and kindness) that have positively contributed to the success of their relationships. These qualities reflect the establishment of deep, trusted one-to-one relationships, recognised in the LAC model as crucial for building personal capacity.

The achieved outcomes from residents following their interaction with LAC are diverse, but primarily centre around community integration and practical assistance. It is evident that local area coordinators are helping residents build on their personal strength, and their relationships with other local people. Local area coordinators have also enhanced residents' perception of their quality of life, leading to increased feelings of confidence, which has led to some residents to become active 'community producers'. However, it should be noted whilst local area coordinators offer practical help, they must be cautious not to foster dependency, ensuring the integrity of the LAC model by empowering residents rather than solving problems for them.

Improved health and mental health wellbeing also appears to be a positive outcome, which indicates that over time local area coordinators may be instrumental in helping residents avoid crisis points, thus helping reorientate resource away from crisis and demand management towards more collaborative, capacity building approaches that help people achieve sustainable outcomes as connected, contributing citizens of their own community.

3.7 Recommendations

- **The LAC leadership group should maintain existing recruitment, training and induction processes for incoming local area coordinator roles, as they are yielding high quality local area coordinators that residents greatly value.**
- **Ongoing reflective practice should be particularly focused on; celebrating the achievements of local area coordinators and residents, and identifying ways to avoid certain practices that may foster dependency through focused personal practice development activities.**
- **More local area coordinators are needed to reach residents across the '21 key neighbourhoods' for greater parity of the offer and its impact, in line with strategic aims.**
- **A long-term partnership funding approach is now required to build on the community capacity and capability created by local area coordinators for the long term.**

04. WORK PACKAGE 2: THE IMPLEMENTATION OF LOCAL AREA COORDINATION

4.1 Introduction

This work package explores the key themes that emerged from interviews with stakeholders involved in the 'ground level' implementation of LAC, presented under the following headings:

- Early implementation of LAC
- LAC and preexisting community activities
- Measuring outcomes
- Implementation of LAC: Challenges and enablers

4.2 Early implementation of LAC

All stakeholders agreed that the overarching aims and objectives of LAC were clearly defined from the beginning, and coordinators spoke positively about their induction process. From the perspective of those in leadership, careful consideration was given to where LAC should be located within the system. A decision was made to initially place LAC within the Customer and Communities Directorate to ensure it could initially grow and develop in a way that was connected to but also independent from statutory care services, such as Adult Social Care. As of February 2024, there have been some changes within the structures at Surrey CC, and LAC is set to be transitioned into Public Health (part of the Adults, Wellbeing and Health Partnerships Directorate) as so to position LAC as a core part of the locality "team around the community" model, which is being developed to enhance upstream prevention efforts throughout the county in collaboration with broader partnerships.

From the early stages of implementation, leadership have enthusiastically championed the model into the system. It is important to note that this encouragement has had a positive impact on others in the system, particularly coordinators, who have embraced this enthusiasm in carrying out their roles.

“Even when you're talking to councils in terms of how do we kind of better manage our finances, how do we better manage and shape demand for our services? All of that really comes down to kind of building resilience at a local level, kind of supporting people” (Leadership - ST4)

“That's the reason I applied for the role because of how genuinely enthusiastic it has been and how much people wanted to make a difference, and for this to work” (Coordinator - ST1)

It is evident that the LAC model is beginning to influence the wider system in two ways. Firstly, at the leadership level, changes to ‘ways of working’ have occurred in relation to the adoption of new management practices that encourage autonomy and self-reflection practices.

“My approach to operational management of the team has been using the LAC principles and that's not always comfortable because as a manager you kind of want to have some assurance that you know where people are, that you know what they're doing. And so I'm kind of purely going on trust, I don't need to know what they are doing every day” (Leadership - ST4)

Secondly, the model appears to be influencing other areas of collaboration. For example, shared learning practices are now taking place between local coordinators and Community Link Officers, which is enhancing understanding of local community needs and offerings. For other community-based officers, LAC was seen to be a complementary model, as opposed to one that duplicates offerings for residents:

“We wouldn't go out into the community with an individual and it's actually really nice to be able to offer that service...I've seen how the coordinators are working” (Community Link Officer - ST5)

4.3 LAC and preexisting community activities

It was evident that local area coordinators are making positive contributions to existing community activities, especially in relation to activities carried out by community partners (such as churches) and the local NHS (GP practices).

For example, a community partner from a church described their ongoing community initiatives, which included the provision of warm spaces, art classes and after school clubs for local residents. They described the positive and robust working relationship they had established with their local area coordinator, who regularly attended activities held in the church. As a result, the local area coordinator was seen to be positively connecting with churchgoers, and well positioned to provide them with additional support.

“I have worked with other workers from the council, I can’t remember what their titles were now because it was a while ago, but they have come and gone. I think the stability of the coordinator is key” (Community partner - ST9)

Regarding the local NHS partnership, LAC was seen to be making positive contributions to ongoing community activities organised by GP practices in East Surrey. One GP described their involvement in 'Growing Health Together,' a place-based approach commissioned by Surrey Heartlands CCG. This initiative focuses on building connections between GPs and the community to identify barriers for people/patients accessing health services and to support communities with positive 'health creating' initiatives.

The GP highlighted the alignment between LAC principles and the objectives of Growing Health Together. They described working closely with the local area coordinator, who actively participated in local partner meetings, which they saw to be a valuable point of contact for other GPs. In this context, the local area coordinator was successful in establishing strong connections between GPs and the local community, which facilitated the exchange of insights on community development and opportunities. Consequently, GPs were now seen to be more effective in introducing patients to LAC.

“It's patients that I would introduce directly to her (coordinator), but then I can let other organisations and other workers know that she's there, it's quite a close knit community and all the major sector people know that she's there” (GP - ST10)

4.4 Measuring outcomes

Local area coordinators described the current approach to measuring resident outcomes, which involves monthly updates to the LAC leadership group including details on; the number of introductions made, the manner in which they were introduced, the age and ethnicity of residents, and the reason behind each introduction. The LAC leadership group are currently working on ways to improve measuring outcomes, while avoiding any overly prescriptive case management style tools that would likely detract from the core LAC principles. One local area coordinator suggested inviting residents to record their own outcomes.

“I think it's really important that the individual gets to assess themselves and we capture that information, even if it's anonymously, because it can be quite bureaucratic in terms of it can just be a performance indicator really, you know, like measure every single thing” (Coordinator - ST2)

4.5 Implementation of LAC: enablers and challenges

A number of enablers and challenges related to the implementation of LAC were identified by stakeholders and are outlined here.

- Enablers
 - o The national LAC Network

The national LAC Network played an important role in improving the local area coordinators' overall understanding of LAC during their induction, particularly in relation to helping them distinguish the model from statutory services. The LAC Network provided local area coordinators with valuable learning opportunities, which was particularly beneficial as it helped them better grasp the practical application of LAC principles in real-world situations.

*“I think it was clear from the get-go of even before I started what we were setting out to do in Surrey and I had so much support around me from the network about what local area coordination is how we don't want to get it lost and confused amongst everything else in the system that we have around us”
(Coordinator - ST1)*

“The Network has been vital for me and because I think that consistent messaging of what we're looking ahead towards what we're doing, what we're trying not to do has been really important (Coordinator - ST6)

- o Reflective practice

Reflective practice also emerged as a key enabler for local area coordinators, who appreciated the chance to pause, assess, and learn from their colleagues in a supportive environment. Additionally, local area coordinators emphasised the significance of their recruitment process, particularly highlighting the role of community recruiters, which enabled them to integrate into the community effectively.

“I'd say reflective practices and we're starting to kind of get in the groove with them a bit more and finding what works for us because I think it was kind of a lot of trial and error of what we found helpful” (Coordinator - ST1)

“They (community recruitment panel) have been really important in embedding me in the community and I don't know how successful it would have been without them to be honest” (Coordinator - ST6)

- o Stakeholder engagement

The endorsement and support from stakeholders at both the county and district and borough levels and local NHS were recognised as vital enablers for coordinators, as it facilitated access to residents within their respective communities. This support underscores the importance of institutional backing and collaboration in ensuring the successful implementation and outreach of coordinators at both the broader county and more localised district and borough levels.

Local NHS partners, especially GPs, emphasised the positive impact the local area coordinator's presence was having within their practice, as it helped establish a sense of familiarity of LAC amongst medical staff.

“I think definitely having stakeholder buy in at a county and district level because if we don't have that, then ultimately our words and the magic of the programme gets lost” (Coordinator - ST2)

“She (coordinator) also came into our surgery and talked to all the GPs about local area coordination and I think that worked quite well because it's put a face to the name” (GP - ST10)

- Challenges

- o Budget constraints and pressures on community infrastructure

Unsurprisingly, a barrier to the implementation of LAC related to current financial constraints across public services, and the subsequent impact this has had on community infrastructure, especially in the Woking area where the borough council has issued a Section 114 Notice. Local area coordinators highlighted the repercussions of these financial pressures for residents, particularly related to the reduction of public transportation and availability of community spaces. Local area coordinators viewed these challenges as significant barriers to how residents could go on and become independent and less reliant on local area coordinators.

“A wish list is just to have more spaces available, which is difficult because every facility has overheads that need to be costed for...there are no informal spaces for people to meet...so having that informal space would be really good and I think that would be how we sort of evolve it and help people transition to be less dependent on coordinators” (Coordinator - ST2)

Local area coordinators also observed that residents' future aspirations appear to be negatively impacted by limited access to community spaces.

“There's no cafe, there's no library, there's no anything, really...I think it's a lack of aspiration is a big thing as well because they probably wouldn't say they've got a lack of aspiration....but I think that people haven't got enough to look forward to... they don't feel hopeful about the future (Coordinator - ST7)

Local area coordinators described walking alongside a variety of residents across varying demographics. This included families, single people, older people, and those from lower socio-economic status backgrounds. However, almost all of the local area coordinators were consistently walking alongside residents who were facing significant housing issues, typically related to overcrowding and long waiting lists. Housing issues were seen to be exacerbated by budgetary pressures, however local area coordinators were able to come up with innovative solutions to address this systemic challenge; for example, by identifying residents' preferences to connect with a housing representative, an initiative that has been well-received and valued by residents.

*“They (residents) want to actually talk to someone, so I actually managed to work with the housing team and now once a month, there's a housing officer at the community centre who does a drop in and that went really well, because the feedback is a lot of the time, no, there might not have been a resolution, but it was just nice to be listened to by someone in housing and just feel like what I was saying was being taken seriously”
(Coordinator - ST1)*



o Collaborating with other parts of the 'system'

The local area coordinators worked alongside colleagues from statutory services, including Mental Health teams, Disability, Adult Social Care and Housing and wider community partners and roles including district/borough teams, social prescribers and VCSE colleagues. For the most part, partnership working was successful, however, some of the local area coordinators had initially encountered challenge and clarification about their roles from colleagues working on the ground in their areas.

“So at times there was a little bit of pushback and questioning, but once you kind of built those relationships, especially with other partners that we're working in, in our areas, once you build those relationships and you keep that communication strong and they start seeing it tangibly as like, ‘oh, OK, this does work?’”
(Coordinator - ST1)

In some instances, local area coordinators highlighted the specific challenges when community partners misunderstood or overestimated their roles as 'fixers'. There were instances where partners assumed that coordinators could offer solutions for residents, particularly in relation to housing issues.

“I would just say it's difficult managing expectations of partners would be another one for me, because I think I guess we have flexibility and we don't have the criteria as such and sometimes people can push that a little bit and it's then trying to manage those expectations of actually this is you know we've not got magic wands” (Coordinator - ST1)

Clarifying the local area coordinator role was especially important when working alongside Community Link Officers and social workers, in order to reduce confusion among residents regarding their different roles.

“I think the community has a perception that we would support like social workers, but that's not what we are here to do” (Coordinator - ST2)

“And also because as soon as you kind of are there to say I'm not coming in to fix it all for you, we can do it together and walk alongside you, some people are just like; ‘I just want that fix’ and I get it because if you're facing a really tough time in your life, all you want is for it to be sorted, don't you?” (Coordinator - ST1)

o System size and statutory services

Those in leadership described the practical challenges associated with embedding LAC within the size and system complexity of Surrey and Surrey CC. Because of these challenges, additional attention has been paid to the 'connection work' between LAC and bigger statutory services such as Adult Social Care.

“I think it is a challenge because you're not just going to one social care team, for example, you've got 11 locality teams. You're not just going to one housing team, you're going to whichever housing team it is within the area within which you're working. So, that kind of scale I think does pose challenges”
(SCC Stakeholder - ST4)

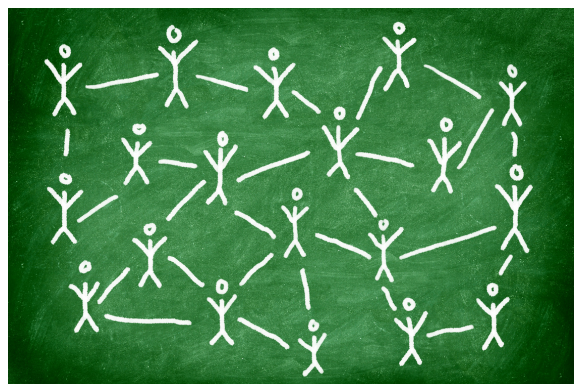
At the ground level, some of the local area coordinators encountered challenges in working alongside social workers who are required to cover larger localities. One local area coordinator described the difficulty in establishing effective communication and collaboration with the locality teams responsible for covering a wide geographic area. The issue appeared to lie in the significant workload and extensive coverage of these teams, making it challenging for them to engage with the more hyper localised efforts of LAC. Local area coordinators identified the importance of building relationships to mitigate these gaps, recognising this can be difficult when there is a high turnover of staff within Adult Social Care teams.

“Whereas your locality teams, for example, cover the whole of the borough, so I think sometimes we go and have these conversations with them and they're so busy and they cover everywhere that that you kind of get lost. So they kind of forget that you're even an entity that they could turn to. So we're trying to find ways to build those relationships. But it's difficult as well because you get quite a lot of turnover in those teams” (Coordinator - ST1)

When describing how LAC intersects with Adult Social Care, which is traditionally characterised by statutory parameters, a notable tension was observed from the distinct operational frameworks of the two approaches. Adult Social Care typically operates within well-defined statutory parameters, governed by specific regulations and legal frameworks. In contrast, LAC is not bound by traditional statutory constraints, emphasising a more flexible and community-driven model.

*“I think what's different about it and what can feel challenging for people is it doesn't come under your normal statutory frameworks or your normal governance frameworks. It doesn't have those really strict kind of operational parameters that many of us working in the public sector”
(SCC Stakeholder - ST4)*

“And I know for us in LAC, we're trying to sometimes challenge that system and we know it's not something that's not going to happen overnight and but it can be tricky when we're so person centred and strength focused and want that person to lead and feel resilient and have capacity...And then suddenly you kind of hit a bit of a wall with the system” (Coordinator - ST1)



However, this tension is currently being addressed by the LAC leadership group, who have identified it as a key priority, and work is currently underway to bridge gaps between the model and other parts of the system through localised introductions and focused conversations. This approach, rather than opting for a blanket county-wide implementation, allows for a more tailored and nuanced integration, taking into account the unique dynamics and requirements of each local context.

“So I think our leadership groups have to be really fundamental in, in almost making those connections kind of on our behalf in some ways. So again the complexity of being 2-tier. So things like housing and community kind of sit with the district and borough councils and social work and education sit with the county council. So our partners on the leadership group have been really instrumental in kind of setting up those localised conversations in areas”
(SCC Stakeholder - ST4)



o Working conditions

Local area coordinators acknowledged that having a physical base is not inherent to the LAC model. However, some mentioned the practical challenges of working without a base.

“We're not supposed to be grounded in an office, but just having a chair or somewhere with Wi-Fi in the community, especially in the winter, that's warm. Otherwise, you end up spending a lot of time in clusters or coffee shops, which isn't great if you're trying to have a call and you can't put the mic on because it's too loud and noisy” (Coordinator - ST2)

4.6 Conclusion

This work package highlights the successful implementation of LAC so far, which has been characterised by a clear articulation of aims and objectives, positive engagement from leadership, and careful strategic positioning of the model in the system. Stakeholders have embraced the model, which has resulted in changes to management practices and increased collaborative efforts. This is a positive example of cross system leadership, which may also inform the wider system to learn from the practices and insights coming back through the design and implementation of the model. Local area coordinators are embedded within their communities and understand the unique challenges residents face and can identify community needs that address local issues and reach people most in need of support.

Local area coordinators are positively impacting existing community activities, with notable effectiveness with community partners and the local NHS. These links appear to not only facilitate insightful exchanges on community development and opportunities, but have also improved how GPs introduce patients to LAC. This finding suggests that local area coordinators have a strategic role in cultivating robust community connections and supporting broader health initiatives within the local context.

Enablers to implementation include the support from the national LAC Network, reflective practices, effective recruitment processes, and stakeholder buy-in at both county and district and borough levels. However, challenges persist, notably related to budget constraints impacting community infrastructure, and challenges working alongside larger statutory services such as Adult Social Care. Clarifying roles and expectations of LAC within other areas of the system appear to be an ongoing priority, which is being supported through ongoing localised introductions and phased implementation strategies.

In navigating these challenges and leveraging enablers, Surrey's implementation of LAC provides valuable insights into the complexities and successes of introducing the model within a large geography, with a two-tier local government and two integrated care systems.

4.7 Recommendations

- **The LAC leadership group should continue to strengthen stakeholder engagement by continuing efforts to foster stakeholder buy-in at both borough and district levels and NHS, emphasising the importance of support from, and interconnectedness with, various service areas, particularly Adult Social Care. This can be accomplished through targeted communication, collaborative forums, and showcasing resident success stories.**
- **The LAC leadership group should highlight successful practices where local area coordinators have achieved cross-sectoral engagement, with VCSE partners and the local NHS in order to promote knowledge exchange and resources for community development in the ongoing expansion of LAC.**
- **The LAC leadership should prioritise the refining of measurement and reporting outcomes for residents. This may include the development of a strength-based approach to measure outcomes at two time points (initial introduction and 6/12 month follow-up). Appropriate strengths-based measures include the Sense of Community Index which is a measure used to gauge a sense of community, and the Most Significant Change (MSC) approach which involves generating and analysing personal accounts of change.**
- **The LAC leadership group may wish to reflect on the impact of local budgetary constraints on community infrastructure, and consider alternative opportunities for local investment through innovative funding solutions such as place-based public service budgets that allow different services to collaborate with communities to identify funding priorities.**
- **The LAC leadership group may wish to consider how they may address practical working conditions for local area coordinators, and explore solutions for local area coordinators to access suitable spaces to work in.**

05. WORK PACKAGE 3: LOCAL AREA COORDINATION AND THE WIDER SYSTEM

5.1 Introduction

This work package presents the findings obtained through interviews with stakeholders from the LAC leadership group. The LAC leadership group consists of senior leaders from across the organisation and professional areas involved, including Adult Social Care, Public Health, Community Investment and Engagement, Early Help and Family Support, District and Borough Community Services, and commissioning and primary care leads from the NHS. The focus of this work package was to understand the growth of LAC and its broader impact at a systems level. The findings are organised under the following themes:

- Strategic integration of LAC
- System fit and shared learning
- LAC and place-based commissioning

5.2 Strategic integration of LAC

The embedment of LAC into the wider system in Surrey has been achieved through purposeful and strategic discussions with senior partners throughout the implementation phase, fostering collaboration to ensure LAC became an integral component of the broader system in Surrey. These initial conversations contributed to a shared understanding of the LAC model, and its potential for system impact, thus solidifying its position within the larger framework. The integration of LAC into the wider system was facilitated by several factors, including; a considered implementation process, the shared recognition of LAC as a suitable 'fit,' and the establishment of permanent LAC roles, as detailed below.

During the initial planning stage, a deliberate and gradual implementation pace was chosen for the following reasons; firstly, to align it with community preferences, and secondly, to ensure the future sustainability and growth of the service. The establishment of the LAC leadership group, comprising of senior leaders across the system, further enhanced the commitment to LAC amongst system partners in Surrey.

“We've gone slower on pretty much everything, we have gone slower on purpose, but I think we've always felt like the timeline is our timeline, and it was reinforced because of the feedback from communities because the one thing they didn't want was more pilots and people coming and going” (SCC Leadership– ST11)

*“I think having this leadership group was helpful too because it very much felt like a partnership endeavour right from the start and it's kind of grown”
(SCC Leadership – ST13)*

Another enabler related to how LAC was seen to be distinctive from other community development approaches in how it utilises existing relationships, services and structures. Additionally, LAC was seen to be unique in how it could connect with hard-to-reach communities and address underlying inequalities.

“It (LAC) was being done through the existing people that are around and services, and that was different because sometimes doing community development where you bring someone completely cold in and things can get missed, so the fact it (LAC) was working with existing structures and existing communities it was a bit different” (SCC Leadership – ST13)

“The focus was on geographical areas of inequalities and communities who are otherwise sometimes seldom heard, and this approach appeared to be a really natural way of being able to engage with communities in quite a different and innovative way” (NHS Leadership - ST16)

Another important element of the implementation process involved establishing permanent LAC roles (local area coordinators and a team manager). The LAC leadership group viewed the establishment of permanent LAC roles as being key in building trust and commitment among stakeholders, ensuring a sustained and effective presence in both the overarching system, and the specific localities served by LAC. The effective integration of LAC into the broader system has resulted in positive system outcomes, particularly in influencing the adoption of new operational methods in other services. For example, one stakeholder described the incorporation of community recruitment into the broader functioning of their service.

“For me the clincher was that there was a permanent contract. It wasn't we were going to try something for 12 months, so the fact it's permanent is so important. For me, that was the game changer” (SCC Leadership – ST13)

“It's (LAC) made me think about how we can involve communities in recruitment and that was a good thing. I really liked how it was done with the different panels, and just the approach and way of working” (SCC Leadership – ST13)

5.3 System fit and shared learning

Members of the LAC leadership group viewed LAC as a valuable complement to their existing services. This was due to how the principles of LAC were perceived to be in close alignment with their own service aims and objectives, particularly in relation to; the development of community health strategies and well-being initiatives, fostering community partnerships, emphasising prevention, enhancing community development, and addressing broader determinants of health.

For example, a stakeholder from Early Help and Family Support described the positive impact of having local area coordinators present at family centres in the community. In these settings, local area coordinators have demonstrated their ability to provide personalised support, especially for individuals without children seeking formal service support. The proactive engagement of local area coordinators at family centres was seen to be instrumental in ensuring that residents receive tailored assistance, contributing to a more inclusive and responsive delivery of community support services.

“It was really good when the coordinator was working in the family centre and got to know all those people, it's good there's a lot of support for people at an early stage out there particularly if you've got children but if you don't then there isn't quite so much, so that's where the coordinator particularly can fill a gap, and there are residents that coordinators can walk alongside that our staff wouldn't. It's not in their remit to support in that way” (SCC Leadership - ST13)

The LAC leadership group described the initial learnings they have gained in relation to the qualitative impact of LAC on residents within their services, which has provided tentative insights into the emerging community needs for their areas. They perceived local area coordinators to be uniquely placed to help connect Surrey level discussions with on-the-ground community conversations, highlighting valuable insights and activities unfolding at the grassroots level.

“The coordinators are walking alongside individuals and for my own kind of understanding and insight and intelligence needs for SCC I think they're an integral part in terms of understanding the experience of residents who are in our key neighbourhoods and there's no greater understanding than being somewhere and being present” (NHS Leadership - ST14)



However, the LAC leadership group recognise the need to improve how LAC insights and learning are fed into the wider system. There is a perceived absence of a systematic approach to sharing learning, which is currently seen to be happening in an ad-hoc way across various services. There is a consensus regarding the need for a coordinated approach that will structure information flow and provide vertical feedback, ensuring the effective utilisation and response to insights generated by LAC.

“There are lots and lots of really key insights that all being fed but not systematically, and it's happening in an ad-hoc way and it's happening in a relational way between, you know, some of the services, but not in a systemised way that allows us to coordinate and respond to the intelligence and then coordinate a strategy” (SCC Leadership – ST15)

Furthermore, it was highlighted that additional consideration should also be paid to how insights gained can be strategically implemented. A challenge was identified in transforming themes arising from the local area coordinators' impact into systematic, tangible actions, especially within services that are experiencing high demand such as housing. A stakeholder from Public Health identified the importance of governance structures and the LAC leadership group in ensuring that insights are effectively addressed and seamlessly integrated into system-wide operations.

“I think what we (LAC leadership Group) struggle with is when themes are emerging from the coordinators of people they've worked alongside, we need to get into a systematic way of taking those themes and making sure they are raised and embedded into system wide working” (SCC Leadership – ST12)

5.4 LAC and place-based commissioning

The LAC leadership group collectively view LAC as an appropriate ground-level expression of the wider-systems level prevention strategy, which is providing valuable community impact and insights. It was noted that capturing these learnings effectively can act as a catalyst for place-based and value-driven commissioning strategies. This was largely attributed to local area coordinators who are seen to be well positioned to gather local intelligence and community insights, particularly in relation to community dynamics, persistent issues, and resident service needs. It was recognised that this localised information can have the potential to enhance commissioning cycles and processes so that they closely align with local needs and allow for flexible decision-making to nurture emerging community initiatives facilitated by local area coordinators.

“How do you make space for and support things that have emerged differently? I'm thinking of where coordinators have supported community members to set up peer support groups. Great, but how do you make sure that is an asset that isn't invisible and not crushed by something else? But valued through those commissioning cycles and decision-making cycles” (SCC Leadership – ST11)

However, it was identified that integrating local intelligence into commissioning processes is reliant on flexible commissioning frameworks. One member of the LAC leadership group described the importance of leveraging local area coordinator insights, along with other community partners. This collaborative approach was seen as a way to ensure a more comprehensive and contextually relevant integration of local insights into the commissioning framework.

“I think after they've (coordinators) been in post and working in communities probably for like at least a year, they are going to have a really good feel for what's going on and what people are saying, and where the gaps are. And I think that's going to help commissioning if commissioning could be flexible enough to work in that space” (SCC Leadership - ST13)

5.5 Conclusion

In conclusion, this work package highlights the seamless integration of LAC into the wider system in Surrey. This success was realised through purposeful engagements with senior partners, a carefully planned implementation process, and the establishment of permanent roles. The formation of the LAC leadership group has played a pivotal role in solidifying the commitment to LAC among system partners. Significantly, LAC is widely recognised as being closely aligned with broader systemic preventive strategies and is inspiring changes to operational practices in other parts of the system. LAC integration into the system has been well-received by system partners, and while early learnings have provided valuable insights into emerging community needs, the LAC leadership group are now looking to prioritise how LAC insights can inform responses right across the wider system. Local area coordinators play a vital role in supplying the LAC leadership group and wider stakeholders with localised intelligence and community insights that have the potential to shape responsive commissioning strategies. Despite this, challenges exist in efficiently capturing and strategically implementing these valuable insights. Recognising and supporting emerging community initiatives encouraged by local area coordinators will be essential to enhancing the overall impact of 'real-time' responsive commissioning process. The dedication to refining these processes will be crucial in maximising LAC's influence at a systems level. Through ongoing collaboration and strategic efforts, LAC is well-positioned to further solidify its role as a catalyst for positive change within the broader systems context.

5.6 Recommendations

- **Advocate for and implement commissioning and place-making frameworks that embrace flexibility to accommodate dynamic insights from local area coordinators. This may include the adoption of agile commissioning methodologies, enabling swift decision-making, frequent reviews, and adjustments based on real-time feedback from the community and service providers.**
- **Explore participatory commissioning practices by involving community members, LACs, and stakeholders in decision-making processes. This may also involve community panels or forums that actively contribute to identifying priorities for commissioning decisions.**
- **Implement digital tools to support the systematic flow of intelligence, insights, and feedback which will encourage system-wide coordination across partnerships and services. These tools would enable the LAC leadership group to coordinate and respond to real-time intelligence strategically.**
- **Establish a systematic approach to convert insights from local area coordinators into strategic actions within the LAC Leadership group by creating a dedicated strategic implementation agenda into LAC Leadership group meetings and activities. This may include specific time and resources to discuss, plan, and monitor the execution of actions based on insights from local area coordinators.**

06. WORK PACKAGE 4: DEMONSTRATING THE FINANCIAL IMPACT OF LOCAL AREA COORDINATION

6.1 Introduction

Demonstrating the financial impact of LAC in Surrey will be an important step in futureproofing the implementation of the model in the face of growing financial constraints and increasing unmet service demand. The academic research in this area highlights how these pressures are being felt by local authorities across England, and suggests that systems will now require a substantial reform from reactive services to a preventative approach as a key strategy for cost reduction.

This work package synthesises the latest evidence on the financial impact of LAC, both broadly (independent LAC evaluations) and specifically to Surrey (Community Catalyst 2024 report) and proposes considerations for future approaches aimed at accurately demonstrating the financial benefit of LAC.

6.2 Evaluating the financial impact of LAC: a summary of current evidence

Several independent evaluations have shown that LAC yields positive outcomes across various areas. A list of these evaluations is available [here](#).

The collective findings from these evaluations have been recently synthesised in a systematic review published by Thiery et al. (2023). The review draws on 14 evaluations of LAC in England and Wales, exploring outcomes in regard to individuals, families, and broader systems. This summary will focus specifically on the economic insights from the review.

The review classifies the economic methods employed across the 14 evaluations as follows: Indicative Costs, Counterfactual Approaches, the Derby Theory of Change Model, Return on Investment (ROI), and Social Return on Investment (SROI). A summary of the strengths and limitations of each of these approaches are presented in Table 6.

The review underscores the promising economic potential of LAC in delivering cost savings and enhanced social value.

Methodology	Description	Key studies	Strengths	Limitations
Indicative Costs	Early indications of potential cost savings attributed to LAC interventions, focusing on improved access to care	Lunt and Bainbridge (2019), Reinhardt and Chatsiou (2018)	Can provide a quick, preliminary estimate of potential cost savings. This method is useful for early-stage evaluations when detailed data may not be available	Provides broad estimates rather than precise calculations. May not capture the full complexity or the long-term economic impact
Counterfactual Approaches	Explores potential outcomes and savings in the absence of LAC interventions, highlighting the preventive aspect of LAC	Gamsu and Rippon (2019), Sitch and Biddle (2014)	Offers insights into potential savings from avoided crises	Relies on optimistic assumptions, and requires complex modelling to estimate scenarios accurately
Derby Theory of Change Model	Estimates cost savings across various domains based on projected service demand reductions using a structured theoretical model	Derby City Council (2021)	Connects specific outcomes to broader strategic objectives, providing a structured way to estimate potential cost savings based on a Theory of Change	Requires the development of a robust theoretical framework and may not capture unforeseen outcomes
Return on Investment (ROI)	Quantifies the economic benefits of LAC in relation to its costs, suggesting significant financial returns from averting costs in healthcare and social services	Kingfishers Ltd. (2015), Mason et al. (2019)	Offers a direct economic evaluation of an intervention by comparing its costs to the financial benefits it generates	Methodology requires comprehensive data on both costs and benefits
Social Return on Investment (SROI)	Extends economic evaluation to include social and community-level benefits, attributing monetary values to a range of outcomes	Marsh (2016) and others	Extends beyond financial metrics to include social and community-level value of LAC	Methodology requires extensive data collection and the ability to monetise 'social outcomes'

Table 5 Approaches identified by Thiery et al. (2023)

While indicative costs, counterfactual analyses, and ROI/SROI evaluations highlight various economic benefits, the review highlights the variability in methods used to evaluate the costs and outcomes of LAC, reflecting the complexity of accurately capturing the full spectrum of economic impacts. The diversity of approaches indicates that there is no single 'best' method, with each having its own set of advantages and limitations. The review highlights the importance of standardising future economic analyses to improve comparisons and deepen insights into LAC's cost-effectiveness.

6.3 Community Catalyst 2024 Report: 'An analysis of 6 stories of Local Area Coordination in Surrey: Positive changes and costs avoided'

In early 2024, Surrey CC collaborated with Community Catalysts to create a report that utilises case studies to highlight positive changes and cost savings achieved. The report presents the early impacts of LAC within Surrey through the exploration of six transformative stories of Surrey residents. By analysing the narratives shared by coordinators employed by Surrey CC, the report presents the changes and cost savings brought about by the LAC's intentional design and practices. The full report can be found [here](#).

This section presents a summary of key findings from the report:

- **Effective positioning and principles:** Local area coordinators are deeply rooted in the community they serve, which demonstrates a consistent and accessible approach. Through various introduction channels, including service partners, family members, and local community connections, local area coordinators have effectively initiated relationships based on trust and the individual's vision of a good life, rather than a service-based referral system
- **Intentional practices:** The practices employed by local area coordinators are in line with the standards of LAC design, emphasising the importance of understanding the whole person, working at their pace, and fostering connections within the community. These practices have shown to facilitate stronger partnerships between individuals, their families, and formal services, leading to better coordinated and meaningful support systems

- **Thematic concerns and positive outcomes:** Analysis of the six stories revealed common thematic concerns among the residents, including housing issues, financial struggles, and personal health challenges. The holistic and supportive nature from the local area coordinators has led to notable improvements in residents' lives, including enhanced mental health, avoidance of housing eviction, and reduced reliance on formal services
- **Cost savings:** The report identifies approximately £25K in highly likely cost savings to the system from across six case examples, highlighting the economic benefits of the LAC approach. These savings stem from avoided negative outcomes such as hospital admissions, eviction proceedings, and unnecessary service utilisation, showcasing the potential for significant cost avoidance through early intervention and support.

The report shows that LAC is successfully embedding within the Surrey community, driven by its well-designed and principled approach. The early impacts observed through these six stories indicate not only improved individual outcomes but also substantial predicted cost savings for the system. This report suggests that further, more in-depth research could elucidate the cost-benefit ratio of LAC, anticipated to align with positive evaluations from other regions. The findings offer a compelling case for the continued support and expansion of LAC in Surrey.

6.4 Considerations for future economic analysis

Accurately identifying cost savings of preventative approaches is challenging due to several factors. Firstly, considerations of the long-term horizon as preventative measures often take years to manifest into tangible cost savings, therefore the delay in observable outcomes complicates the prediction and quantification of savings. Secondly, identifying complex casual links between preventative actions and specific cost savings may be influenced by a wide array of factors, making it difficult to isolate the impact of preventative measures alone. Thirdly, accurately measuring the effectiveness of preventative interventions and their impact on costs requires comprehensive data collection and sophisticated analysis techniques.

These challenges highlight the need for sophisticated, multi-faceted approaches to evaluate the cost-effectiveness of LAC, that consider both the immediate and long-term impacts across the broader societal spectrum. However, deciding on the 'best' approach for calculating costs related LAC depends on the specific objectives of the activity, and the available data. In choosing the best approach, the Surrey LAC leadership group may wish to consider the following factors:

- **Objective of the analysis:** If the goal is to demonstrate broad social impacts, SROI might be most appropriate. For more focused economic evaluations, ROI could be preferable
- **Stage of the intervention:** During the early adoption of LAC in future phases, indicative costs or counterfactual approaches might be more practical, moving to more complex models as more data becomes available
- **Availability of data:** More comprehensive approaches like SROI and ROI require detailed data on costs and outcomes
- **Stakeholder needs:** The information that will be most persuasive to different stakeholders. For example, commissioners may prefer ROI, while community organisations may value the inclusiveness of SROI.

6.5 Conclusion

The evidence discussed here present a compelling case for both immediate and long-term economic benefits. The diverse methodologies to establishing financial impact underline the multifaceted approaches taken so far. Although the methodologies exhibit variability, they collectively underscore the economic potential of LAC in delivering cost savings and enhancing social value.

Future evaluations and data collection activities should strive for standardisation in economic methodologies to provide clearer insights into the cost-effectiveness of LAC. A mixed-methods approach, combining elements of several methods to capture both the economic and social value of interventions, might provide the most comprehensive understanding of LAC's impact. This will not only consolidate the financial rationale for LAC, but also enhance its societal contributions, marking a pivotal step towards sustainable and preventative local service provision.

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APPENDIX 1: 21 KEY NEIGHBOURHOODS

Lower Super Output Area (ranked on IMD score)	IMD Decile (lower number is more deprived)	Key Neighbourhood/ Electoral Ward	District / Borough	Primary Care Network	Health Area
1 Reigate and Banstead 008A*	2	Hooley, Merstham & Netherne	Reigate and Banstead	Horley	East Surrey (SH)
2 Woking 004F	2	Canalside	Woking	WISE 3	NW Surrey (SH)
3 Guildford 012D**	2	Westborough	Guildford	GRIPC	Guildford & Waverley (SH)
4 Guildford 007C	2	Stoke	Guildford	GRIPC	Guildford & Waverley (SH)
5 Spelthorne 001B	3	Stanwell North	Spelthorne	SASSE Network 3	NW Surrey (SH)
6 Mole Valley 011D	3	Holmwoods	Mole Valley	Dorking	Surrey Downs (SH)
7 Reigate and Banstead 005A	3	Tattenham Corner & Preston	Reigate and Banstead	Banstead Healthcare	Surrey Downs (SH)
8 Epsom and Ewell 007A	3	Court	Epsom & Ewell	Epsom	Surrey Downs (SH)
9 Spelthorne 002C	3	Ashford North and Stanwell South	Spelthorne	SASSE Network 3	NW Surrey (SH)
10 Woking 005B	3	Goldsworth Park	Woking	WISE 3	NW Surrey (SH)
11 Runnymede 002F	3	Englefield Green West	Runnymede	Windsor	Windsor and Maidenhead (Frimley)
12 Elmbridge 004B	3	Walton South	Elmbridge	Walton	NW Surrey (SH)
13 Reigate and Banstead 018D	3	Horley Central & South	Reigate and Banstead	Care Collaborative	East Surrey (SH)
14 Waverley 010A	3	Farnham Upper Hale	Waverley	Farnham	NE Hampshire and Farnham (Frimley)
- Spelthorne 001C	3	Stanwell North (included above)	Spelthorne	SASSE Network 3	NW Surrey (SH)
15 Waverley 010A	3	Godalming Central and Ockford	Waverley	East Waverley	Guildford & Waverley (SH)
16 Runnymede 008D	3	Chertsey St. Ann's	Runnymede	COCO	NW Surrey (SH)
17 Reigate and Banstead 010E	3	Redhill West & Wray Common	Reigate and Banstead	Care Collaborative	East Surrey (SH)
18 Guildford 010C	3	Ash Wharf	Guildford	Surrey Heath	Surrey Heath (Frimley)
19 Elmbridge 008A	4	Walton North	Elmbridge	Walton	NW Surrey (SH)
20 Elmbridge 017D	4	Cobham and Downside	Elmbridge	Leatherhead	Surrey Downs (SH)
21 Surrey Heath 004C	4	Old Dean	Surrey Heath	Surrey Heath	Surrey Heath (Frimley)
+ Tandridge 007D***	5	Hurst Green, Oxted South	Tandridge	Tandridge	East Surrey (SH)

* Agreed to be in a later phase, while current focus is on the Merstham Hub and learning from Horley

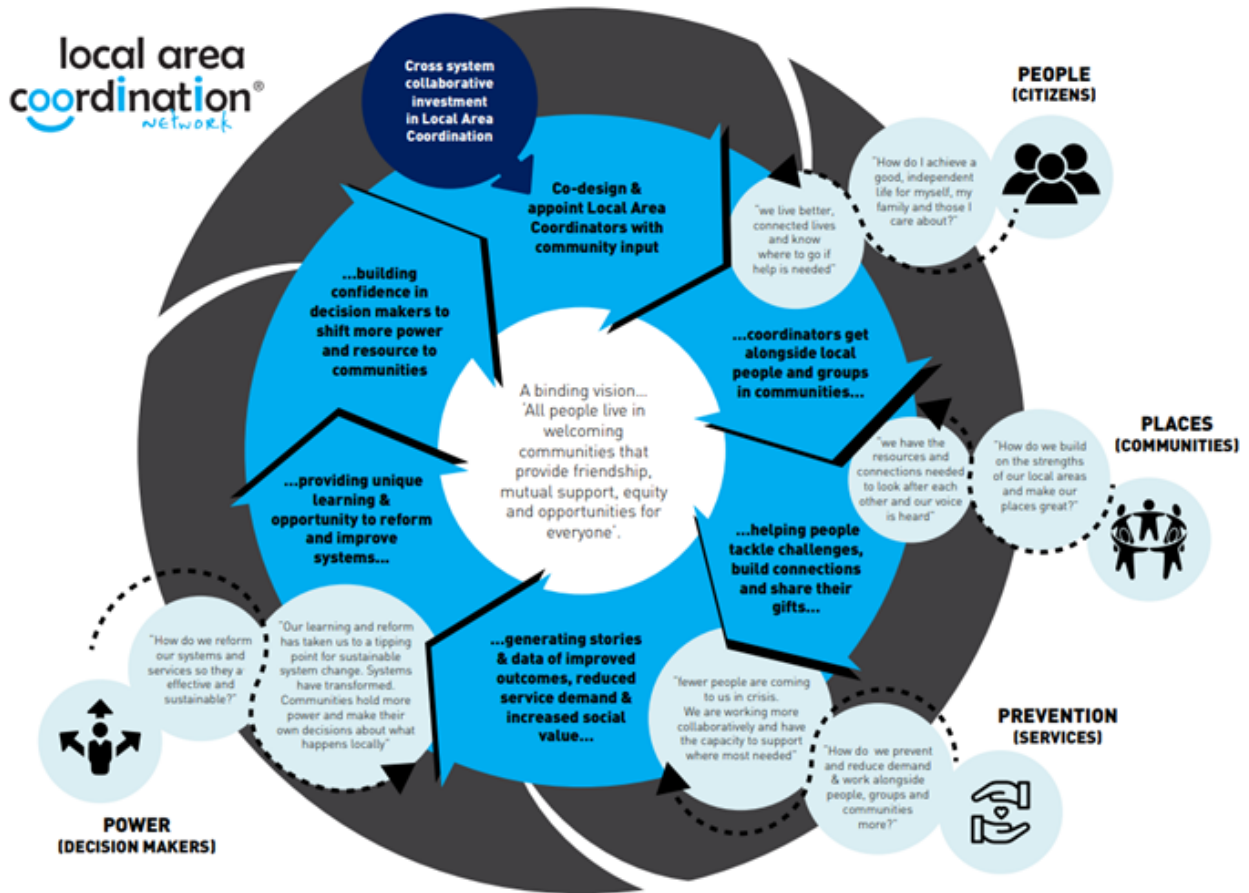
** Agreed to start in adjacent Stoke Newington in North Guildford

*** local priority in Tandridge

APPENDIX 2: DIMENSIONS OF DEPRIVATION

Households were classified by dimensions of deprivation and were considered deprived if they met one or more of the four dimensions of deprivation: employment (where any member of a household, who is not a full-time student, is either unemployed or long-term sick), education (no person in the household has at least five or more GCSE passes (grade A* to C or grade 4 and above) or equivalent qualifications, and no person aged 16 to 18 years is a full-time student), health and disability (any person in the household has general health that is “bad” or “very bad” or has a long-term health problem), and housing (the household’s accommodation is either overcrowded, with an occupancy rating of negative 1 or less (implying that it has one fewer room or bedroom required for the number of occupants), or is in a shared dwelling, or has no central heating) (Surrey-i, 2024).

APPENDIX 3: LAC MODEL DESCRIPTION



APPENDIX 4: LEADERSHIP GROUP RESPONSIBILITIES

- Effective design, development, and implementation of Local Area Coordination across Surrey
- Using Local Area Coordination as a key driver for identified systems change, cultural change and reform
- Identifying and pursuing opportunities for joint working leading to increased impact for communities and value
- Building a shared understanding of the mutual benefits for Local Area Coordination and actions required to deliver shared outcomes at the individual, family, community and systems level
- Identify and pursuing opportunities for longer term partnership arrangements and funding for Local Area Coordination – connecting this with wider strategic choices about how to best balance funds/resources for a crisis/service focus while ensuring effective investment in prevention/capacity building solutions

APPENDIX 5: PHASE II LAC NEIGHBOURHOODS

	1. Scope for impact <small>a Data needs</small> <small>b Local assmt needs</small>		2. Partnership appetite	3. Operational feasibility <small>Current role holders and ops leads</small>	4. Alignment to roadmap	5. Community validation	Health place	D/B
Stoke	H (IMD 4)	H	H	H	H	Yes	Guildford & Waverley	Guildford
Stanwell	H (IMD 5)	H	H	H	H	Yes	North-West	Spelthorne
Dorking South (Holmwoods)	H (IMD 6)	H	H	H	H	To be completed next	Surrey Downs	Mole Valley
Goldsworth Park	H (IMD 10)	H	H	H	H	Yes	North-West	Woking

Proposed neighbourhoods for Phase II of LAC (a Index of Multiple Deprivation ranking with 1 (out of 709) the relatively most deprived lower super output areas in Surrey. See Key Neighbourhoods | Surrey-i (surrey.gov.uk)

APPENDIX 6: RESIDENT TOPIC GUIDE

1. Can you tell me about what was your life like before you came to be involved with LAC?

- What were the challenges that you and/or your family were facing?

2. What support or care (if any) were you receiving before LAC (paid and informal)?

- Were you accessing help and support from any of the following? (local communities, VCSE organisations and community groups, local authority services, NHS services etc.)

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

- How did you find out about LAC?
- Can you tell me about the kinds of solutions you came up with the LAC?
- Did you feel listened to?
- What did you like / dislike?
- Do you think you were encouraged to think about the things that are positive in your life?
- If you've had previous experience of asking for support, was anything different this time compared to before?

4. What were you hoping might change in your life during/following your contact with LAC?

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

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

- If changes did happen, what were they?
- What do you think helped make these changes happen?
- Would you say you have more or less connections with other people and/or in your community?
- If you are connected to more people, and/or in your community, how do you feel about the quality of these relationships?
- Do you feel like you know more about your personal goals and strengths following your interaction with LAC?
- Do you feel confident in accessing information, support and services?

6. Looking into the future, following your interaction with LAC, would you say it has changed how you see the future?

- Do you think you have more or less confidence and hope about the future?
- Do you think you have control in your life to make decisions about your life?
- Do you feel more confident about what you (and your family and friends) could do to make a difference?

APPENDIX 7: STAKEHOLDER TOPIC GUIDE

1. Can you tell me about your role in relation to LAC?
2. From your perspective, how did you view the introduction of the LAC?
 - What was your sense of an overall vision of LAC?
 - What did you see as its objectives and were you in support of these?
3. How have things developed in terms of the implementation of LAC in the last 12 months or so?
 - How is it working from your perspective?
4. What types of residents do you typically work with, and how do you assess their needs and preferences?
 - How do you stay updated on the available community resources and services to better support residents?
5. Implementation of LAC: challenges, enablers and outcomes;
 - What have been the enablers?
 - What have been the challenges/barriers?
 - What is (or is not) working in terms of better outcomes for residents?
 - What ingredients really make a difference in practice?
 - What could be done to improve resident experience?
6. How do you collaborate/work alongside other parts of the system? For example, community organisations, voluntary sector, public health, adult social care, housing, disability etc.,
7. What do you think are the key ingredients needed for a successful LAC?
8. Are there any specific success stories or examples of positive outcomes that you can share from your experiences in your role?
9. What resources, training, or support do you receive to enhance your effectiveness in your role?
10. How do you assess / measure outcomes in terms of wellbeing / safety / empowerment / quality of quantity of support network, ongoing need for services, etc.?
 - What are the main challenges/barriers to measuring outcomes?
11. How do you see the future of this model? And the future of preventative strategies as a whole?
 - In your opinion, what improvements or changes could be made to further enhance the effectiveness of LAC?

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