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***“Making Haringey a Better
Place... where everyone can
thrive”***

Haringey Local Area Coordination
Programme – A Formative Evaluation of
Implementation

Leeds Beckett University

Professor Mark Gamsu
Simon Rippon

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Executive Summary

"We know that the only way we can deliver our ambitions for Haringey to be a better place in which everyone can thrive is to build greater community resilience, and develop new ways for communities to support all their members. Our local area co-ordinators are a really important part of this mission, connecting people to others who can support them, and providing support in turn to those in the community who want to find more systematic ways of providing that support. They spin webs of support across our local communities, pausing to re-inforce weak points, but always focusing on the strength of the overall network."

Zina Etheridge Chief Executive, Haringey Council.

The Haringey Local Area Coordination Service was established toward the end of 2017. It currently employs two coordinators who work in three wards in the borough. One worker (LAC1) covers most of Hornsey ward and the other (LAC2) covers parts of Northumberland Park and White Hart Lane wards.

The LAC programme within Haringey sits within a wider context of policy reform within the Local Authority and local NHS¹ which sees an increasing focus on action that supports prevention – both as a public health activity and as a key tenet of health service reform and delivery. This policy emphasis also has a focus on place based reform and implementing localism – devolving decision making and promoting involvement.

Implementing LAC in Haringey signals a contribution to these policy agendas as well as augmenting a wider shift and emphasis towards person support that is strengths based and located in identifying personal and collective assets that are located in communities and neighbourhoods.

Haringey Council and partners have made positive steps to understand the impact and initial benefits of LAC, commissioning an early, formative evaluation to explore range of activity, the relational context and personal benefits for people accessing LAC. This evaluative approach is often used in adoption of LAC as commissioners seek to build the case for wider implementation².

In this formative evaluation we note positive signs of impacts; personal narratives (case studies) that set out the often complex issues in people's lives, the actions offered by LAC and personal testimony statements of change. We note also the activity from the LACs that is supporting, promoting and developing community and neighbourhood based resources that seek to support local people and promote social connection. Given this is a key tenet of LAC practice further monitoring of such growth is required as a means of substantiating LAC's contribution toward community asset development.

In our early engagement with voluntary sector leaders, we encountered a level of concern regarding the implementation of LAC, in our experience elsewhere this is not unusual or particular to Haringey; we suggest this is perhaps symptomatic of the sectors current challenges in terms of investment and financial allocation in the face of austerity and reform. We see latterly that the LAC relationships with VCS across the three wards is more positive as work has been achieved by the LACs to build relationships and collaborate on activities that demonstrate growth in community resources and activity groups.

¹ Haringey Borough Plan 2019-2023

² For examples of other formative evaluations see <https://lacnetwork.org/publications/>

Another a key concern for the LAC programme and one cited by partner organisations (for example NHS Commissioners) is the return on investment that can be realised across the system. The focus on SROI is one that has been explored in other evaluations (see: Waltham Forest, Swansea, Thurrock and Derby) with noted caveats. Here in Haringey we utilised a method to explore SROI that is based on a peer review process to interrogate a series of case studies provided by LACs and also used a modified costing allocation approach developed in Swansea. In setting out these cost benefits we also highlight a number of caveats, in essence that it is challenging to identify in which part of the system savings can be realised and whether these savings are cashable.

On balance the implementation of LAC in Haringey has similarities to that noted described other evaluations; aligning to wider community models, promoting access and awareness, demonstrating difference and alignment. This has been supported in part by Haringey leadership engaging with the national Local Area Coordination Network and identifying leadership accountabilities. However, we note from other evaluations that in the early and mid term implementation phase supporting action via a Leadership Steering Group has proven to be helpful in terms of monitoring fidelity to the models principles and standards, identifying opportunities and resolving issues of alignment to related community models and in understanding and articulating the required outcomes, benefits and data developments. We note that initially Haringey had such a forum whilst reporting progress is still a requirement into wider reform and transformation fora.

It is clear that Local Area Coordination is valued in Haringey. We were impressed at the general level of understanding and knowledge of the LAC programme within the local authority and with its partners - in particular in the NHS and the Voluntary and Community Sector. It is clear that key leaders are clear about its potential and are keen to ensure that it is aligned to a wider agenda for supporting people to connect and utilise local resources located and led by the community. It is clear that LAC in Haringey is becoming integral to the prevention agenda within the wider care system.

System Level Fit

In terms of building on these established and growing connections and alignments it will be important that the LAC service is involved in the growing Social Prescribing provision that is being rolled out by NHS England as part of the Long Term Plan³. Achieving an early and clear understanding about the contributions of both initiatives to supporting local people will be advantageous in avoiding duplication and ensuring that LAC (for example) is able to support and be available to people in local communities more broadly given its open introduction ethos.

Capturing information on activity and impact

When we considered how LAC data is analysed and reviewed we found that development and implementation of the database is still a work in progress. This is not a problem that is specific to Haringey. nationally the emerging LAC services are using a range of different methods to collect activity and impact

³ Universal Personalised Care. Implementing the Comprehensive Model, NHSE 2019

data. It would be worth reviewing the current approach to data collection and most importantly how it is used.

Operational Issues

Going forward it will be important to consider the best organisational fit for the LAC service. There needs to be a balance between continuing to develop an integrated approach with other services, ensuring that the LAC model's integrity is maintained and being located in a part of the local authority that is able to offer support that is stable and has strong links to social care and housing in particular.

Strategic Relationships

Our work elsewhere and understanding of what organisational features can enable LAC to flourish suggests that stability in the overall management of the LAC resource is crucial and establishing and maintaining a 'leadership' group that helps steer and review implementation and early stage development is beneficial. Such a group not only holds the ring on LACs interface with similar system initiatives but also serves to bring together representatives from the wider system – VCS leads, Health, Social Care, Housing, Communities etc. and sets LAC within a wider determinants frame.

Local Area Coordination – Context and Background

Local Area Coordination emerged in the late 1980's and spread throughout the 1990's across the areas of Western Australia as a means of supporting people with learning disabilities. The model offers direct and open access support, signposting people to community-based resources and networks. The model has a strengths based philosophy seeking to promote access to opportunities towards 'a good life'. (Bartnik and Chambers 2007⁴).

Adoption of the LAC model spread across the UK in the early 2000's with Scotland achieving 59 posts across 25 local authorities that peaked 80 by 2009. Within England there are a number of well established programmes (Thurrock, Derby) and in the last few years schemes have been implemented across England (Isle of Wight, York, Waltham Forest, Swansea). Local adoption is supported by a national Local Area Coordination Network that seeks to share good practice, inform the focus for evaluation and ensure fidelity to the core standards for practice of the model.

The evidence base for LAC in the UK is mainly focused on formative and summative evaluations; such studies are commissioned and undertaken as part of the early adoption phase. Typically, these studies have been small scale with an emphasis on 'satisfaction' and relational activity with people and sector agencies. These report narrative accounts of support through case studies. These approaches and methods are appropriate in the context of LAC maturity in each setting and given the scale of implementation which is often small scale – (Waltham Forest in its early phase deployed four coordinators, Haringey 2). As is the case in Haringey, commissioners are often make tentative steps in implementing novel innovations as they seek to build the case for reform and shift toward community-based models. There is an accepted challenge within LAC toward more extensive and longitudinal research of its impact and benefit. Such longitudinal studies are also the challenge within other community-based programmes – e.g. Social Prescribing.

What is Local Area Coordination?

Local Area Coordination is a model of community-based support which holds as its core vision that 'All people live in welcoming communities that provide friendship, mutual support, equity and opportunities for everyone'⁵. In practice, LACs seek to 'to develop partnerships with individuals and families/carers as they build and pursue their goals and dreams for a good life and with local communities to strengthen their capacity to welcome, include and support all people as valued, contributing citizens.'

In being embedded in specific neighbourhoods, LACs offer an open access resource wherein there is no formal referral process; conversely people can introduce themselves to the LAC and seek support and guidance on a range of issues and aspirations. The premise of LAC practice is based on 'what does a good life look like?'. In asking this question of the person opportunities are developed to begin to progress toward personal goals and ambitions. LACs offer two levels of relationship – Level One which is focused on signposting people to neighbourhood and community based resources and Level Two which is often more longer terms and development, forming a relationship to maintain the actions agreed to realise a 'good life'. The other tenet of LAC is to work on personal and collective strengths to realise change toward a 'good life'. By taking an asset based approach to development LACs also play in role in supporting, growing and networking across community resources and groups.

Increasingly LAC is seen as having a significant role and impact in the wider prevention agenda that reflects the world of the local NHS health economy and in the wider public health realm as it contributes tackling wider determinants as it often supports people with marked social, economic and living issues. In Haringey and in many other Councils LAC is being seen as a natural contribution to the emerging agenda promoting civic engagement and action as well as informing placed based development.

Background to Haringey Local Area Coordination

The Haringey Local Area Coordination Service was established in November 2017. It currently employs two coordinators whose catchment areas are based within three wards in the borough. One worker (LAC1) is in the Hornsey ward and the other (LAC2) covers part of the Northumberland Park and White Hart Lane wards. However, neither catchment covers the entirety of any ward, since the boundaries of the catchment areas were set to take into account:

- Population numbers (with each LAC covering an area of approximately 12,000 residents) – this number of residents is considered by the national LAC Network as being the optimum number of residents within a catchment area, to attain sufficient numbers of people to the service and to maintain the personal, locally- based element of the role.

⁴ Bartnik, E. and Chalmers, R. (2007) It's about More than the Money: Local Area Coordination Supporting People with Disabilities in *Co-Production and Personalisation in Social Care Changing Relationships in the Provision of Social Care* (ed Susan Hunter and Pete Ritchie) Jessica Kingsley Publishers, London and Philadelphia, pp.19-38.

⁵ See the LAC Values and Core Principles here: <https://lacnetwork.org/wp-content/uploads/2018/07/2018-LACN-Eng-and-Wales10-Principles-FINAL.pdf> (accessed June 2019)

- Existing community assets, including locations and organisations which could be developed into regular drop-in “touchpoints”. These have included GP practices, schools, community centres and faith groups. More information about touchpoints developed by Haringey LACs is below.
- The scope of existing community assets to avoid replication of support offered.
- Funding for the LAC pilot came from the CCG’s Better Care Fund. So far, in the life of this service from October 2017 to May 2019, the LAC project supported over 500⁶ individual residents – see **Table One** below.

Table One – Number of people who have used the Local Area Coordination Service by level, year and LAC

	2017	2018	2019	Totals
LAC 1 Level 1	7	118	46	171
LAC 1 Level 2	3	78	26	107
LAC 2 Level 1	8	148	53	209
LAC 2 Level 2	0	28	12	40
Level 1 Total	15	266	99	380
Level 2 Total	3	106	38	147
Yearly and Cumulative Total	18	372	137	527

Our Methodology for Undertaking this Evaluation

We see that this change initiative is located across and within a complex system of organisational and community life. Given this level of complexity and that the evaluation is formative¹, we developed an iterative approach based on elements of realistic research wherein emerging findings are tested out with participants and refined from feedback. We were also seeking to utilise participatory methods for engagement, that is appreciative (explores strengths and potentials) and creates opportunities for seldom heard perspectives to shape both learning and knowledge and recognises diverse pathways that contribute to the focal output areas of interest to this project.

We used established methods from social science research and evaluation to generate a representative sample of participants into the evaluation strands; this was instigated by seeking a list of ‘contacts’ from the LAC Implementation Manager. This contact list was to be representative of the local system in terms of types of roles, organisations and agencies.

⁶ All information from Haringey LAC database

In terms of qualitative data capture we gathered data in three ways, undertook a series of face to face interviews from within the sample list and used a semi structured interview schedule to frame the focus and dialogue with participants. Secondly interviewed the Local Area Coordinators, thirdly gathered a number of case studies from the LACs that gave an illustration of the issue people were seeking support on.

We also utilised numerical quantitative data in our approach, this is to illustrate the spread and reach of LAC across the localities as well as to inform the modelling on cost analysis. Given the short timeframe for this evaluation we drew on data that was readily available within the Service – this may have its limitations but also serves a purpose in ‘testing out’ the utility of the data bank as is.

During the course of our interviews it was clear that there is generally strong support for the Local Area Coordination model (although as we indicate below there are concerns) and this positive view has continued to be affirmed during this evaluation.

Local Area Coordination by its very nature is located in neighbourhoods and communities and interfaces with local people, community based resource groups as well as local statutory sectors.

Where Local Area Coordination has been implemented elsewhere this has been because there is an ambition to change the relationship between people, communities and local statutory services; supporting people and communities to strengthen agency, control and participation. This is a strategic ambition for Haringey; a Senior Council Officer noted that:

"What was attractive (about LAC) was how do you support people so they don't need services - not about VCS or Statutory services this is about community resilience."

"Politicians saw this as a way of building community resilience and playing to a more neighbourhood kind of development support..."

It is also important to recognise that there are some more critical voices, particularly from the voluntary and community sector.

"The council is talking a lot about resilience, enablement and reablement - the idea is that the community can provide support to individuals at no cost and the world will be a better place. However, with austerity the reality is that the VCS has contracted due to cuts."

VCS leader

As Local Area Coordination becomes more integrated into mainstream practice there needs to be a comprehensive shift in the wider workforce to adopt principles of person centred support, to enable community groups and developmental action to flourish - this will not only support Local Area Coordination but serve to contribute to the council's ambition on civic engagement. Local Area Coordination is starting to play an important part in this.

"Local Area Coordination...Helps us think about how we help people to live a community focused life." and "build community and neighbourhood based action outside of infra structures...." (Senior Commissioner)

Results

What are the initial benefits that interviewees are telling us of Local Area Coordination?

Interviewees from a range of sectors have spoken of the positive contribution Local Area Coordination is beginning to make to people - often respondents described these people as experiencing marked social and health related issues; often 'vulnerable' and/or out of touch with services and community resources.

An experienced housing officer described this:

"(the) LA C worker has provided a very immediate response and resource for us and local people....within high need groups..."

Interviewees have spoken of the positive attributes that Local Area Coordinators are bringing to the locality:

"She has been very good at building trust and relationships with these people....who have been challenging for us....LAC as a mediator between people and local services..."

and a Senior Community Leader:

"The Local Area Coordinator is very people focused...approachable... Trusted over relationships...ability to unlock resources for people ...service access...community resources..."

A Senior Council Officer noted that:

"What was attractive (about LAC) was how do you support people so they don't need services - not about VCS or Statutory services this is about community resilience."

"politicians saw this as a way of building community resilience and playing to a more neighbourhood kind of development support..."

We did hear some more critical voices, particularly from the voluntary and community sector.

"The council is talking a lot about resilience, enablement and re-ablement – the idea is that the community can provide support to individuals at no cost and the world will be a better place. However, with austerity the reality is that the VCS has contracted due to cuts."

These concerns fell into the following broad categories:

- *Coherence* - Local interventions did not feel sufficiently joined up with Community Navigators, Dementia Service Navigators, Care Closer to Home Integrated Networks (CHINs) etc.
- *Scale* - that the existing LAC service was too small scale to have a sufficient impact on population level problems and more LACs would be needed to have a greater impact.
- *Location* - a feeling from some voluntary sector services that resources like LAC would be more effective if they were based in the voluntary sector.

As with other asset and strength based approaches when Local Area Coordination becomes more integrated into mainstream practice there needs to be a comprehensive shift in the wider workforce to adopt core principles of person centred support, to enable community groups and developmental action to flourish – such a shift will not only support Local Area Coordination but serve to contribute to the councils ambition on civic engagement. Local Area Coordination is starting to play an important part in this;

“Local Area Coordination...Helps us think about how we help people to live a community focused life.....”and“ build community and neighbourhood based action outside of infrastructures....”(Senior Commissioner)

Understanding the spread and reach of Local Area Coordinators across the ward area

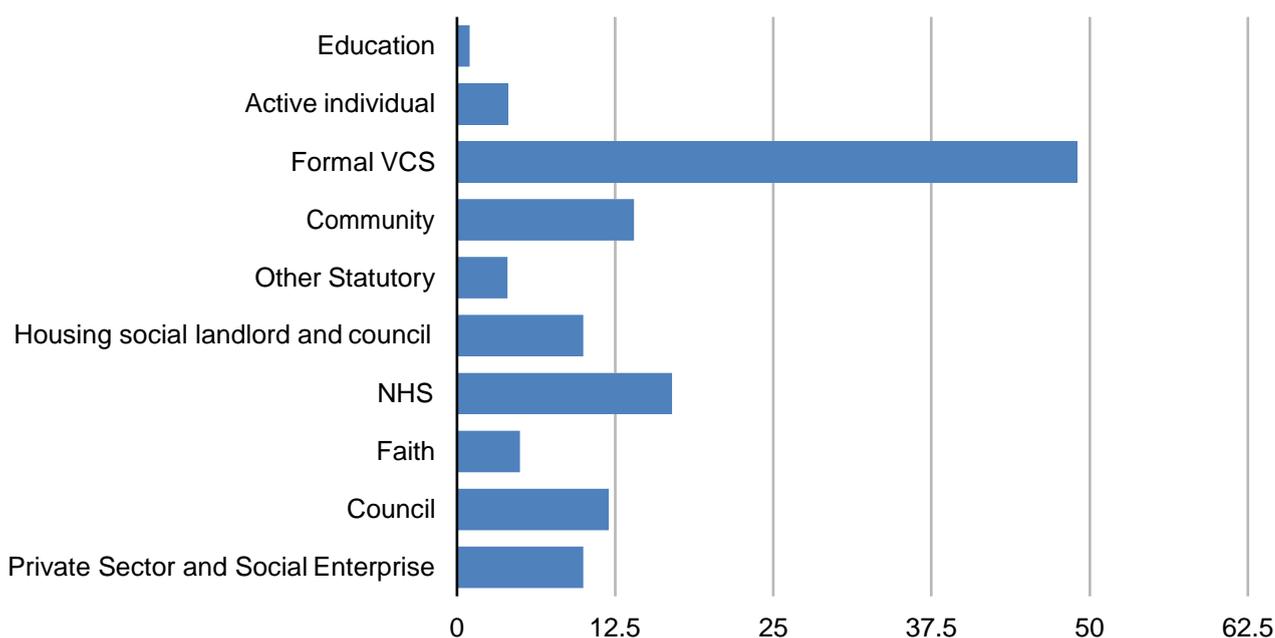
At the beginning of the evaluation we asked the two current Local Area Coordinators to describe the relationships that they have developed over the period November 2017 through to July 2018 (9 months). This is important because it illustrates the connections they have developed – this provides the foundation for their work in three main ways:

- Approachability – these connections make it easier for the public and professionals to contact them.
- Connectivity – their knowledge and relationships with community assets and services means they can be of use to people they walk alongside.
- Development – where appropriate they can harness and develop community assets more effectively.

This is not a static picture – since we undertook this mapping exercise the LACs will have broadened and deepened these relationships.

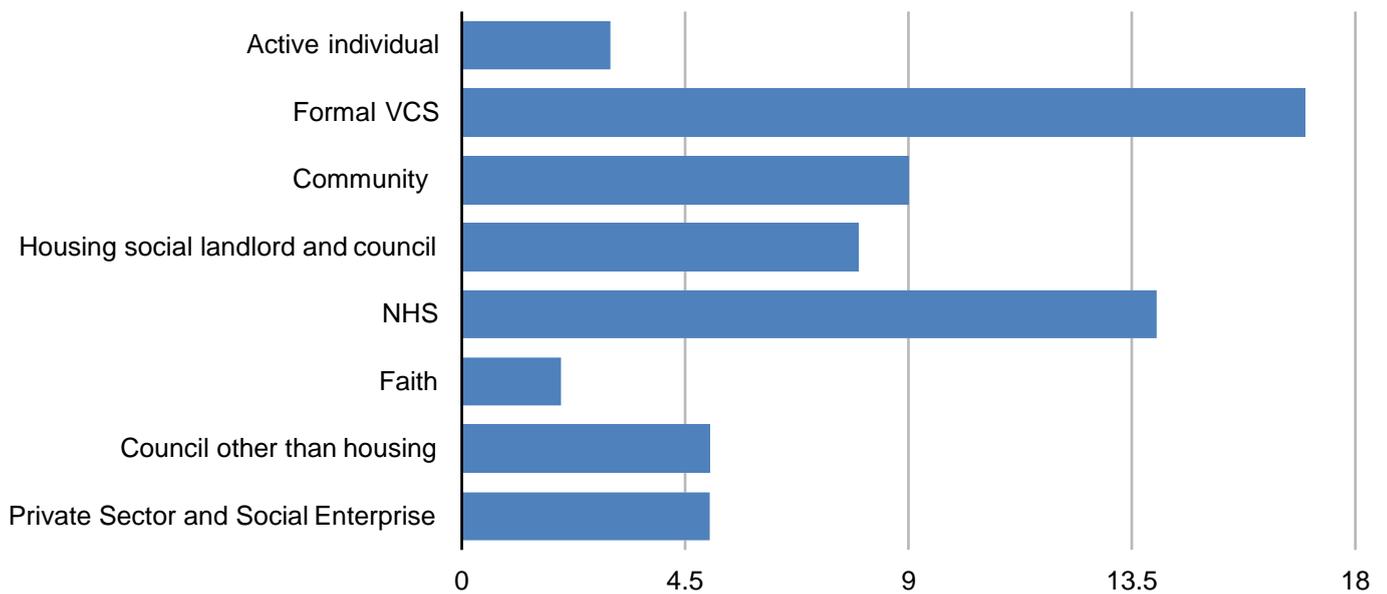
Graph One below shows the range of contacts and relationships that have been made in the first year of the LAC service.

Graph One - Actual number of contacts for LAC service by sector first nine months



In **Graph Two** below we asked the two Local Area Coordinators to identify which of these organisations or individuals they work with on regular (between a week and a month) basis. The voluntary and community sector, housing sector and local authority/NHS have the strongest regular relationship with Local Area Coordinators.

Graph Two - number of organisations by Sector who work regularly with LAC service



Context for Locating LACs - Use of ward profiles

The Haringey LAC project is based in three wards Hornsey, Northumberland Park and White Hart Lane, although neither service covers the entirety of any ward.

In Haringey one Local Area Coordinator (LAC1) is based in the Hornsey ward and the other (LAC2) is based in the wards Northumberland Park and White Hart Lane.

Table Two compares the populations of these wards, this information comes from London Borough of Haringey website⁷.

⁷ Ward profiles London Borough of Haringey <https://www.haringey.gov.uk/local-democracy/about-council/state-borough/ward-profiles>

Table Two - Comparison of ward populations served by LAC 1 and LAC 2			
	Hornsey (LAC1)	White Hart Lane (LAC2)	Northumberland Park (LAC2)
Population	13,356	14,043	16,641
Density	12,654/sq Km	8,014/sq km	8842/sq km
Open Space	10%	27.9%	23%
Age Range	Similar to Haringey average	More 0-19 and fewer 20-44 than Hackney average	Largest 39% 20-44 Smallest 8% 65+
Ethnicity	White British 49.2%	BME largest group 28.3%	BME largest 40.3%
JSA Claimants	172/10,000	147/10,000	252/10,000
Housing Tenure	29.5% Social rented, 27.9% private rented	48.7% social rented 18.4% private rented	48.6% Socially rented
Household Composition	35.6% one person 18.9% couples no children	25.1% one person (smallest proportion in borough) 19.9% lone parent households (largest in borough)	18.8% Lone Parent 6.9% Couples with no children
Limiting long term health problem or disability	16.4%	22.7% highest rate in borough	21.4%

There were a range of demographic and population health factors which were considered when setting up this pilot programme. We were told by the Local Area Coordinators that consideration had been given to:

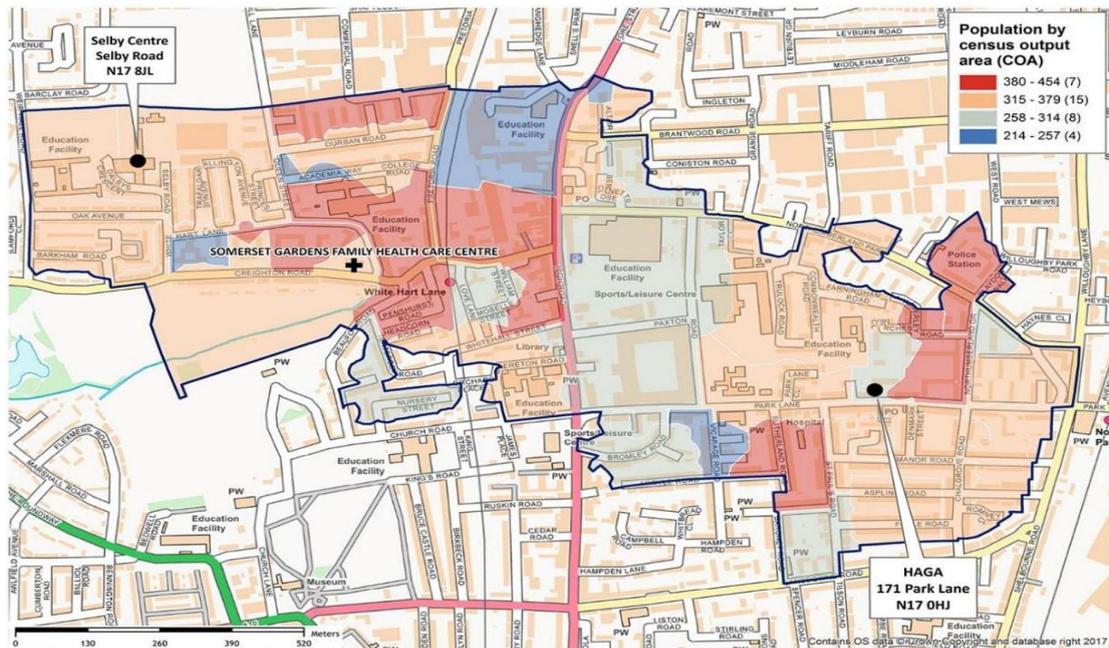
- Demography – one area has a proportion of people aged over 75 while the other has a more diverse and younger population.
- Mental health.
- Long Term Conditions.
- Transience.
- Social Determinants of Health such as food poverty, temporary accommodation use and overcrowding.

Catchment areas for LAC in Haringey

Figure One - Hornsey LAC Catchment Map



Figure Two - Northumberland Park / White Hart Lane LAC Catchment Map



LAC Activity and Impact

The Haringey Local Area Coordinators use an Excel spreadsheet to record activity and impact information about the people they walk alongside. We attach a list of the types of information that is recorded in **Appendix One**.

We asked the two Local Area Coordinators to provide us with the data they have collected for the calendar year 2018 to understand the range, scope and focus of activity and impact.

Local Area Coordination makes the distinction between people who require “Level One” support and those who require “Level Two”. People who access Level One support are more likely to require information or signposting - this has some similarity to social prescribing and community navigator schemes - however the means by which people access these levels are different. In this report we have concentrated on case studies that focus on Level Two - this is where an ongoing relationship with people is much more important and where local area coordination has a more distinct offer to make.

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

In 2018 the LAC service in Haringey supported 367 people. Of these 167 came from White Hart Lane/Northumberland Park and 200 from Hornsey. Of the 367 people who used the LAC service 257 received Level One support and 106 Level Two.

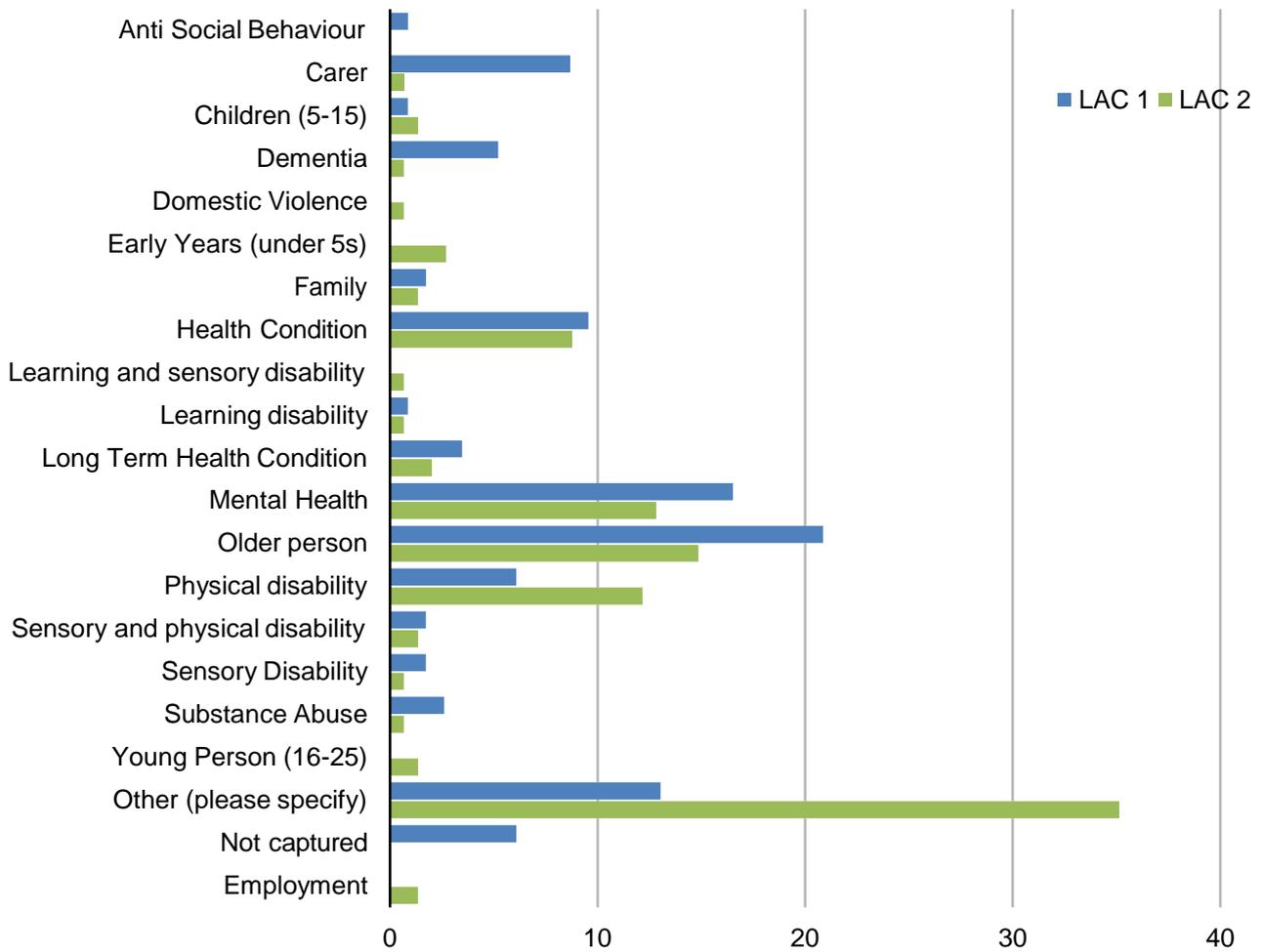
Haringey LAC Activity 2018

Examples of Issues and Concerns Presented to LAC

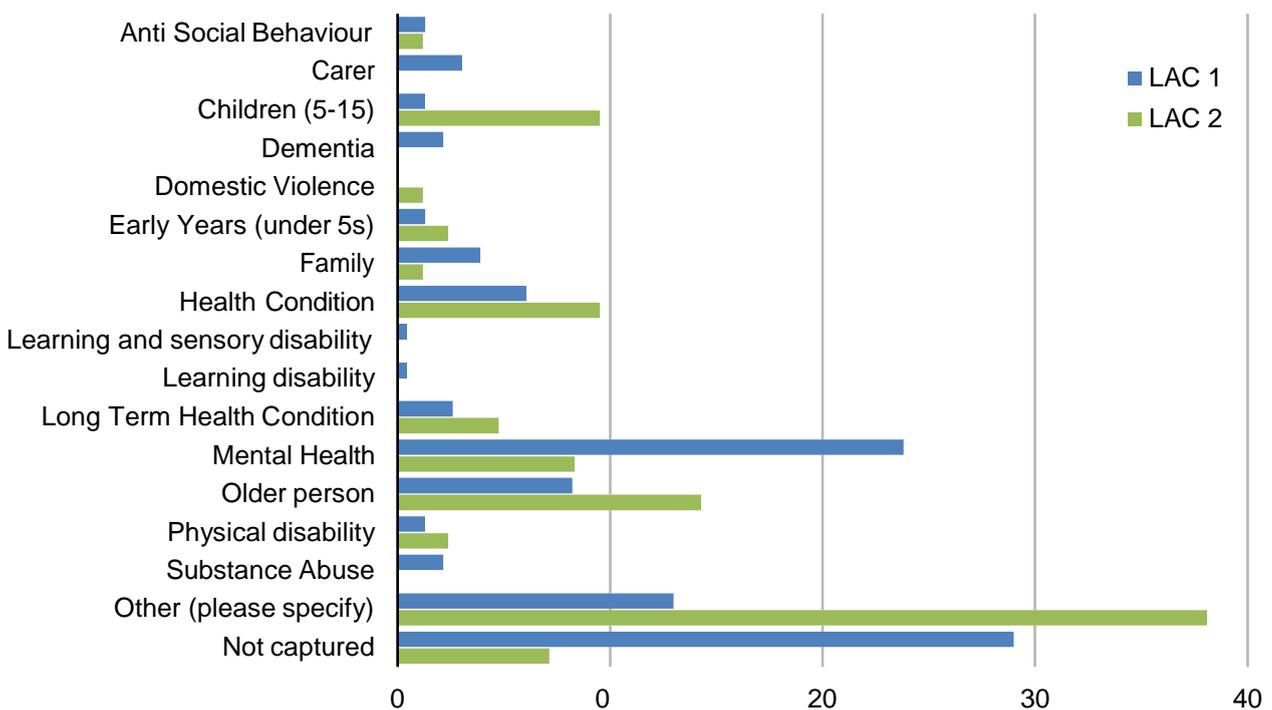
Often when introduced to LAC people set out a range of issues for which they are seeking support, sometimes supporting in understanding what formal service resources are available and importantly what neighbourhood based resources are able to present that can offer support more generally.

The two graphs below show the number of people who the Local Area Coordinators have supported and the issues these people have presented and for which they are seeking support. It is important to be cautious about interpreting this information; while the database used by the LAC service allows for up to three issues to be recorded, in order to reflect the complexity of people’s lives, we have only looked at what has been recorded as the presenting or primary issue. These are broken into Level One and Level Two.

Graph Three - Presenting Issues Level One by percentage 2018



Graph Four - Presenting Issues LAC Level Two by percentage 2018



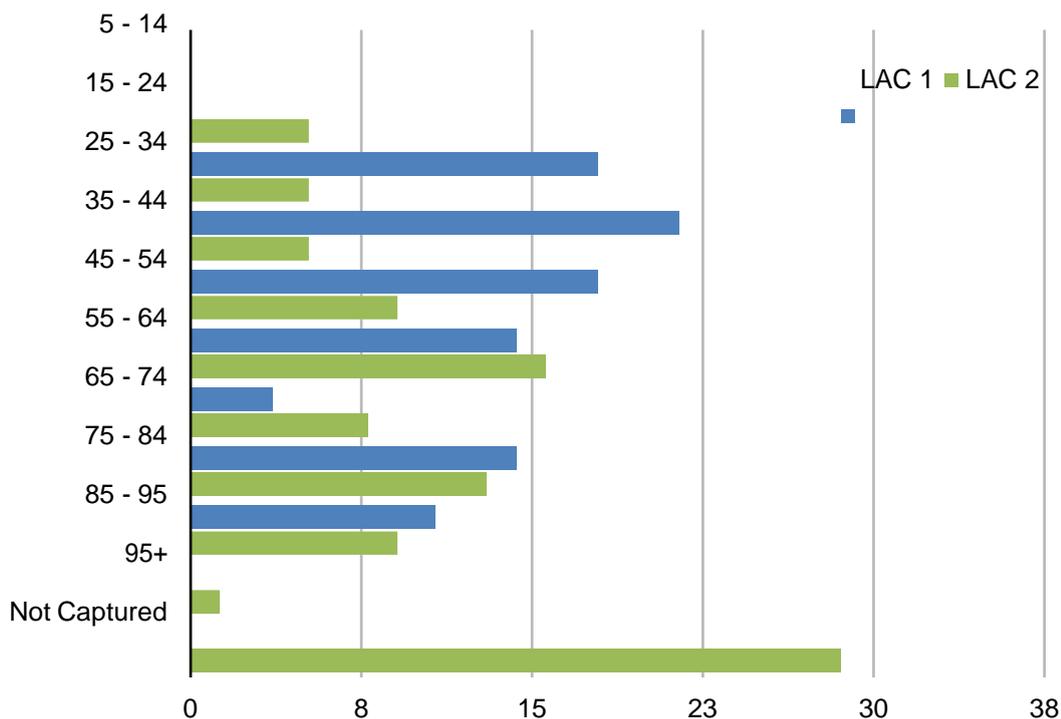
In **Graph Four**, we note that a large number of people who have been placed into category '*other*' together this equates to 31% of Level 1 and almost 40% of Level Two. Many housing related issues were put into the 'other' category, there is no entry box for housing on the dataset at the time of reporting. Looking at the 'other' category in more detail we found that the three largest categories here appear to be:

- Housing
- Finance/Welfare Benefits
- Immigration

Who is using the LAC Resource?

There are some differences with regard to who is using the LAC service. This is to be expected given the different demographic profiles of the populations served. LAC1 works in Northumberland Park and White Hart Lane and is more likely to work with younger adults and with people from Black/African Caribbean communities. LAC2 works in the Hornsey ward and is more likely to work with older and white British people.

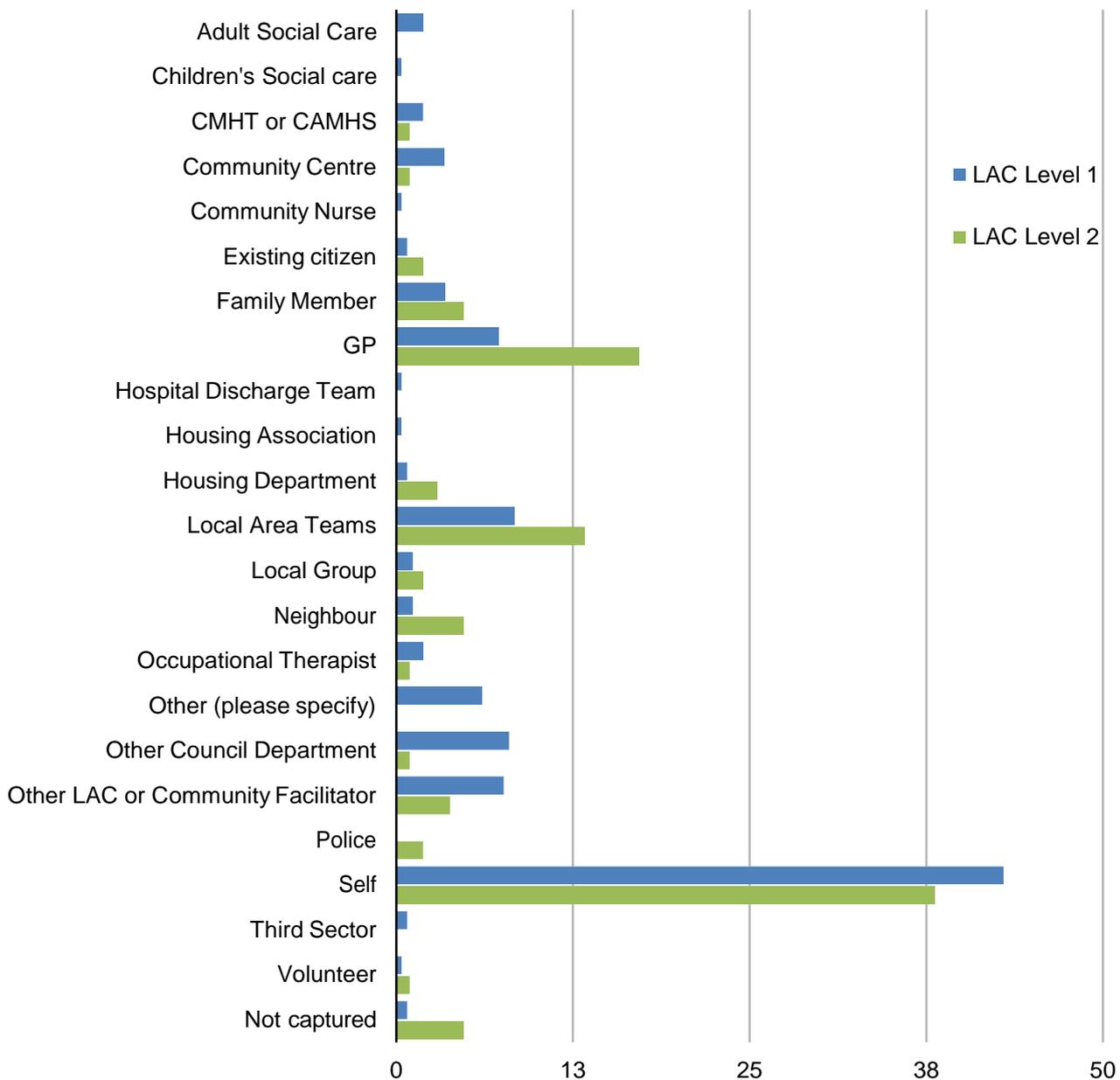
Graph Five - Percentage by age at LAC Level Two for each LAC 2018



Who is introducing people to LAC?

The two graphs below show how people are introduced to the LAC service. Most introductions are self introductions. This is broadly consistent with LAC principles and could be taken as an indicator that the coordinators are accessible and have a profile within the neighbourhoods in which they work and have spent time 'publicising' and profiling LAC. Given that LACs are regularly based at frequent touchpoints within the community, they are known and familiar, and residents feel able to approach them about concerns and issues. This means that it is far more likely that individual residents who are traditionally seen as "hard to reach" will find their LAC a "familiar face" at local events and activities; this means that an authentic, trusting and unofficial relationship can develop, often leading these hard to reach residents to approach their LAC for help of their own accord. It is probably not surprising that the proportion of introductions that are made by statutory services increases at Level Two - as **Graph Six** shows.

Graph Six - Where introductions come from by percentage 2018



Impact of the LAC Programme

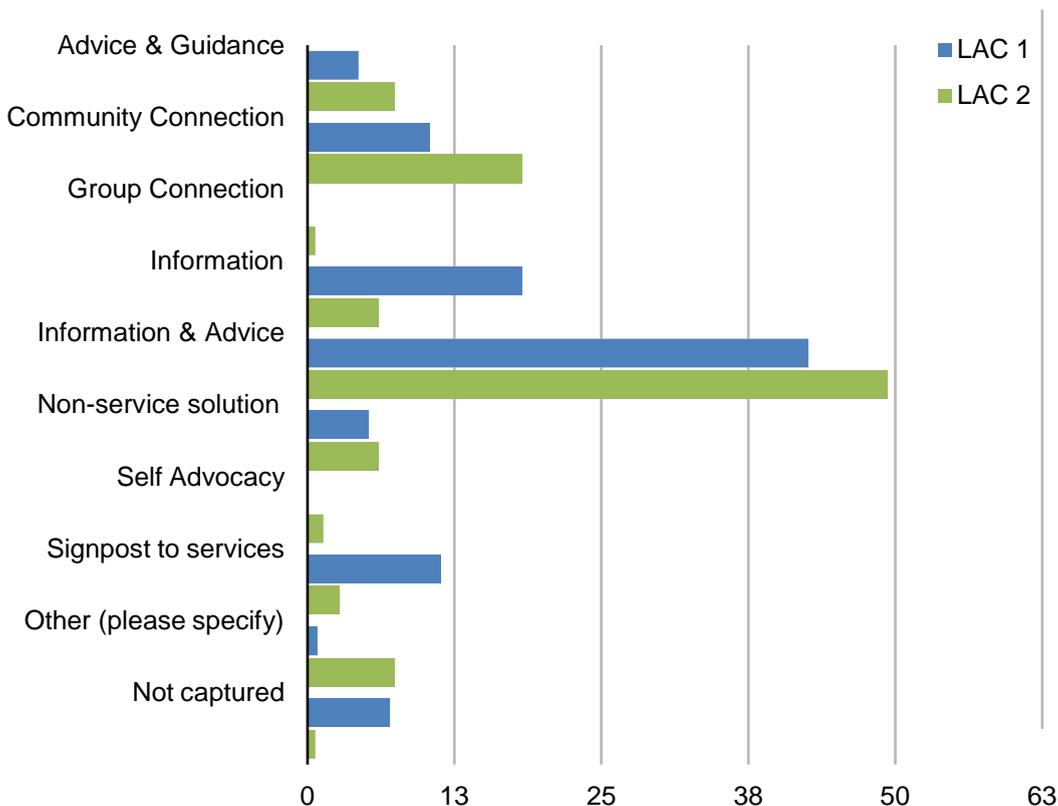
Later in the report we set out in more detail of the personal impact of the LAC programme *using case studies* that have been produced by the two LAC coordinators.

The current database provides a summary of the broad areas of impact that Local Area Coordinators have had through walking alongside members of the public.

We suggest that it is important to take into account Level One actions - which are more concerned with signposting and advice - because Level One actions do give an indication of connection and demand, further it is important to recognise that the role that Level One actions play in the LAC service. The 'open door' of the Local Area Coordinator means that they are able to see a wide range of people and then to make a judgement and negotiate with the individual about when to provide a response that is more focused and longer term.

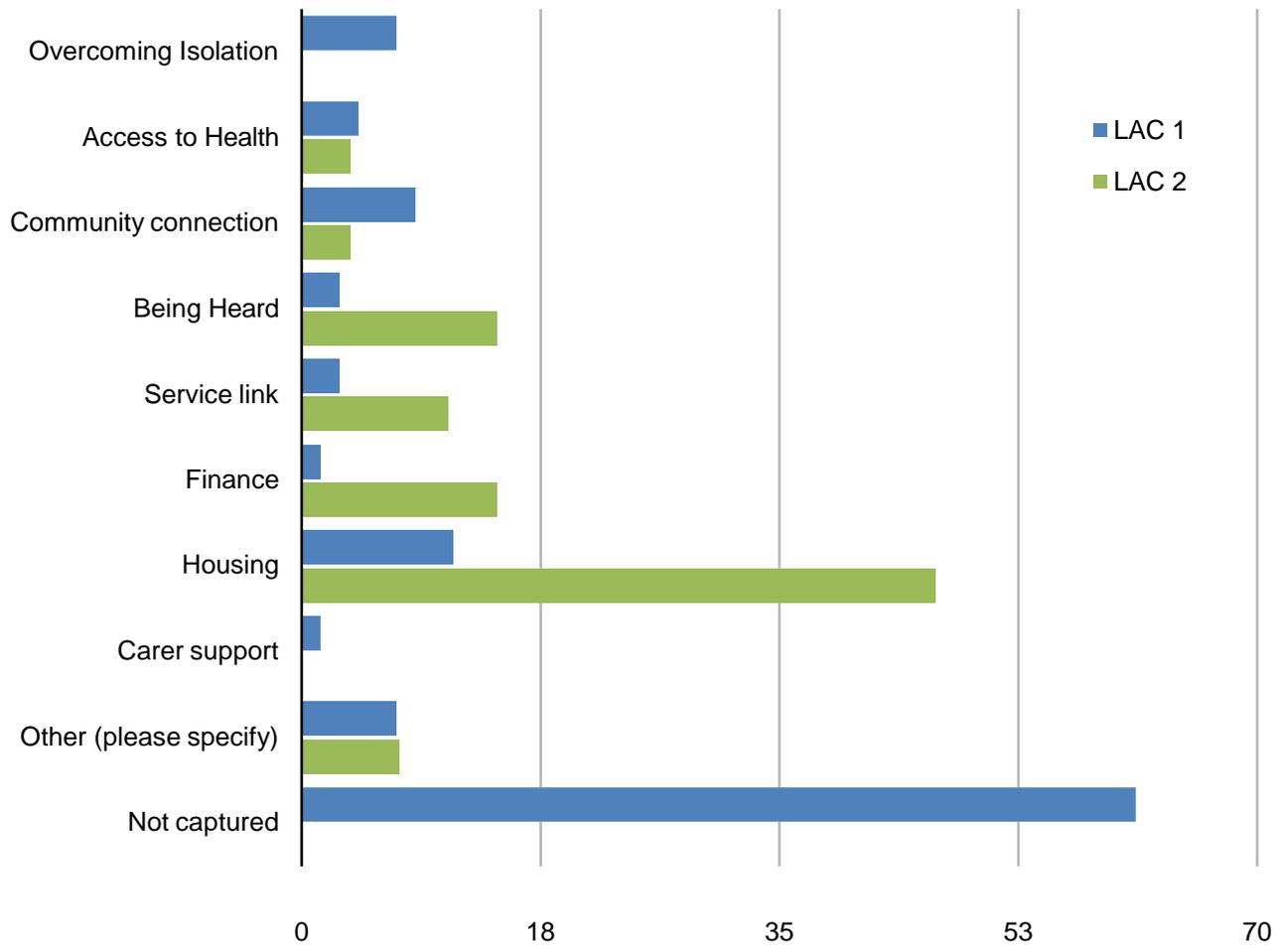
Graph Seven below shows that the majority of Level One actions taken by Local Area Coordinators are concerned with Information and Advice with Community Connection and Signposting to Services also significant.

Graph Seven - LAC Actions Level One by percentage 2018



Looking at LAC involvement in walking alongside people at Level Two we can see the most significant ambition for many people is to improve their housing⁸ - there are examples of this in some of the case studies we were given.

Graph Eight - Outcomes from LAC Involvement Level 2 by Percentage 2018



⁸ Housing issues included, social isolation, damp, repairs, poor maintenance, inappropriate housing overcrowding, Housing Benefit and concerns regarding personal safety

Financial Impact

Understanding the financial impact of LAC is of increasing interest to commissioners and has been a feature of evaluations across a range of LAC sites in England and Scotland with varying degrees of sophistication and consensus⁵. Given the scope of our evaluation and the resources available a full financial analysis and cost benefit exercise was not within scope; however we have utilised some of the methods employed elsewhere to give the LAC Steering Group a sense of the potential cost benefits of LAC.

The 2007 report from the Scottish Executive⁹ signaled the challenge in reporting on financial benefits (savings to sector organisations) thus:

"Differences in LAC practice across local authorities and the broad remit of LAC generally meant that clearly identified, measurable outcomes were difficult to extract from the LAC process. However, LACs identified three main areas of achievement: a better overall quality of life for people; specific differences in individuals' lives; and particular areas of work, such as transitions to adulthood, where they believed they had made a wider impact."

Whilst there has been much refinement of LAC implementation in the last decade across the UK as sites mature in their understanding of LAC and a focus on outcomes and benefits becomes more detailed and where the development in the methodologies for undertaking financial cost benefit analysis is growing the caveats from Scotland still serve as a caution.

The 2011 evaluation of the Middlesbrough scheme¹⁰ is in many ways similar to our focus in Haringey, it offers a formative review, was undertaken in the early stages of implementation and was similar in scale of operation. The report stated: "LAC can show success across several of the dimensions that what would make up a cost-effective service. These include:

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

We see these dimensions as being present in the Haringey Scheme.

The Middlesbrough evaluation also emphasised the difficulty in undertaking a review of efficiency savings and social return on investment in a programme that was in its early phases of implementation, but also noted the challenges of demonstrating efficiencies in prevention services per se as often the impacts for people are across a longer term time frame and the variables (e.g. the types of resources and services involved) are multiple and may often include access to resources that sit outside of the established sector system – that is, resources that support people which are delivered and provided at a hyper local neighbourhood level in communities. A pragmatic approach was taken using case stories from which service costs were attributed and hypothesised cost efficiencies likely to be accrued from LAC intervention were assigned to these cases. Whilst not an exact science this offered one view of potential costs and savings.

⁹ Evaluation of the Implementation of Local Area Co-ordination in Scotland. The Scottish Executive

¹⁰ Evaluation of Local Area Co-ordination in Middlesbrough Final Report by Peter Fletcher Associates Ltd 2011

A number of recent evaluations¹¹ have utilised methods to demonstrate the Social Return on Investment (SROI) from LAC however caveats remain in terms of the generalisability and meaningfulness of this approach. Such caveats relate to the definition of terms used to describe issues people are experiencing and which require costs allocation - such as 'depression', 'mental health needs', 'older people'. For example, the evaluation of the Leicestershire programme notes that "whilst the SROI findings form one part of the evidence base, they do not provide the complete picture – they should be seen in context of the wider (Leicestershire) LAC evaluation findings as a whole. It is also important to note again that the SROI findings are only a partial reflection of the benefits, and do not take account of the longer-term, generational savings which are likely to accrue..."¹⁵

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

We suggest that where work is to be undertaken on SROI an agreement needs to be reached with all sectors agencies on the focus, detail and specificity of data collection to ensure each sector has a stake in the analysis and benefits. This would be a key component for development in any SROI modelling in Haringey.

In framing an approach to cost benefit and savings in the Haringey systems we consider that the national evaluations and our evaluation demonstrate that the Local Area Coordination approach is successful at improving the quality of life and self-efficacy of people who would otherwise remain vulnerable and disconnected from their community and neighbourhood resources and formal sector services.

As we describe above work on SROI shows that Local Area Coordination does offer a strong return, however we are not convinced that this is cashable. We note above the data sets required to drive a full analysis are still being developed and are incomplete in some sectors both in Haringey and within LAC programmes more generally.

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

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

¹¹ Local Area Coordination - A 14 month Evaluation Report. . Thurrock Council.

¹² Social Value of Local Area Coordination in Derby - A forecast Social Return on Investment Analysis for Adult Social Care. October 2015.

¹³ Evaluation of Leicester Local Area Coordination. M.E.I Research. October 2016.

¹⁴ Formative Evaluation and Summary Report - Local Community Initiatives. Western Bay. Swansea University. December 2016.

¹⁵ Evaluation of Leicester Local Area Coordination. M.E.I Research. October 2016

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

- Many of the people who are walking alongside a Local Area Coordinator have experienced a wide range of challenges in their lives. Some of these affect their utilisation of statutory services and their ability to contribute financially or through other means such as volunteering. We contend that it is not possible to comprehensively and definitively describe future patterns of service utilization – it is only possible to estimate it.
- Further the impact of a particular relationship may not be apparent for some time (certainly longer than this short evaluation) and it may be that patterns of service utilisation could change negatively over time, for example because support drops away or someone becomes more dependent because their vulnerability increases through natural circumstances such as ageing or progression of a particular condition.
- We have also noted that in some cases, more so where pre-existing health conditions are present, service utilisation may actually increase in the medium term - as people are re-connected with services and support that they were not accessing before.
- The abilities of some services to generate savings due to reduced demand is limited. This applies particularly to services that operate on a fixed budget who manage demand through some form of rationing such as waiting lists. In many cases, the effect of reducing demand by some people just means that others might be slightly more likely to access a service more quickly. Ironically, those services that might benefit are central government services where the budget is not formally capped and where there is no official waiting time - such as social welfare benefits provided by DWP.

Finally, while it is important to be accountable for the spend of public funds it is also important to recognise that Local Area Coordination is fundamentally concerned with supporting people to improve the quality of their life, to take more control, to seek support from neighbourhood-based resources and to be able to contribute as citizens.

Approaches to Cost Analysis in Haringey

We have taken a twin track approach as follows:

- Model One - we have run the Swansea return on investment model to estimate potential financial benefits.
- Model Two - we have run a case conference scenario workshop with local authority and NHS professionals in Haringey to consider the potential impact on statutory services if the LAC service had not been involved.

Model One - Swansea return on investment model

We have used the financial model developed by the University of Swansea in the formative evaluation of LAC/LLC in Swansea, Neath Port Talbot and Bridgend. There is more detail on this attached as **Appendix Two**.

The University of Swansea has done the following:

- Based on discussion with LAC staff they created six profiles to describe the people who have used the LAC service. These profiles were used to determine the case mix for the scheme.
- Calculated the service utilization for each of these profiles using a mixture of local and national financial data.
- Presented three possible scenarios for service utilisation as *Optimistic*, *Base* and *Pessimistic* with pessimistic being the most costly.
- Identified what the saving would be if (with LAC support) people were to move from Pessimistic to Base service utilisation and from Base to Optimistic.
- Made assumptions about the potential saving if different proportions (for example 20%) of the total number of people supported by LAC were to move from one service utilization scenario to one that cost less.
- Swansea have also based their calculations on all people who have used the LAC service - in other words at Level One and Level Two - see our comments below.
- Finally, Swansea have allowed for the cost of the LAC service and taken this into account when considering final savings. We have used this model and assumed from the data we gathered through interviews and case studies that the Haringey case mix categories are the same as Swansea and using the same calculations come to a set of costs for Haringey.

We stress that:

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

All of these caveats mean that the figures produced must be seen as illustrative only. We show this comparative model in **Appendix Three**.

Unlike the Swansea evaluation we have only looked at people who have used Level Two LAC support. This is because we suggest that this is where LAC service provision has the greatest and most unique impact. As we note earlier we recognise the importance of Level One provision - it is an important pathway to Level Two as well as a valuable standalone intervention - however, we suggest that the impact on services here is significantly lower.

Table Two shows that, based on the 106 people who received support from the LAC at Level Two in 2018 the potential return on investment in Haringey is between £500,000 a year and £1,250,000 a year.

However, this assumes that all support is successful. It is arguably more realistic to assume that not all outcomes will be achieved. The two subsequent columns consider the success rate at 20% and 30%. For example, if 20% of outcomes were achieved the potential return on investment is between £100,000 and £250,000 a year.

Table Three – Estimate of financial benefit of LAC service based on Swansea synthetic estimate and LAC Level Two activity in 2018

Haringey Financial Benefit based on different level of outcome success			
LAC ongoing - Impact Value	Total potential value over two years	20% Outcomes achieved	30% Outcomes achieved
Improvement: Base to Optimistic	1,042,599	208,520	312,780
Improvement: Pessimistic to Base	2,444,010	488,802	733,203

Model Two - Haringey Case Conference Scenarios Workshop

A more detailed description of this workshop is attached as **Appendix Four**.

In summary, we asked the Director for Adult Services to nominate a group of service managers from adult social care and the NHS to consider a set of case studies drawn from the Haringey LAC service caseload and to answer the following question:

"If the LAC service had not been available what do you think would have happened to this person and what impact might this have had on health and care services?"

In effect we were asking these health and care professionals to act as a multi-disciplinary team and make decisions about potential need and service access.

We include the case studies in Appendix Four. A total of seven case studies were considered. It is important to note that in all cases the workshop participants considered that there were likely to be needs that would have to be met by statutory services.

Table Four below summarises some of estimated potential future service need with regard to these case studies.

Table Four - Assumptions about service utilisation if LAC had not been involved

Service							
	CS1	CS2	CS3	CS4	CS5	CS6	CS7
Hostel	Y						
Accident and Emergency	Y					Y	
Rehousing Assessment		Y					
Adaptations		Y					
Equipment and Adaptations Assessment		Y					
Adult Safeguarding Assessment	Y	Y		Y			
Primary Care	Y	Y			Y		
Residential Care		Y		Y			
Mental Health Assessment		Y	Y		Y	Y	
Mental Health Community Support		Y	Y		Y		
IAPT						Y	
Housing assessment		Y			Y	Y	Y
Carer Assessment			Y	Y			Y
Home Care			Y				Y
MH/Dementia Pathway				Y			Y
Carers Support				Y			
VCS referral					Y		

What is most striking from the table above is the unanimity of the responses. Of the case studies presented based on real examples of people who had received Level Two services – there was a strong agreement within the ‘case conference’ workshop that LAC involvement had delayed or prevented the involvement of statutory services.

This is important, because it demonstrated the additionality of the LAC service and it affirmed the professional judgement and actions taken by the Local Area Coordinators. Most of the people who have accessed LAC Level Two have in addition to their personal ambitions for a good life a range of often complex problems. It is the interrelationship and interaction of these that can vary over time that create additional demand on local health and care systems.

The current PSSRU unit costs of health and social care manual¹⁶ does not explicitly recognise this complexity - with the exception of people receiving Personal Health Budgets which are concerned with costs to the NHS.

Further there are a number of costs that are not included explicitly such as adult carers assessments, housing assessments and adult safeguarding assessments.

Nonetheless, it is useful to consider some of the PSSRU costings that relate to issues that arose in the workshop if only to illustrate some of the costs here:

- Mental Health Assessment £305 to £1457 (DoLs)
- Equipment and Adaptation Assessments (major adaptations) £636 to £3267
- Convert Room £10,761
- General Practice costs per consultation £37.40
- General Practice costs per consultation including prescription costs per consultation £71.30

During the workshop participants also noted that Haringey (probably like many local authorities) does not have a systematic approach within the local authority or across the health system to keep track of costs of individual services and brings these together to consider the total cost of services used by individuals.

Monitoring Wellbeing - Residents Self Reporting

There are significant challenges in introducing outcome measures and tools into community based programmes^{17 18}, In Haringey there has been positive steps taken to introduce progress and monitoring tools for the LAC that align to wider performance and related outcomes for the Council, CCG and partners; we note that in the development phase of LAC in Haringey a pragmatic and iterative approach has been adopted to refine approaches to capturing outcome data.

We note that the LAC programme has trialed the use of a modified Outcomes Star tool for people accessing Level Two; this tool enables people to evaluate their own wellbeing prior to, during and after LAC intervention. The tool was adapted in consultation with CCG.

Five of the eight outcomes around the star relate directly to the New Economics Foundation's *Five Ways to Wellbeing*¹⁹; these statements were arrived at as part of wider evidence review and synthesis and are now well established in the field of mental wellbeing in the UK.

⁶ Unit costs of Health and Social Care 2018 PSSRU Curtis L and Burns A

¹⁷ Promoting Asset Based Approaches for Health and Wellbeing: Exploring a Theory of Change and Challenges in Evaluation - Rippon, S and South, J (2017) *Promoting Asset Based Approaches for Health and Wellbeing: Exploring a Theory of Change and Challenges in Evaluation*. Project Report. Leeds Beckett, Leeds.

¹⁸ What quantitative and qualitative methods have been developed to measure health related community resilience at a national and local level? WHO (Europe). South.J, Jones.R, Stansfield.J, Bagnall. A.M. 2018.

¹⁹ (<https://neweconomics.org/2011/07/five-ways-well-new-applications-new-ways-thinking>)

The five wellbeing statements are:

- Keep Active
- Keep Learning
- Give
- Be Mindful
- Be Connected

The remaining three points around the star relate directly to LAC aims of feeling confident, feeling in control, and feeling able to achieve a vision of a good life.

This use of the Five Ways is already being championed by Haringey Council's *Mental Health & Wellbeing* project hence LAC is aligned to a wider context within the Council in terms of its impact and contribution to supporting mental health wellbeing. Details of this wider Council approach can be seen here:

<https://www.haringey.gov.uk/social-care-and-health/mental-health-and-wellbeing/wellbeing>

The Outcomes Star is shown in **Appendix Five with a supplementary note on its use.**

The implementation of the Outcomes Star helps support one of the core tenets of LAC, that is, focusing on strengths based action, and on action and opportunities that are desired by the person and which have a high relevance to their personal 'good life' aspirations. These outcome statements help the LAC to hold a focus on what their role is in 'walking along' side the person.

When the Star has been completed the LAC and resident complete a '*shared outcomes agreement*' which sets out the needed actions to make change and progress, this enables both parties to be an active participant in a joint endeavor.

Community Development

Reflections on Practice: Given that this formative evaluation is seeking to identify areas for further development, refinement and improvement the LACs can provide valuable reflections from practice that support and serve to underpin key practice and delivery attributes and challenges. These reflections can also help shape improvements and change as the programme progresses through its implementation and development phase. In other LAC sites we know of steps taken to provide more formalized 'learning from practice' including action learning projects, contact review meetings where LACs share stories from their field work.

Below are two themed summaries that capture examples of LACs impact and involvement in the local system, firstly in terms of community development and secondly on action on wider system influence that frames practice more towards a strengths based and person centred ethos.

i) LAC and Community Development

Given the specificity of the LAC model and its core statements for practice, LACs are tasked to develop relationships in and with local community groups whilst seeking to support and develop opportunities for community led resources to flourish. LACs in Haringey have done this in a creative and diverse way.

The aim of LACs community development role being to promote community led groups and resources which people can access for support and community connection and which the LAC can recommend to people as a valuable local resource toward a 'good life'.

In developing community based resources the ethos is more toward citizen led solutions and not 'service' or sector led solutions. **Table Five** summarises some examples of this progress through LAC action.

Table Five - LACs and Engagement with Community Groups – Examples from Practice

LAC1 or 2	Group	Project	LAC intervention	Residents reached
LAC1	Hornsey Housing Trust	Befriending, November 2018	Delivering befriender training to 12 volunteers; working with volunteer manager to set up befriending scheme including safeguarding.	12 residents trained
LAC 1	Hornsey Vale Community Centre	One Hornsey Community Day, 12 June 2018	<p>Arranging a community event for older / isolated people, which brought together many different organisations from across Haringey. This included commercial companies (eg care agencies), legal firms (re Wills and LPoA), charities (for volunteering) and community groups (eg Jacksons Lane).</p> <p>22 organisations had information stands Activities included: Laughter yoga, gardening, handicrafts, treasure trail, singalong, self-defence, circus skills. Everything was free – including lunch.</p>	92 residents attended Average age of residents: 72 years old

LAC 1	Dementia carers (Tom's Club)	Anticipatory grief	Creating and delivering six one-off workshops for carers of loved ones with dementia on the subject of anticipatory grief.	45 carers
LAC1	Hornsey Vale Community Centre and Bridge Renewal Trust	Big Up My Street	<p>Bringing the volunteering manager from Bridge Renewal Trust and the chair of trustees of Hornsey Vale Community Centre together to jointly set up "Big Up My Street" – a micro-volunteering project supporting residents in 3 nearby streets to help vulnerable /needy neighbours.</p> <p>As a LAC I know lots of people in this area who need low-level, quick bursts of support (eg help with shopping or taking washing to launderette, mowing lawn, help with letters / admin); I also know lots of capable residents who'd like to help. This project aims to put one group of people in touch with the other, while offering support with safeguarding and boundaries.</p>	The project launched in April and 12 local residents have signed up. After some preliminary admin and safety checks, we are now beginning to match people.
LAC 2	Women with A Voice	<p>International Women's Day (IWD)</p> <p>Supporting the women's group to develop a community event for women, to enable them to extend their reach in to the</p>	<p>Sourced and recruited female entrepreneurs to speak at the event.</p> <p>Booked the Deputy Mayor Sheila Peacock (now the Mayor of Haringey) to open the event.</p> <p>Applied for food a food delivery for the event.</p>	Over 30 residents reached

		<p>local community and promote their group.</p>	<p>Arranged for a local resident to supply lunch for the event.</p> <p>Arranged for a local resident and cake maker to supply a cake to mark the occasion.</p> <p>Arranged for gifts to be supplied to give out to women and children at the end of the event.</p> <p>Arranged a market place for women to get information and this was made up of the following services.</p> <p>Wellbeing network, Spurs, Breastfeeding Service, Massage, Henna Art, One You, I-Care, T3 and Body Works and HyaRanks Jewellery.</p>	
LAC 2	Lorenzo House	<p>Silver Sunday /Celebrating Older People and Immersive Technology Launch. Enabling local residents to come and experience some new interactive technology and to get to know more about Lorenzo House. The Toverfel Technology uses interactive light projections to enable the user to interact</p>	<p>Supported the planning and organizing of the event.</p> <p>Liaised with Lorenzo marketing in order to promote on social media.</p> <p>Supported the local Tottenham community press to come and do feature story.</p> <p>Registered with Silver Sunday and invited Public Voice in Haringey to have a stall to engage with Local residents.</p>	Over 30 residents reached

		with games designed for people with projections.		
LAC 2	Women with A Voice	Food Drop/ Women's Group/capacity Building and Reducing food Poverty.	Observing and accessing the need for community food delivery on another day in Northumberland Park. The Local Area Coordinator applied for the women's group to have food supplies delivered from the Felix Project to their group, to enable them to cook a hot meal for people attending the group and also to enable group members to take home a bag of food .The group are now in a position able to assist smaller local group to have food for their lunch clubs . The group also provides food bags to local residents in need of food as they	Over 45 women have benefitted from food supplies Food supplies and currently, between 10 and 15 residents benefit from food parcels per session. The Women's Group have also been able to support non funded groups through food outreach they have access to regular food supplies. A minimum of 5 additional bags of food are being delivered to local residents who have been identified by the LAC as experiencing food poverty.

LAC 2	Christmas Dinner in partnership with LILLS and Lorenzo House	Christmas social	<p>LAC worked in partnership with LILLS (London Independent Living Service) to put on a Christmas lunch to reduce loneliness and isolation.</p> <p>LILLS provided a variety of excellent free hot meals to residents and in return, Lills were able to advertise their service to a wider community</p> <p>The Event was hosted at Lorenzo House and they were able to combine the switching on of their Christmas lights and a Christmas Party</p> <p>The LAC also arranged for some Christmas stalls and a musician</p>	60 residents
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ii) LAC and System Influence

A significant number of unexpected additional benefits have been apparent because of the existence of the LAC service in Haringey. These are described as:

1. *Developing Opportunities and New Resources* - This has included influencing and working with commissioners to develop a Hoarding Working Group (within which LAC₁ participates) that brings together a wide variety of council departments with a view to commissioning a service for residents. This occurred as a result of direct work with a number of local residents living with hoarding issues.
2. *Influencing wider workforce practice* – The strong person-centred work ethic of the LACs has clearly inspired other council teams to adapt their way of working with residents. For example, the NHS multi-disciplinary team who are engaged with LAC, have adopted the "what's your vision of a good life?" question when working with their patients. LACs have jointly worked with many agencies and

departments across the borough to foster a relationship-focused element to engagement with seldom heard residents. This has included work with environmental health enforcement officers, Homes for Haringey and social care teams.

3. *Being a Broker* – LACs have worked to support residents who have had long-running conflicts with various council departments which have gone unresolved for years. For example, a LAC supported a resident with high functioning autism and anxiety issues, who had a dispute with finance over her deceased mother's care that had been ongoing for over 18 months. This experience was causing great distress to the resident. The LAC was able to arrange and facilitate a meeting with all parties, support the resident at the meeting to manage her anxieties and to speak up for herself, a LAC also advocated on her behalf. This illustrates the potential for LACs to broker dialogue and solution focused outcomes with people and sector agencies, it also examples LACs as cooperative and mediating in complex issues.

Another example is the overwhelming response by council colleagues to a request made by a LAC for donations to a vulnerable resident who had just moved home and had no furniture or household items. Donations of toiletries, small electrical goods, clothes, kitchenware, cleaning products and money were given generously and even the donation to pay for the "man and van" to move. Council colleagues reported that they were keen to help a resident who they knew was local, was already being helped by the council, and to whom these donations would make a huge difference. In fact, requests have been received for more opportunities to make these kinds of donations to needy local people. One Public Health colleague said: "*I am incredibly proud to be part of the amazing work that the LACs are doing to help residents*".

4. *Challenging Stigma* - Often people from socially disadvantaged groups are described as '*hard to reach*' or '*seldom heard*'. These terms are often used inconsistently to describe any form of minority groups such as people identifying as homeless, disabled people and old people and people from ethnic groups. These are the groups that are often identified as being those most difficult to engage in the political process and from which to gauge opinions. However many commentators argue that using an umbrella term such as '*hard to reach / hear*' to describe such groups implies a homogeneity within groups that does not exist (Brackertz 2008²⁰, Freimuth and Mettger 1990²¹). In so doing '*it defines the problem as one within the group itself, not within your approach to them*' (Smith 2006²²). The result of such an approach in language and categorisation is that the terms '*hard to reach / hear*' can become loaded and can result in potentially stigmatising or pejorative terminology (Murphy 2006²³). Many of the people who are introduced to LAC are often described as '*complex*' or '*hard to reach or engage*' and service teams experience challenging situations due to mental ill health or long-term health conditions. However, most commonly, the LAC encounter people who want to have the opportunity to tell their story as they feel unheard and disregarded by a mostly digital and automated system of support, which can be a barrier for some groups, when English is not their first language. LAC can have a role in addressing issues of stigma by engaging with people in a flexible and relational manner that is focused on enabling the person to give a personal account of their situation and aspirations for change. This can be enhanced and enabled by:

²⁰ Brackertz, N (2007) – Who is Hard to Reach and Why – ISR Working paper - http://library.bsl.org.au/jspui/bitstream/1/875/1/Whois_htr.pdf (accessed April 2019)

²¹ Freimuth, V.S; Mettger W, M (1990) – Is there a Hard to Reach audience? – Public Health Reports May – June vol 105 no 3

²² Smith, G (2006) – Hard to reach groups don't exist, <http://www.delib.co.uk/dblog/hard-to-reach-groups-don-t-exist> (Accessed 6/12/08)

²³ Murphy, P (2006) – Practical: Reaching the hard to reach -

5. *Working at grass roots* – By adhering to the core practice statements LAC situates itself in a neighbourhood and community environment and by using an asset based approach to community engagement and development can readily collaborate with local people to enhance local community assets and help in bridging relationships across informal resource groups. This is an integral component of LAC practice.

Conclusions

It is clear that Local Area Coordination is valued in Haringey. We were impressed at the general level of understanding and knowledge of the LAC programme within the local authority and with its partners - in particular in the NHS and the Voluntary and Community Sector. More so how key leaders were articulating the alignment of LAC as a contribution to the wider agenda for supporting people to connect and utilise local resources located and led by the community. It is clear that LAC in Haringey is becoming integral to the prevention agenda within the wider care system; this is not unusual and mirrors the situation in other localities.

System Level Fit

In terms of building on these established and growing connections and alignments it will be important that the LAC service is involved in the growing Social Prescribing provision that is being rolled out by NHS England as part of the Long Term Plan²⁴. Achieving an early and clear understanding about the contributions of both initiatives to supporting local people will be advantageous in avoiding duplication and ensuring that LAC (for example) is able to support and be available to people in local communities more broadly given its open introduction ethos.

Capturing information on activity and impact

When we considered how LAC data is analysed and reviewed we found that development and implementation of the database is still a work in progress. This is not a problem that is specific to Haringey. nationally the emerging LAC services are using a range of different methods to collect activity and impact data. Haringey is currently using a mixture of:

- a. A spreadsheet developed in York.
- b. An outcome star – capturing the journey taken by individuals.
- c. Capturing individual stories and community development activity.

We think it would be worth reviewing the current approach to data collection and most importantly how it is used. We suggest that as part of this it would be useful to consider the time taken by Local Area Coordinators to gather information, the information required at an operational level and the information needed at a strategic or system level. As part of this it will be important to consider how the LAC service is understood across the system as a whole not just in Adult Social Care.

²⁴ Universal Personalised Care. Implementing the Comprehensive Model, NHSE 2019

Operational Issues

During the course of our evaluation which was primarily in 2018 and the early part of 2019 the LAC team experienced three changes in line management. They have met weekly or twice monthly with their line managers for support and to feedback on emerging work/cases and projects. They were also in regular contact by phone or email to support with specific issues.

Throughout this period the Consultant in Public Health ensured that the LAC were integrated with emerging community based projects to support integrated care. For example, the Consultant in Public Health ensured that LACs were a key parts of the proactive preventative component of the Community First project which was designed to pilot a multidisciplinary approach to care and was based in Wood Green. In addition LAC were also part of the Connected Communities project which was designed to support migrants to navigate services and become embedded within Haringey. Subsequently programme leads for both of these community projects have secured funding to expand the number of LACS in Haringey and any future recruitment will be supported by the Consultant in Public Health and LAC manager.

Going forward it will be important to consider the best organisational fit for the LAC service. There needs to be a balance between continuing to develop an integrated approach with other services, ensuring that the LAC model's integrity is maintained and being located in a part of the local authority that is able to offer support that is stable and has strong links to social care and housing in particular.

We noted that there is a difference between the caseloads of LAC1 and LAC2. We suggest that it would be useful to explore the reasons for this. For example is this due to different working practices or is it to do with a variation in pressures and challenges in different parts of the borough?

Strategic Relationships

We have seen evidence from practice that LACs have forged a wide range of relationships in the community system; whilst there was some initial concern raised about the advent of LAC from a senior VCS leader this was in the context of wider challenges in the VCS sector regarding access to funding and financial sustainability for the sector more generally. There is perhaps value for commissioners to explore how LACs have been successful in their interface and joint working with the VCS sector and how all have progressed growth in neighbourhood based resources (community groups, activities etc.). This might be helpful in framing elements of local commissioning plans with the sector.

We note that in its early stages of implementation there was a LAC Steering Group through which key partners were engaged in the development plan for LAC across the localities. We understand this group no longer meets. During the timeframe of this evaluation we see there have been three management changes in LAC. Our work elsewhere and understanding of what organisational features can enable LAC to flourish suggests that stability in the overall management of the LAC resource is crucial and establishing and maintaining a 'leadership' group that helps steer and review implementation and early stage development is beneficial. Such a group not only holds the ring on LACs interface with similar system initiatives but also serves to bring together representatives from the wider system – VCS leads, Health, Social Care, Housing, Communities etc. and sets LAC within a wider determinants frame.

Recommendations

1. Sustain and Grow - the progress made by the pilot LAC service in Haringey should be acknowledged and used as a basis for further development of the scheme. Part of this approach should include making sure that the LAC service is developed alongside other initiatives such as the NHS England Universal Personalised Care Model.
2. Managerial Support – we note the appointment of a LAC manager, the location of the service in Public Health should be reviewed and consideration given to best fit with regard to ensuing integration, sustainability and integrity to the LAC model.
3. Data Base – current data collection should be reviewed and consideration given to what information is required and how often at a system, organisation, service and individual level. As part of this the workload of LACs need to be taken into account to ensure that they do not spend too much of their time ‘feeding the beast’.
4. Advisory Group – the Advisory Group should be reviewed with a view to considering whether it should be reinstated or developed further to create a forum where stakeholders involved in bridging the gap between local services and civic society come together.

Appendix One - Information recorded in Local Area Coordination spreadsheet

Level One Data	Level Two Data
Area	Area
Date	Date
LAC Reference	LAC Reference
Gender	Gender
Initial Method of Contact	D.O.B
Introduced by	Age
Action	Employment Status
Comments	Ethnicity
Presenting Issue	Introduced by
Active/Inactive	Main reason for introduction
Completed Date	Comments
Time Spent	Two reason for introduction
Date Reactivated	Comments
Time Spent	Third reason for introduction
	Comments
	Outcomes or first agreed action for a good life
	Summary of shared agreement/work agreed
	Connected with services paid by Haringey Council?
	If yes which service?
	Completed
	Date Completed
	Time Spent
	Well being scores completed
	Story completed
	Outcomes - theme 1 feel connected individual with those around me

Level One Data	Level Two Data
	Score at beginning (these scores are repeated for each theme)
	Score after three months
	Score after six months
	Score at end
	Outcome theme two I keep active
	Outcome theme three I have an awareness of the world around me
	Outcome theme four I have gained new skills or rediscovered old interests
	Outcome theme five I volunteer or take part in a community
	Outcome six I feel confident about life in general
	Outcome seven I feel in control of my own life
	Outcome eight I feel able to achieve my vision of a good life

Ethnicity
White - British
White - Irish
White - Gypsy or Irish Traveller
Any Other White Background
Mixed - White & Black Caribbean
Mixed - White & Black African
Mixed - White & Asian
Any Other Mixed/Multiple Ethnic Background
Asian - Asian British
Asian - Indian
Asian - Pakistani
Asian - Bangladeshi
Asian - Chinese
Any Other Asian Background
Black - African
Black - Caribbean
Black - British
Any Other Black Background
Other Ethnic Group

Community Lists
Youth
Family
Older
Residents
Mental Health
Disability
Substance Misuse
Advice
Faith
Employability
Creative
Learning
Hobby
Food
Social
Sports
Community
Other (Please Comment)

Action/Info given
Advice & Guidance
Arranging joint visit
Community Connection
Group Connection
Information
Information & Advice
Non-service solution
Self Advocacy
Signpost to services
Other (please specify)

Introduced By
Adult Learning
Adult Social Care
Be Independent
Carers Support
Children's Centre
Children's Social care
Church
CMHT or CAMHS
Community Centre
Community Nurse
Debt Management
Existing citizen
Explore Libraries
Family Member
Foodbank
GP
Handyperson
Home Care
Hospital Discharge Team
Housing Association
Housing Department
Inclusion Support
Internet/Facebook/Twitter
Job Centre Plus
Local Area Teams
Local Group
Neighbour
Occupational Therapist
Other (please specify)
Other Council Department
Other LAC or Community Facilitator
Parish Council
Police
Self
Third Sector
Volunteer

Presenting Issue
Anti Social Behaviour
Carer
Children (5-15)
Dementia
Domestic Violence
Early Years (under 5s)
Family
Health Condition
Learning and Sensory Disability
Learning disability
Long Term Health Condition
Mental Health
Older Person
Physical Disability
Sensory and Physical Disability
Sensory Disability
Substance Abuse
Young Person (16-25)
Other (please specify)

Appendix Two – The Swansea Finance Model

			Swansea value of improvement			Haringey value of improvement		
Generic Case	Swansea Case Mix	Swansea - proportion generic case of total caseload	Swansea value of improvement - base - optimistic	Swansea value of improvement Pessimistic - base	Haringey case numbers (2018 data) if case mix similar to Swansea	Haringey value of improvement base to optimistic	Haringey value of improvement pessimistic to base	
Individual w family caring responsibilities	15	0.056	99,810	206,250	6	39,625	81,882	
Younger/middle aged individual with health and financial challenges	38	0.142	71,858	38,608	15	28,528	15,328	
Single parent with former spouse and wider issues	16	0.060	76,432	979,808	6	30,344	388,987	
Isolated single parent with financial challenges	67	0.251	243,277	795,089	27	96,582	315,653	
Younger/middle aged individual with social issues	19	0.071	59,432	122,303	8	23,595	48,555	
Older isolated individual with health challenges	112	0.419	2,075,360	4,014,080	44	823,926	1,593,605	
Total	267	1.000	2,626,169	6,156,138	106	1,042,599	2,444,010	0
					106			
Caveats and Assumptions	Assumes that: The Swansea work is correct - we do not have the detail of their calculations; that the case mix is roughly the same as Haringey; the table above shows financial benefit IF ALL interventions were successful; these savings are total potential savings at the <u>end of two years</u> ; this calculator does not allow for the 'bounce' in service uptake that we saw with some people in Haringey and our earlier work in Waltham Forest.							
	Haringey Financial Benefit based on different level of outcome success							
	LAC ongoing - Impact Value	Total potential value over two years	20% Outcomes achieved	30% Outcomes achieved				
	Improvement: Base to Optimistic	1,042,599	208,520	312,780	521,299	104,260	156,390	
	Improvement: Pessimistic to Base	2,444,010	488,802	733,203	1,222,005	244,401	366,601	

Appendix Three – Multi-Disciplinary Team Case Conference Workshop

One of the aims of the review of the LAC programme in Haringey was to present an informed view of the potential contribution to savings/efficiencies that LAC support offers.

The format used here was run a workshop - loosely basing it around how a multi-disciplinary team meeting might be structured. It was intended to utilise senior professional expertise in Haringey to stress test the LAC intervention using real case studies to ask the question - what would have happened if LAC support had not been offered?

While hypothetical it was be meaningful because the "what if?" question was asked by experienced senior professionals in Haringey who are trusted to make decisions about health and social care support for vulnerable individuals on a daily basis.

The workshop aimed to provide an insight into the impact that LAC is making on reduce pressure on statutory health and care services.

Participants

Senior professionals who make decisions about vulnerability and statutory responsibility, understand assessment and care pathways and are accountable for the impact these decisions have on budgets. Workshop attendees were invited to attend by the Director of Adult Services and advice was taken by Haringey Adult Social Care and Public Health on who should attend.

The Leeds Beckett Team suggested that the following could be invited:

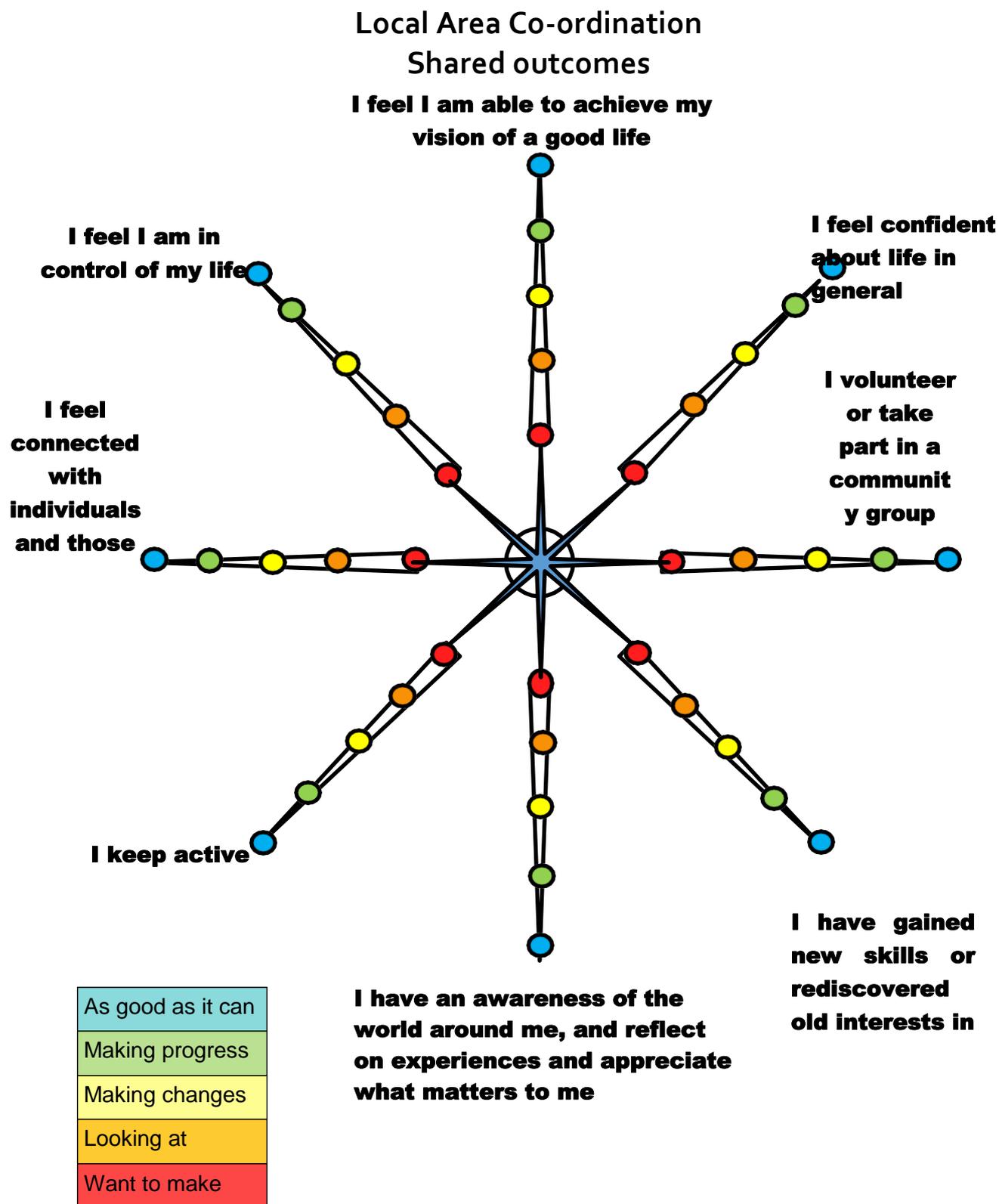
- Adult Social Work
- Mental Health Social work and CPN
- Children and Families Social Work
- Older People Social Work
- Community or Primary Care Nursing
- Housing Management
- Local Authority Finance Manager

How the workshop was managed

The workshop ran for half a day. Participants working in small groups were asked consider two case studies each and then to lead a brief "case conference" discussion to consider what might be the current needs of the person in the case study and how these needs might impact on service utilisation, demand and cost over time if a LAC had not been involved.

These discussions were captured by the Leeds Beckett Team.

Appendix Four – *The Outcome Star*



Notes on using the Outcomes Star:

The Outcomes Star is introduced to the resident seeking support from a LAC in the initial conversation stages where personal planning is being discussed. The resident is asked to consider each of the elements of the Star and to self rate as follows:

- 1 - I want to make changes
- 2 - I am looking at options
- 3 - I am making changes
- 4 - I am making progress
- 5 - Things are as good as they can be

It should be noted that a rating of five doesn't necessarily mean that everything is perfect; it just means that the resident isn't looking to make changes in this category at this time.

At the end of the LAC intervention, another self assessment is made by the resident.

The Star can be used at other stages during the support phase to frame a discussion on personal progress or to re frame personal planning etc. if the LAC intervention relationship is over a long period of time; the database allows for four readings in total – at the beginning, after three months, after six months, and at the end.