



CABINET

Subject Heading:

Local Area Coordination
Evaluation Report

Cabinet Member:

Councillor Jason Frost,
Cabinet Member for Health
and Adult Care Services

SLT Lead:

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Adult Social Care

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Policy context:

Local Area Coordination supports the Council to meet its Together and Communities Theme priorities outlined in the Corporate Plan. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.

Financial summary:

There are no financial implications. This report is a service update for note and discussion only.

Is this a Key Decision?

No. This report is for information only.

When should this matter be reviewed?

At the end of the two year pilot (Q4 2022/23)

Reviewing OSC:

Health Overview and Scrutiny Sub Committee

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

1.1 The Local Area Coordination (LAC) concept is being piloted in Havering, testing the approach in three areas initially. Local Area Coordinators (LACs) now work in Harold Hill, Rainham and South Hornchurch, Mawneys and Havering Park.

1.2 The pilot started in September 2020, and an evaluation of the first year of the pilot has recently been completed by an external academic researcher.

1.3 The key findings of the evaluation were as follows:

- LACs are able to intervene at crisis point, and prevent residents from reaching further crisis points
- LACs are delivering positive outcomes for residents, and enabling residents to make impactful life changes across a range of areas
- LACs display a range of positive attributes and they interact with residents in a meaningful way that is different from how services have interacted with them previously
- Residents who work with a LAC feel positive about their future and have aspirations that span across a range of areas
- LAC is making communities more resilient, is driving the Council's preventative agenda and leading the way in doing things differently
- LAC is starting to deliver some 'green shoots' of change and encouraging other services to work in a more strengths based way
- There are positive early signs that LAC intervention contributes to cost avoidance across the health and social care system

RECOMMENDATIONS

Cabinet is recommended to;

- 2.1. Note the evaluation findings

REPORT DETAIL

Background

- 3.1. LAC, a community asset based approach that is strengths based, relationship based and focuses on the whole person is a different way of working with people in the community in a preventative way. It was agreed to pilot this approach, setting up two teams across 4 wards in Havering in late 2019. Funding was secured from CCG and the Council to test the approach over two years. This is to understand what could be achieved when we work to build connections around people and see the community as an asset, where support can be drawn around people. Focusing on the whole person and walking alongside them to achieve their vision of a good life enables them to approach and tackle complicated issues that they haven't felt able to approach on their own or resolve in the past.
- 3.2. The LAC team was developed from September 2020 (as was delayed due to the pandemic) with two LACs for Harold Hill and a service lead. A third worker for Harold Hill and three workers for South Hornchurch and Rainham started in March 2021 and additional CCG funding was added through mental health funds, adding two additional workers in Mawneys and Havering Park Wards for one year starting in August and September 2021.
- 3.3. Every LAC is recruited with members of the community. The staff are based in the community in key assets and the work involves walking alongside people, working intensively on a 1:1 basis with residents experiencing crisis. Each worker covers a patch of around 12,000 people and builds a good understanding of the area in order to work with the community and the people in it to drive the things they want to achieve.
- 3.4. An evaluation of the first year of the pilot was completed by an external academic health and social care researcher, Dr Sandhya Duggal in September of this year. The evaluation covered three work packages:
 - Work package one: The impact of Local Area Coordination on residents
 - Qualitative interviews with 16 residents who had been supported by a LAC
 - Thematic analysis of the interview transcripts
 - Work package two: Local Area Coordination and the wider strategic fit

- Qualitative interviews with 18 stakeholders from across the system who have engaged with LAC
- Thematic analysis of the interview transcripts
- Work package three: Demonstrating the financial impact of Local Area Coordination in Havering
 - Cost avoidance analysis on 8 case studies

Evaluation findings

3.5. The findings of work package one were as follows:

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

“I was almost close to breakdown. I stopped eating, I would go into the bathroom and cried. I didn’t talk to my family. And I had a social worker at the time and she would say to me ‘I am worried about your mental health’ If it wasn’t for (name of LAC) I probably would have gone back (to domestic violent home). Either that or be in a mental hospital? I don’t know. I don’t even want to think about that.”

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

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

- In some cases residents reported profound impacts from a LAC walking alongside them. One resident said;

“The most important thing is, if (name of LAC) hadn’t helped, I would have killed myself. There’s no two ways about it”

- Residents achieved a number of positive outcomes across a range of areas including; housing and mental health. One of the most prominent forms of support from the LACs came from active referrals into other parts of the system

(both internal and external to the local authority). Residents recognised and valued how the team always knew who to contact, what information was needed and were able to provide them with practical support that was not just signposting or information giving. A resident said;

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

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

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

3.6. The findings of work package two were as follows:

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

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

- The successful implementation of LAC complements the delivery of the council's wider preventative strategy, such as the Better Living model in Adult Social Care, Face to Face in Children's social care, Open Dialogue in Mental Health and similar approaches employed within NELFT. These 'wins' reveal the extent to which Havering have been able to successfully achieve their strategic ambition for LAC. A senior stakeholder said;

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

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

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

3.7. The findings of work package three were as follows:

- 8 case studies of people who have been supported by a LAC were analysed to determine what would have happened if LAC had not been involved. The following were the typical events that were avoided:
 - Eviction from housing
 - Unplanned admission into hospital
 - Admissions related to mental health
 - Social care assessments
 - Continued excessive and inappropriate use of General Practice
- Cost avoidance analysis was carried out, based on the costs attached to each event avoided through LAC support. This estimated that for these 8 people, approximately £150k of costs could have been avoided across the system (including health, adult social care, children’s social care and housing). This gives a crude average of £18k per person.
- This cost avoidance per person can be viewed as a range of between £11k and £41k depending on whether you take an optimistic or pessimistic view of the journey the person would have taken without LAC
- These figures must be viewed with caution however;
 - The sample size is not large enough to make significant statistical claims
 - There are ‘outliers’ in the data which may skew the average
 - Cost avoidance will not occur evenly across all service provisions. Estimations about this could be made within a larger data set

3.8. The evaluation made the following observations:

- LACs should remain in their roles in order to help keep residents from reaching further points of crisis.
- More LACs are needed to reach more residents across the borough for greater service parity.
- The service should continue to work on how outcomes for residents are measured and reported, build on the early positive signs of systems change, and work with the system to unblock any issues experienced in service pathways

REASONS AND OPTIONS

Not applicable, this report is for information only

IMPLICATIONS AND RISKS

Financial implications and risks

The LAC Pilot Project will be funded through the following:

	2021/22	2022/23
	£'000	£'000
CCG - Better Care Fund	200	200
CCG - Prevention Fund	83	160
CCG - Mental Health	88	-
Underspend		
LBH – Public Health	50	25
LBH – Housing	42	43
LBH – Transformation	134	134
	597	562

The implementation of the Integrated Care System (ICS) will mean that the Council and health services generally will move into a new governance model from 1 April 2022, and Local Area Co-ordination (LAC) is a key building block of this new financial relationship. If funding continues to be made available from health sources the LAC scheme should continue beyond the current pilot stage.

The current Council Medium Term Financial Strategy includes a savings target of £0.500m against LAC in 2022/23, based on initial assumptions regarding the overall savings/cost avoidance which could be delivered through the Project.

The findings to date have demonstrated that the Project has not been able to deliver reductions in Council budgets but it is achieving savings in Health budgets and cost avoidance in both Health and Adult Social Care budgets. As a result the Council budgets in this area continue to be overspent.

The MTFS savings in the Council's budget relating to LAC will be replaced by savings from the reviews of high cost placements and an increase in Continuing Health Care (CHC) income from health in the next review of the MTFS.

Legal implications and risks

There are no apparent legal implications in noting the content of the Report.

Insofar as there is any Council expenditure involved this is empowered by:

- the general powers under s 1 Localism Act 2011 to do anything any individual can do in any way whatever, including—
 - (c) power to do it for, or otherwise than for, the benefit of the authority, its area or persons resident or present in its area.
- and under s 2 Care Act 2014 to prevent, reduce or delay the needs of its population for care and support
- and under s 3 Care Act 2014 to ensure the integration of care and support provision with health provision and health-related provision where it considers that this would—
 - (a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,
 - (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support.

Human Resources implications and risks

There are no HR implications to this report, as the report is for information only and no decision is being sought regarding employment of Local Area Coordinators.

Equalities implications and risks

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;

(iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Monitoring takes place to assess how the service meets the needs of all users, including those from ethnic minority communities and the disabled.

Health and wellbeing implications and risks

Havering Council is committed to improving the health and well-being of all residents including those most vulnerable. This service has a positive impact on the health and well-being of people who access it. This service also tackles health inequalities and addresses the wider determinants of health.

Through the service, positive impact is achieved in all following areas:

- Promoting the independence of individuals to lead the life they wish
- Behaviour and lifestyle such as diet, exercise or self-care
- Mental health and wellbeing
- Access to and quality of education or other training opportunities
- Employment, income, opportunities for economic development
- Access to green space, sports facilities and opportunities to be active
- Opportunity to interact socially with other people, social isolation, community support networks and being able to live independently
- Ability to access health and social care services
- Transport, and connections to places within or between the Borough

BACKGROUND PAPERS

None