

Evaluation of Local Area Coordination in Derby

SUMMARY

- 1.1 Local area coordination began in Derby in 2012 as part of the adult social care personalisation programme, building social capital. It is now a key service in meeting the Council's legal duty to prevent, reduce or delay the need for care and support, contributing to the delivery of the Joined-Up Care programme with the NHS and meeting the Health & Well-Being Board's commitment to engaging and empowering communities across the city.
- 1.2 The 2013 Derby University evaluation of local area coordination demonstrated that with just two staff in post, £800,000 was being saved by the health and social care economy as a result of people's use of the formal system being delayed or diverted entirely.
- 1.3 There are now local area coordinators in ten wards of the city, with 60% of the funding provided by the NHS and 40% by the Council. Members have expressed the ambition to expand local area coordination across all wards of the city.
- 1.4 An independent evaluation funded by 'Think Local, Act Personal' published in March 2016 evidenced that the Council and the NHS are receiving a 400% social return on their investment in local area coordination.

RECOMMENDATION

- 2.1 To note that the Health and Well-Being Board has agreed to continue to provide strategic leadership in engaging and empowering communities across the City.
- 2.2 To note the progress that is being made in the city to develop strong, healthy and inclusive communities through local area coordination as evidenced by the social return on investment evaluation published in March 2016 (summary attached as appendix 2).

- 2.3 To support officers in exploring all possible funding sources to enable the expansion of local area coordination across the city to include all 17 wards.

REASONS FOR RECOMMENDATION

- 3.1 On 10 June 2015 Council Cabinet accepted the 9 June 2015 Corporate Scrutiny and Governance Board recommendations to commend the Local Area Coordination service, that it would like to see future expansion of the service across the city to include all 17 wards and that an evaluation report is submitted to a meeting of the Protecting Vulnerable Adults Board for review and to assist in identifying how this could be achieved.
- 3.2 On 19 November the Health & Well-Being Board agreed to contribute to and provide strategic leadership and commit to the development of strong inclusive communities and to support and actively adopt the Framework for developing strong inclusive communities as established by Think Local, Act Personal (TLAP) and Public Health England (PHE).

SUPPORTING INFORMATION

- 4.1 There is a growing appreciation of the importance of community capacity building in delivering key change agendas across the health and care system and for wider public service reform. Opportunities are emerging for strengthening the role of community capacity building in achieving sustainable health and wellbeing.
- 4.2 In 2007, *Putting People First* identified the need for the transformation of adult social care through the implementation of personalisation to include building community capacity. It highlighted the need to engage with local networks, community associations and assets and review the use of universal services by older and disabled people, their families and carers, to identify and rectify obstacles to access.
- 4.3 In 2010, *Think Local, Act Personal* (the sector-wide commitment to moving forward with personalisation and community-based support) elaborated further on the need to build community capacity. It recognised that personalisation and community are the key building blocks of a reform agenda, shaped around an individual's own expertise and resources. When people need ongoing support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in.

- 4.4 In 2011 the Adults, Health and Housing leadership team considered how it could do something meaningful to develop social capital as part of its personalisation programme. The challenge was to understand what ‘social capital’ is and how the Council could meaningfully and tangibly do something that supported people to build on and build up their social capital – or assist them to accrue some social capital for the first time.
- 4.5 The Adults, Health and Housing leadership team realised that the values underpinning local area coordination were the same as those that underpinned an authentic approach to personalisation, such as:
- supporting people to ‘get a life, not a service’
 - recognising and building on the experiences, skills, gifts and assets that people had around them, and
 - enabling people to take control by self-directing or self-managing the solutions to their situation.
- 4.6 As a result, the Directorate used the social care reform grant to commence local area coordination in Alvaston and Arboretum. Derby University evaluated the work and reported that local area coordination was working effectively in Derby. Over a period of 10-12 months, working with approximately 50 people, the evaluation estimated a £800,000 saving to the health and social care economy as a result of people’s use of the formal system being delayed or diverted entirely.
- 4.7 The data was used to produce a business case. With strong support from Southern Derbyshire Clinical Commissioning Group (SDCCG), local area coordination became a key part of Derby’s Better Care Programme. In 2014, seven local area coordinator posts were established within the assessment, enablement and support planning (AESP) service within the Directorate, three of which were funded by SDCCG. In 2015 a further three posts were established, with additional NHS funding. The 2015-2016 budget for the current local area coordination team, including its manager, is £509,003, 59% of which is funded by the CCG (£300,000) and 41% by the Council (£209,003) from its adult social care staffing budget.
- 4.8 Local area coordination is a key Council service in meeting its statutory duties within the 2014 Care Act to prevent, reduce or delay needs. The local authority’s responsibilities for prevention apply to all adults, including:
- people who do not have any current needs for care and support;
 - adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not;
 - carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.
- 4.9 Local area coordinators in Derby are now core members of local NHS multi-disciplinary community support teams that work with clusters of GP practices to assist people at home to avoid hospital admission and get people back home when they have had a period in hospital.

- 4.10 Local area coordination underpins the self-help, prevention and community resilience workstream within the Integrated Care Delivery Programme, part of the Joined-Up Care BCF programme across South Derbyshire.
- 4.11 On 10 June 2015 Council Cabinet accepted the 9 June 2015 Corporate Scrutiny and Governance Board recommendations to commend the Local Area Coordination service, that it would like to see future expansion of the service across the city to include all 17 wards and that an evaluation report is submitted to a meeting of the Protecting Vulnerable Adults Board for review and to assist in identifying how this could be achieved.
- 4.12 During 2014 the Council received support from Think Local, Act Personal (TLAP) and Public Health England (PHE) to support and develop the Health & Well-Being Board in understanding and developing the power of strong inclusive communities to boost health and well-being. This programme, developed by TLAP in partnership with Public Health England and the London School of Economics aimed to support a small number of Health and Well Being Boards in reviewing their HWB strategies against a framework that:
- encourages HWB boards to promote the inclusion and maximises the contribution of older and disabled people in local communities.
 - supports HWB boards to divert, delay or reduce unnecessary use of acute/long term health and social care support through the development of social capital initiatives.
- 4.13 Recognising the progress that Derby City Council has made, TLAP agreed in 2015 to fund a social return on investment evaluation of local area coordination in the city – as requested by Corporate Scrutiny and Governance Board and Council Cabinet in June 2015. That evaluation was undertaken by Kingfishers Ltd and was published in March 2016. The full report runs to 162 pages and is available at http://www.thinklocalactpersonal.org.uk/library/BCC/Assured_SROI_Report_for_Local_Area_Coordination_in_Derby_March_2016.pdf The Executive Summary (16 pages) is attached as appendix 2.
- 4.14 *Social Value of Local Area Coordination in Derby: A forecast Social Return on Investment Analysis for Derby City Council (March 2016)* uses an established methodology for measuring and accounting for all value encompassing social, environmental and economic costs and benefits. The analysis attributes a monetary value to represent social value. The SROI analysis conducted uses the guidance report published by the SROI network (now Social Value UK) and has been independently assured by Social Value UK.
- 4.15 The report demonstrates that over the three year forecast period with 10 Local Area Coordinators, Local Area Coordination would deliver significant social value with up to £4 of value for every £1 invested. It further demonstrates that expansion of the service to all 17 wards across the city would see this value increase further with an increased number of individuals receiving the support.

- 4.16 The report highlights that the majority of the social impact of local area coordination in Derby is for the community – with people supported at Level 1 and Level 2 experiencing improved health and wellbeing outcomes as a result of the support for the local area coordinator.
- 4.17 However, the Council together with the NHS, the Fire and Police Services are also positively impacted as a result of the individuals becoming empowered and finding community based solutions.
- 4.18 The average age of people supported by local area coordinators is 60, with the majority identified as being either people with mental health needs (38%) or older people (25%). Most people supported by local area coordinators live in the social rented sector with 39% being Derby Homes' tenants and 24% other housing association tenants. 31% are owner occupiers and only 4% are privately renting.

OTHER OPTIONS CONSIDERED

- 5.1 None – this report is in response to a Corporate Scrutiny and Governance Board and Council Cabinet requests made in June 2015 (see paragraph 4.11 above).

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Olu Idowu Alison Parkin Liz Moore N/A Brian Frisby, Director of Adult Social Care Services Jenny Swatton, Director of Commissioning, Southern Derbyshire Clinical Commissioning Group Nick O'Reilly, Director Digital Services
For more information contact: Background papers: List of appendices:	Brian Frisby 01332 642696 brian.frisby@derby.gov.uk Minutes of Council Cabinet 10 June 2016 and of Corporate Scrutiny and Governance Board 09 June 2016. Appendix 1 – Implications Appendix 2 - Social Value of Local Area Coordination in Derby: A forecast Social Return on Investment Analysis for Derby City Council Summary Report (March 2016)

IMPLICATIONS

Financial and Value for Money

- 1.1 The budget for the current local area coordination team, including its manager, is £509,003, 59% of which is funded by the CCG (£300,000) and 41% by the Council (£209,003). Expanding local area coordination to all 17 wards in the city would cost a further £314,000 (including staffing, supervisory, travel, ICT and other business costs).

Legal

- 2.1 The Council has a legal duty to prevent, reduce or delay needs under the 2014 Care Act. The local authority's responsibilities for prevention apply to all adults, including:
- people who do not have any current needs for care and support;
 - adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not;
 - carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.

Personnel

- 3.1 The Council employs 10 local area coordinators and one social capital manager. Expanding local area coordination to all 17 wards would require six local area coordinators and one senior practitioner post to be established). Recruitment to any additional posts established would be in line with the Council's recruitment practice, and would involve community stakeholders in the assessment process.

IT

- 4.1 The local area coordinators are based within ten wards of the city. They need IT support to function remotely. The team budget includes the costs of their IT support.

Equalities Impact

- 5.1 The SROI evaluation evidences that local area coordination increases social inclusion for citizens. A presentation will be arranged to the Diversity Forums to help increase awareness of the role of the Local Area Coordinators.

Health and Safety

- 6.1 Local area coordinators are largely lone workers. This is managed satisfactorily according to the Council's policies and procedures. The SROI evaluation makes recommendations for improving their support.

Environmental Sustainability

- 7.1 None.

Property and Asset Management

8.1 None.

Risk Management

9.1 Local area coordination is currently not available in 7 wards of the city.

Corporate objectives and priorities for change

10.1 Local area coordination supports the delivery of the Council's ambition to build strong, resilient communities where people are empowered.