Derby City Council

Local Area Co-ordination in Derby

Evaluation report 2018 – 2021, Executive Summary

Foreword

Derby City Council initiated the Local Area Coordination (LAC) programme over 9 years ago because of our belief that many of the solutions to helping people lead a better, more independent life, lay in communities rather than services. By unlocking the strengths and assets within individuals, their families and neighbourhoods, we could support better outcomes for everyone. Nine years on Derby's Local Area Coordination programme has grown to establish itself as an integral and vital element of the city's prevention and resilience approach. This sustained commitment and growth has been both remarkable and far-sighted when considered against a national backdrop of reductions to Local Authority funding. This is a testament to the cross-sector leadership in Derby that has belief and confidence in this humane and person-centred approach. The national government have recognised this and provided temporary funding for part of the expansion of this service covering looked after children in transition to adulthood. It is a great source of satisfaction to me as a champion of LAC that this approach has been able to achieve the hoped-for outcomes for citizens, communities, partners and the Council. I am particularly pleased that I have been able to support LAC to expand to all wards of the city.

Over the last 12 months LAC has responded rapidly to the changing local and national context, as we experienced the devastating impact of the spread of the Coronavirus pandemic. This has had a considerable effect on the focus of the team and on their ways of working. Local Area Coordinators provided a care and support offer capable of making the connections between people in need of help, their neighbours and community resources able to offer that helping hand. As we look to move beyond COVID, the relationships, connections and networks forged in the crisis of the pandemic will undoubtedly have a positive and enduring impact on the work of the team and the resilience of our City.

Beyond the evidence of benefits during this pandemic, Derby's Local Area Coordination work has, since 2012, been subject to three external evaluations, each designed with a focus on clarifying the extent and nature of the benefits of the LAC work in Derby – to citizens, to services and to finances. These benefits have been consistently evidenced. As Cabinet Member I am confident that LAC works. This latest internal evaluation marks an important change in focus. We are now moving to a more strategic focus, seeking to understand:

i. the conditions that enable it to work best
ii. where it can have most impact on reforming and supporting our local health and social care systems and
iii. how it can best support the growth of truly resilient individuals, families and communities.

In addition, we are hoping to make this an open evaluation, such that the National LAC Network and other Local Authorities can benefit from Derby's work.

This evaluation is the first in what I hope will be an ongoing piece of work, where Derby's LAC programme moves to embed a process of continuous learning and improvement, based on a desire to understand the optimum contribution of LAC to all communities, regardless of their demographic. I thoroughly recommend this evaluation to you.

R. M. Webb

Councillor Roy Webb.
Cabinet Member for Adults, Health and Housing. 02/2021.

Acknowledgements

The author would like to express his sincere gratitude to everybody involved with this evaluation of Local Area Co-ordination in Derby. There are too many people to name here but, without all of their support, it would not have been possible to undertake such a comprehensive evaluation, examining the impact of Local Area Co-ordination not only on the people supported but also on different parts of the local system.

Special thanks must go to the Local Area Co-ordination team at Derby City Council, but particularly to Neil Woodhead (Social Capital Development Manager) and Sarah Edmundson (Senior Local Area Co-ordinator). Their support for this evaluation was driven by a desire to genuinely understand the impact of LAC in order to drive continuous improvement for local residents and their communities.

Likewise, the author would like to thank Anthony Mains (Team Manager) and the Leaving Care Team at Derby City Council.

Particular thanks must also go to Ralph Broad (Director, Inclusive Neighbourhoods Ltd.) for his support and for all of the information that he kindly shared. His generous provision of information, and permission to include it in the evaluation report, will greatly assist the readers' understanding about Local Area Co-ordination.

The author would also like to express his appreciation for the support of, and analysis undertaken by, the Business Intelligence Teams at Derby City Council, the University Hospitals of Derby and Burton NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust. Their support is genuinely appreciated and we look forward to working together in the future as we continue to develop our knowledge about the impact of LAC in conjunction with other services.

Thanks must also go to the Information Governance Team at Derby City Council, without whom the data sharing with partners could not have happened.

The LAC network is an important forum for the exchange of ideas and best practice - accordingly, the author would also like to recognise the support of the network and in particular that of Nick Sinclair, Director of the LAC Network.

Thanks must also go to the evaluation team at Ipsos MORI, but especially to Dr Claudia Mollidor and Raynette Bierman, for their support and permission to reproduce selected infographics from the formal evaluation.

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Executive Summary

What is Local Area Co-ordination?[1]

Local Area Co-ordination has proven to be accessible and effective for people of all ages including some labelled as having complex needs, who can be helped to reduce the frequency of crises[2].

Local Area Co-ordination (LAC) is a practical assets based approach which:

- helps communities to become inclusive, welcoming and self-supporting places
- supports people to stay strong and prevents a need for service intervention by building on personal strengths and by finding natural support through local relationships
- supports people facing crisis to get a person-centred service within the context of a supported community network around them
- helps public services to transform so that they are integrated, person-centred and co-produced with communities
- reduces costs to the system as a result of people requiring less assessment, intervention and ongoing care[3].

Local Area Co-ordination intentionally develops strong partnerships with specialist, statutory and funded services, as well as local people, families and communities.

It is specifically designed to respond to issues associated with increasing service demand as part of an evolving and more personal, local, flexible and sustainable system. Long-term evidence shows that, where there is strong leadership and strong design (building on values, practice and evidence), there are highly positive and consistent outcomes at the individual, family, community and systems levels.

Local Area Co-ordination does not start with the perspective of identifying the problems that a person has and the services/resources that they need. Instead, it explores the person's vision of their 'good life' and how they (the person) can make it happen.

Understanding and celebrating people and how their family, friends, neighbours and community can help is a powerful starting point. Services then complement and support the role of people and community.

LAC has proven to be accessible and effective for people of all ages including some labelled as having complex needs, who can be helped to reduce the frequency of crises[2]. It has proven to be equally successful for people across all service labels, including people with mental health problems, physical disabilities and carers[4].

By 'thinking natural first,' and developing social capital within neighbourhoods, Local Area Co-ordination helps to reduce demand on services. People who do not need services, but who have limited other support, are prevented from entering the service system; similarly, with effective support within their community, people's service needs may be delayed or reduced.

Outcomes are stronger through intentional partnership working.

The order in which Local Area Co-ordinators approach helping somebody to solve their problems[5]

What can you do using your own skills and experience?

How can family, friends and community help?

What is the role of services and funding?

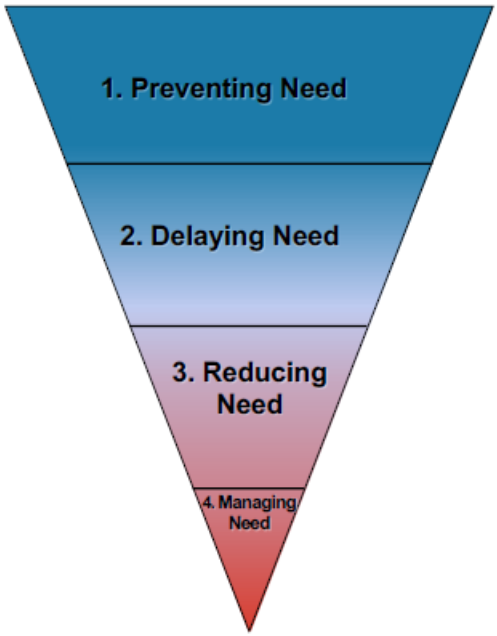
Reducing demand upon the system[6]

Whole person, community, system

The LAC role supports:

- **People not yet known to services** to help build resilience and remain part of their community* (avoiding need for services).
- **People at risk of becoming dependent on services** to remain strong in their own community - diverting the need for more expensive formal service responses (delay/divert need)
- **People already using services** to become less so and more connected and resilient in their own community (reduce need)

*including family, kin, culture



Local Area Co-ordination in Derby

It is estimated that more than 2,000 Derby residents and their families have been actively supported by Local Area Co-ordination.

In Derby, Local Area Co-ordination began in 2012 as part of the Adult Social Care personalisation programme. Local leaders identified that the values underpinning LAC were the same as those which underpinned an authentic approach to personalisation.

Local Area Co-ordination began in two wards but has since undergone several phases of expansion to cover 11 wards in 2019. Within these neighbourhoods, Derby's Local Area Co-ordinators have always offered support to adults aged 18+, however, since 2018, support has also been offered to young people (aged 16+) leaving care[7].

To date, it is estimated that more than 2,000 Derby residents and their families have been supported actively by Local Area Co-ordination.

During 2020/21, LAC is being further expanded to offer support to people across all of Derby, with each ward having a Local Area Co-ordinator. With a LAC in each of the city's seventeen wards, it is expected that 765 people will be supported actively each year. In addition, LACs would be expected to be 'keeping an eye on' approximately 200 more people, checking that they do not need extra support or services.

Notably, all wards within the city have a population larger than the upper limit of recommended population sizes for Local Area Co-ordination – close monitoring will be required to ensure that elements of the LAC role are not being diluted by working within larger communities.

The people supported by LAC, to date, have also tended to reside in areas of comparatively greater deprivation. Approximately 81.5% of the people supported reside in parts of the city which fall into the 30% most deprived areas of England. This will represent a challenge to the LAC service as it expands into new areas of Derby, many of which fall into the 30% least deprived areas nationally.

52.5% of people were introduced to support their reablement

Introductions to Local Area Co-ordination come from a wide range of sources, including statutory bodies, schools, the voluntary sector, people themselves and concerned members of the public. However, the majority of introductions come from within the health and social care arenas[8] with the reasons for introduction being closely aligned with these sources[9]:

- 52.5% of people were introduced to LAC to support their reablement; helping them to regain needed skills, confidence and independence (often following a life-changing event)
- 12.7% of people were introduced to prevent them being admitted to hospital
- 7.7% of people were supported to prevent/ delay the need for them to enter residential care.

12.7% of people were introduced to prevent hospital admission

The people introduced to Local Area Co-ordination have a wide variety of needs and problems with which they need support, with many of the people introduced to the service having multiple and complex needs. At introduction, approximately:

- 75% of people need to overcome isolation (with approximately two thirds wanting to make connections in the community)
- 45% of people require support to be 'heard' and have their circumstances/needs understood by formal services
- 35% of people have financial problems and need to access financial advice
- 25% of people have health/medical problems and need to access healthcare[10].

At the beginning of the Covid-19 pandemic, Local Area Co-ordination played a key role in developing the Derby Community Hub to co-ordinate help and support for people needing it during the national crisis. Through the hub, anybody within the community who is vulnerable, self-isolating or shielding can seek assistance – by September 2020, the hub had received more than 3,000 calls for support and more than 1,000 calls from volunteers.

New introductions to LAC are coming from people who have contacted the Derby Community Hub; others are being identified who may benefit, in the future, from LAC support. Consideration needs to be given about how best to support the vulnerable people who have registered with the hub and how it can be developed and maintained to increase social capital and community capacity within the city.

A bespoke Theory of Change has been produced for LAC in the city (see Appendix 1). It articulates the development from fragmented, isolated communities with increasing demand for services towards more resilient individuals and communities, rich in social capital, with reduced demand for services. As a result of LAC support for residents, there should be a number of visible changes to services/service demand, including:

- reductions in social care packages and interventions
- a reduction in nursing and residential care placements
- reduced demand on secondary Mental Health services
- reductions in unnecessary crisis health interventions
- a reduction in delayed transfers of care
- reductions in unnecessary Primary Care appointments
- sustainment of tenancies – reduction in eviction and associated costs.

Care leavers

Nationally, young people report that leaving care feels like a 'cliff edge,' feeling unprepared for the challenges of adulthood. Upon leaving care, young people struggle most with:

- housing and accommodation
- finances, benefits and budgeting
- transitions to adult services, especially mental health services
- education, employment and training[11].

Overwhelmingly, however, the largest issues raised by care leavers are isolation and loneliness; it is recognised that care leavers have difficulty navigating their way through their late teens and early twenties without a strong and stable support network around them[13].

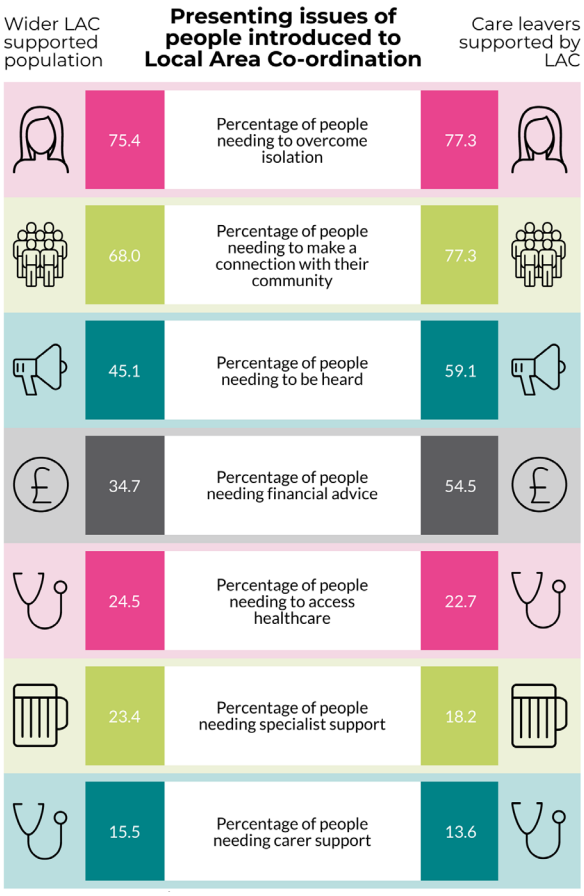
"Young people leaving care constitute one of the most vulnerable groups in our society, and both government and wider society have a moral obligation to give them the support they need as they make the transition to adulthood and independent living[12]."

As would be expected, the presenting issues of care leavers in Derby echo the issues identified nationally, with priorities in all of these areas being reflected in the young people's shared agreements. Notably, with the exception of some issues, which are likely a result of people's life stages, there is a clear similarity between the presenting issues identified by care leavers and other people receiving support from Local Area Co-ordination.

Ipsos MORI were appointed by the Department for Education to undertake an independent evaluation of Local Area Co-ordination support for care leavers. The formal evaluation[14] identified that LACs developed strong and trusting relationships with the young people to whom they were introduced. Further, they supported them to make progress in these areas of their life and helped them to be more resilient when facing adverse circumstances.

Young people felt that they could rely upon their LAC and felt valued as a result of their LAC not having an agenda, just a genuine desire to help. Furthermore, they enjoyed the ability to contact their LAC as often as they wanted or needed to. They also appreciated the 'open ended' nature of the relationship with Local Area Co-ordination, being able to maintain a relationship for as long as they feel that they need to do so. The presence and reliability of their LAC, together with the stability of the relationship, were particularly valued by young people with mental health issues or difficult life situations.

It was also clear from the formal evaluation that Local Area Co-ordination helped to produce sustainable results for young people – when prompted about their need for Local Area Co-ordination support in the future, some care leavers thought it would be minimal, as they had acquired the confidence to live their life.



Positioning this evaluation

Since 2012, there have been 14 independent academic evaluations of Local Area Co-ordination conducted across programmes in England and Wales[15], identifying a range of benefits to people, society and the public sector.

Many of these evaluations have focussed upon the benefits to individuals, with Social Return on Investment (SROI) calculations consistently identifying benefits in the region of £4 for every £1 invested. Whilst SROI measures social value, cost benefit analysis has identified a benefit cost ratio of between 2:1 and 3:1, potentially

rising as high as 4:1 with sustained LAC activity[16].

Building upon these evaluations, it was concluded that this evaluation should focus upon:

1. **Qualitative evaluation:**
- analysis of the contact logs kept by Local Area Co-ordinators to help to identify the range of issues with which people needed support together with the organisations which were involved with the residents supported
- capturing the change in people's personal networks to identify how their situation has changed, their increased resilience and contribution to their local community

Previous evaluations identified a benefit : cost ratio of between 2:1 and 3:1

2. **Quantitative evaluation:**
- analysis of the impact of LAC, at the system level, in the areas identified within the local Theory of Change; where possible, identifying efficiency savings that may be associated with LAC support in these areas.

Problems faced by residents and support provided by LACs

The contact logs kept by Local Area Co-ordinators essentially tell the story of the journey that the person supported and their LAC undertake together. A sample of these logs was reviewed and content analysis undertaken to quantify the problems faced by residents and the support offered by LACs - in total, approximately 2,800 – 3,000 pages of text were included in the analysis.

Below are the most prevalent issues identified within the logs - the results are presented thematically. To prevent disclosure, values below 5% have been suppressed.

Health

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Mental health problems (inc. anxiety)	47.5	59.1
Mobility problems	33.9	-
Self-harm	#	27.3
Recent history of falls	10.2	-
Suicidal / possible suicidal ideation (inc. history of attempted suicide)	10.2	22.7
Drug problems / addiction	5.1	18.2
Support accessing healthcare	~	13.6

- classified elsewhere ~ - not coded but routine for some people and at points of relationships

Social work and Social Care

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Safeguarding	~	31.8
Overcome isolation	29.7	77.3
Home maintenance / tidiness / cleanliness / cleaner	13.6	-
Struggles getting food / food parcels / food banks	8.5	27.3
Person not looking after themselves / neglecting themselves	5.1	9.1

- classified elsewhere ~ - not coded but routine for some people and at points of relationships

Housing

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Support with property search / re-housing / finding a home	~	13.6
Home in poor condition / support to resolve	7.6	9.1
Problems with neighbours	7.6	9.1
Tenancy problems / preventing homelessness	^	22.7
No furniture / support furnishing or equipping home / changing furniture / repairing furniture	^	22.7

- classified elsewhere ~ - not coded but routine for some people and at points of relationship
^ - <5% of cases

Crime and Anti-social behaviour

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Person being exploited / at risk of being exploited (inc. financial)	8.5	9.1
Court proceedings	~	9.1
ASB	6.8	^
Home security	5.9	-
Domestic violence / domestic abuse	^	9.1

- classified elsewhere ~ - not coded but routine for some people and at points of relationship
^ - <5% of cases

Administration

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Financial difficulties / advice (inc. parents)	32.2	36.4
Getting people onto the correct benefits / amounts (inc. appeals / support with assessments)	22.9	-
Support required with official correspondence / forms / paperwork / finance administration	16.9	9.1

- classified elsewhere ~ - not coded but routine for some people and at points of relationships

Other

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Connecting with activities	30.5	36.4
Community connection	24.6	77.3
Serious lack of money	#	18.2
Personal loss / grief / bereavement	16.1	13.6
Volunteering	13.6	18.2
Advocacy / being heard	11.0	59.1
Support with essentials for child	#	13.6

- classified elsewhere ~ - not coded but routine for some people and at points of relationships

The effectiveness of Local Area Co-ordination for people of all ages and with different needs has been well established internationally. Whilst the percentage of people experiencing specific issues may vary, the analysis above indicates that many of the issues faced by care leavers are also commonly experienced within the wider population who have been supported by LAC. There were, however, some issues encountered by LACs that are more prevalent amongst care leavers because of their life stage, including: education, employment and life skills.

Employment and education

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Support looking for work or placement (care leaver or partner) / help to get back into work	^	27.3
Volunteering	13.6	18.2
College courses	-	9.1
Advice / support with applications / CV / getting to interview	#	9.1
Advice / support with interview preparation	#	9.1

- classified elsewhere ~ - not coded but routine for some people and at points of relationship
^ - <5% of cases

Life skills

Issue experienced / support provided	Percentage of people	
	LAC - General population	LAC - Care leavers
Support with food shopping	-	27.3
Mentorship (of care leaver)	~	13.6
Learning to cook / support with cooking and healthy eating	^	9.1
Support with budgeting	^	^
Support with cleaning the home	9.3	^

- classified elsewhere ~ - not coded but routine for some people and at points of relationship
^ - <5% of cases

Evaluation against the Derby Theory of Change

Local Area Co-ordination does not operate in isolation of other services. The people introduced to LAC often have multiple and complex needs; accordingly, they are likely to be receiving support from a range of services across the public sector, but especially health and social care services.

Further, support for a resident provided by one service may lead to efficiency savings being realised in another part of the same organisation or within another part of the public sector. It is, therefore, extremely difficult to identify the impact of a single service within the matrix of inter-related services being provided.

Accordingly, this evaluation does not attempt to isolate the benefits which can be attributed only to Local Area Co-ordination. Instead, the analysis of outcomes assumes that Local Area Co-ordination is working alongside all other services that residents may be receiving or that are introduced post introduction to LAC.

Reduction in nursing and residential care placements

There is clear evidence of Local Area Co-ordination contributing to a reduction in the number of residential and nursing care placements by preventing/delaying people's entry into residential care. Further, modelling suggests that there are appreciable cost savings being delivered through LAC helping to prevent / delay people's entry into council funded residential care.

At least 7.7% of people supported by LAC were either introduced to prevent admission to residential care or had this as an emerging aim during the period of the relationship. 36.4% of these people have/had homecare packages and would therefore be likely to qualify for council funded residential care. It is estimated that the average cost saving associated with delaying their entry to residential care is approximately £19,400 per person per year.

To date, these people have had entry to residential care delayed for an average of approximately 20 months. However, where the LAC relationship has lasted for 4 years, or more, the average delay is approximately 45 months.

For these people, it is estimated that LAC has already contributed to savings of more than £535,000 (less any costs for LAC and other services commencing post introduction to LAC).

With the expansion of LAC to cover the whole city, it is estimated that LAC will be supporting 765 people each year – of these, potentially 59 people per year could either be prevented from entering residential care or have their entry delayed. 22 of these people are likely to qualify for the cost of their care to be covered by the council. Modelling delayed entry of 1-3 years, potential savings are between £376,376 and £1,129,128 per year before any costs associated with LAC and other services introduced[17].

With an ageing population, it is reasonable to assume that demand for residential care will increase; there is a clear need to support more people to find solutions that will enable them to take an active role in their community and have their care needs met within their own home.

If, through a combination of LAC and other services, more people could have their entry to residential care delayed, or prevented, the cost savings could be increased further. If the number of people having delayed entry to council funded residential care could be increased to 35, potential savings could be increased to £598,780 - £1,796,340 p.a. before any costs associated with LAC and other services introduced.

It is estimated that LAC has already contributed to savings of more than £535,000.

Cost savings associated with 22 people per year being prevented from entering the residential care system, based upon an average saving of £329 per person per week[18]

Number of years entry into residential care is prevented / delayed	Cumulative cost savings (£s)				
	Year 1	Year 2	Year 3	Year 4	Year 5
1 year	376,376	376,376	376,376	376,376	376,376
2 years	376,376	752,752	752,752	752,752	752,752
3 years	376,376	752,752	1,129,128	1,129,128	1,129,128

Less any costs associated with Local Area Co-ordination support (2.88% of total LAC costs) and any other services introduced

"I've been able to stay at home with help from my neighbours instead of going into a Care Home." (A Derby resident)

Reduction in social care packages and interventions

More than half of the people introduced to Local Area Co-ordination have been introduced to help them to reable; the Theory of Change identified that LAC would contribute to a reduction in the value (cost) of social care packages and interventions.

For some people, LAC has been successful in achieving this outcome. However, with the deteriorating health of many people in receipt of social care packages, there is a nuanced pattern. For people introduced to LAC:

- 12.6% had a reduction in the value of their care package
- 39.7% had no overall change in the value of their care package
- 47.7% had the value of their care package increased.

Where the cost of care has been reduced, the average weekly reduction was £109 – this suggests potential savings of up to £5,668 per person per year before any costs associated with LAC and other support introduced.

Expanding LAC coverage across the city, it is estimated that 234 people with an adult social care package will be supported each year. Of these, 30 people would be expected to see a reduction in the cost of their care package. If the cost of care packages for these people could be reduced for a period of 1-3 years, potential savings could be between £170,040 and £510,120 per year.

It is likely that not all of these costs savings would be realised due to the need to introduce additional services to help people. Further, in some cases, reductions in the value of care packages may occur without any intervention or support from LAC.

There may be additional savings associated with the 39.7% of people who saw no change in the value of their care package but further research would be required to investigate this.

Notably, 47.7% of people saw the cost of their weekly care increase, with a third of the people supported starting a homecare package. The increased cost of care for these people was five times more than the savings resulting from reductions in care packages; however, the cost of supporting these people to remain independent in their own homes and communities is likely to be cheaper than their entry into residential care.

Potential savings could be between £170,040 and £510,120 per year.

Cost savings associated with 30 people per year having the costs of their care reduced, based upon an average saving of £109 per person per week[19]

Number of years for which the cost of care is reduced	Cumulative cost savings (£s)				
	Year 1	Year 2	Year 3	Year 4	Year 5
1 year	170,040	170,040	170,040	170,040	170,040
2 years	170,040	340,080	340,080	340,080	340,080
3 years	170,040	340,080	510,120	510,120	510,120

Less any costs associated with Local Area Co-ordination support (3.79% of total LAC costs) and any other services introduced

Sustainment of tenancies – reduction in eviction and associated costs

The local Theory of Change identifies that Local Area Co-ordination should contribute to efficiency savings by helping to reduce evictions and associated costs. This evaluation has confirmed that this has been the case for some of the people introduced to LAC.

During 2018/19 and 2019/2020, it is estimated that 39.3% of people supported by Local Area Co-ordinators live in homes managed by Derby Homes. For these tenants, it is estimated that LAC has helped:

- 10% to resolve or reduce rent arrears
- 11% to resolve problems with their neighbours
- 21% to resolve problems with the 'state' of their home and/or garden.

Overall, it is estimated that Local Area Co-ordinators have helped to prevent the loss of a tenancy in 9% of cases. Notably, in at least a third of these cases, the person supported suffered from mental health problems which were affecting their ability to manage their tenancy or to understand the information relating to their possible eviction.

Derby Homes take every possible avoiding action before eviction; it is therefore reasonable to assume a more conservative estimate of 6% for modelling purposes. Assuming that LAC continues to support the same number of Derby Homes tenants, and assuming a £5,000 average cost for terminating a tenancy, it is projected that annual cost savings could equate to £50,000. However, the actual saving is likely to be lower due to not all of the estimated £5,000 eviction costs being saved with each termination.

"The Local Area Co-ordinators have been a vital resource to the Frequent Attenders Team working in the Emergency Department (ED) at Royal Derby Hospital. Quite often the process of identifying frequent attenders is straightforward but what becomes challenging is how to manage them. The LACs form a vital link between our department and Primary Care services. Over the last year they have helped a number of our highest attending patients and we have seen significant reductions in ED attendances and use of the ambulance service. This combined with increasing engagement with appropriate services has seen their lifestyles become significantly less chaotic.

...for me, they have quickly become a vital part of the multi-disciplinary team, especially when it comes to communication and continuity of care."

(ED Clinical Lead - High Volume Service Users)

Reductions in unnecessary crisis health interventions and appointments

A sample of 200 people who have been / are being supported by LAC was drawn and their NHS numbers shared with the University Hospitals of Derby and Burton. There is a nuanced picture of success in LAC contributing to a reduction in unnecessary crisis health interventions and appointments. Across Emergency Department (ED) attendance, Outpatient appointments and Inpatient admissions, overall hospital attendance increased within the sample.

Whilst this is contrary to the aims of LAC and counter to the expected results, more detailed analysis of the results identified that hospital attendances, for this sample of people, fell into three groups; those with:

- Increased attendance
- Steady state - little change in their attendance with very few attendances before or after their first meeting
- Decreased attendance.

Notably, care leavers also fell into all of the three groups.

Further investigation identified that the increased attendance can largely be explained by people either developing new medical conditions or having deteriorating health – for each area, the increase is due to a small number of people greatly increasing their attendances.

Increased attendance is not necessarily undesirable; early intervention to treat health problems can lead to improved outcomes for people and, ultimately, be cheaper than treating people at the point of crisis. Notably, at least 7% of people within the sample had underlying health problems that were not being treated before they were introduced to Local Area Co-ordination.

For other people within the sample, it is reasonable to conclude that LAC support, in addition to other services to which people had access, has helped to reduce or prevent unnecessary hospital attendance. For example, the 13 people who have decreased ED attendance (by 3+ attendances) have collectively reduced attendance by 80 attendances, or 80.2%. Additionally, many other people within the steady state groups had either medical or non-medical problems which may have increased attendance without the support of their Local Area Co-ordinator.

13 people reduced their attendance at the Emergency Dept. by 80.2%.

However, it is not possible, at this time to quantify any possible changes - more detailed research will be required to understand how LAC support is able to contribute to a reduction in unnecessary hospital attendance.

Change in the number of attendances to the Emergency Department for an equal period prior to and post the first meeting with Local Area Co-ordination

Attendance group	Number of people	Number of attendances:		
		Before the first meeting with LAC	After the first meeting with LAC	Difference
Increase	13	22	135	+113
Steady State	81	87	92	+5
Decrease	13	99	19	-80

Note – 10 people showed small changes with more than 4 attendances prior to and post introduction to LAC

Change in the number of inpatient admissions for an equal period prior to and post the first meeting with Local Area Co-ordination

Attendance group	Number of people	Number of attendances:		
		Before the first meeting with LAC	After the first meeting with LAC	Difference
Increase	25	29	144	+115
Steady State	49	55	57	+2
Decrease	17	70	22	-48

Note – 5 people showed small changes with more than 4 admissions prior to and post introduction to LAC

Change in the number of outpatient appointments for an equal period prior to and post the first meeting with Local Area Co-ordination

Attendance group	Number of people	Number of attendances:		
		Before the first meeting with LAC	After the first meeting with LAC	Difference
Increase	61	306	828	+522
Steady State	34	31	41	+10
Decrease	38	591	295	-296

Note – 11 people showed small changes with more than 3 appointments prior to and post introduction to LAC

"The LAC never badgered me. If they'd have pushed me, I would never have got involved with the group of friends I have now and I have no doubt that I would still be drinking." (A Derby resident)

"Strong links and relationships between hospital discharge and Local Area Co-ordination help to unlock barriers that prevent customers returning home. Social isolation can be a huge factor in customers being reticent in returning home from hospital. The role of the LAC in reconnecting customers to their community is instrumental in helping customers maintain their independence."

(Team Manager, Hospital to Home Team)

Reduction in Delayed Transfer of Care (DTOCs)

Local Area Co-ordination aims to reduce the number of delayed discharges caused by social care or jointly by health and social care reasons – during 2019, there were 506 delayed days for these reasons at Derby hospitals[20].

This evaluation has found evidence to support this; it is estimated that at least 22 people (3.9%) were either introduced to LAC to prevent DTOCs or had this develop during the period of the relationship. Every person supported by LAC has their own individual needs and aspirations; it is notable, however, that the people who have been supported to avoid delayed transfer typically have greater needs.

It is difficult to identify the exact number of DTOCs that LAC has helped to avoid due to a lack of data recording. However, for those people for whom it has been possible to estimate the number of DTOCs avoided, the average length of LAC support, to date, is 24 months with an average of 1 DTOC avoided per person per year. If we assume an average of 3 delayed days per DTOC, and an average of 1 DTOC per person per year, the 22 people for whom DTOCs have been prevented may have totalled as many as 66 days in 2019.

This would equate to a possible 11.5% reduction in delayed days caused by social care and jointly by social care and health reasons.

With LAC support being extended to an estimated 765 people per year, it is likely that LAC may contribute to at least 30 people per year avoiding DTOCs. Assuming an average delay of 3 days, at approximately £350[21] per day, and a DTOC avoided each year during an average 2 year period of LAC support, the potential cost savings in year 1 could be £31,500; from year 2 onwards potential savings could be £63,000 per year.

It should be noted, however, that where the person's support network and condition of their home have developed to a standard where they can be safely released from hospital, further DTOCs could be avoided whenever they are admitted. Accordingly, the potential cumulative reduction in delayed days and cost savings would be expected to be greater than those identified above.

"My Local Area Co-ordinator gave me hope during my most challenging times. I felt suicidal before [they] came into my life and helped me navigate many challenges. Thanks to [them] I am now independent, confident and have connections to my local community. [They are] 'my angel'."
(A Derby resident)

Reduced demand on secondary Mental Health services

Due to minor limitations within the data shared with Derbyshire Healthcare NHS Foundation Trust, and also within the analysis undertaken, it has not been possible to identify the full impact of LAC on Secondary Mental Health services.

Whilst it is the experience of Local Area Co-ordinators that LAC has helped to reduce demand on Secondary Mental Health services, further research is required to more fully understand the scale and extent of any potential impact.

Conclusions

Local Area Co-ordinators generally 'walk alongside' approximately 40-50 people and families, living in their area, who may be facing complex, enduring life situations. This includes a balance of people receiving ongoing light touch support (building and maintaining connections, contribution, capacity), and people who may benefit from ongoing or more intensive support.

With expansion to cover the whole city, it is estimated that 765 people per year will receive active support through Local Area Co-ordination.

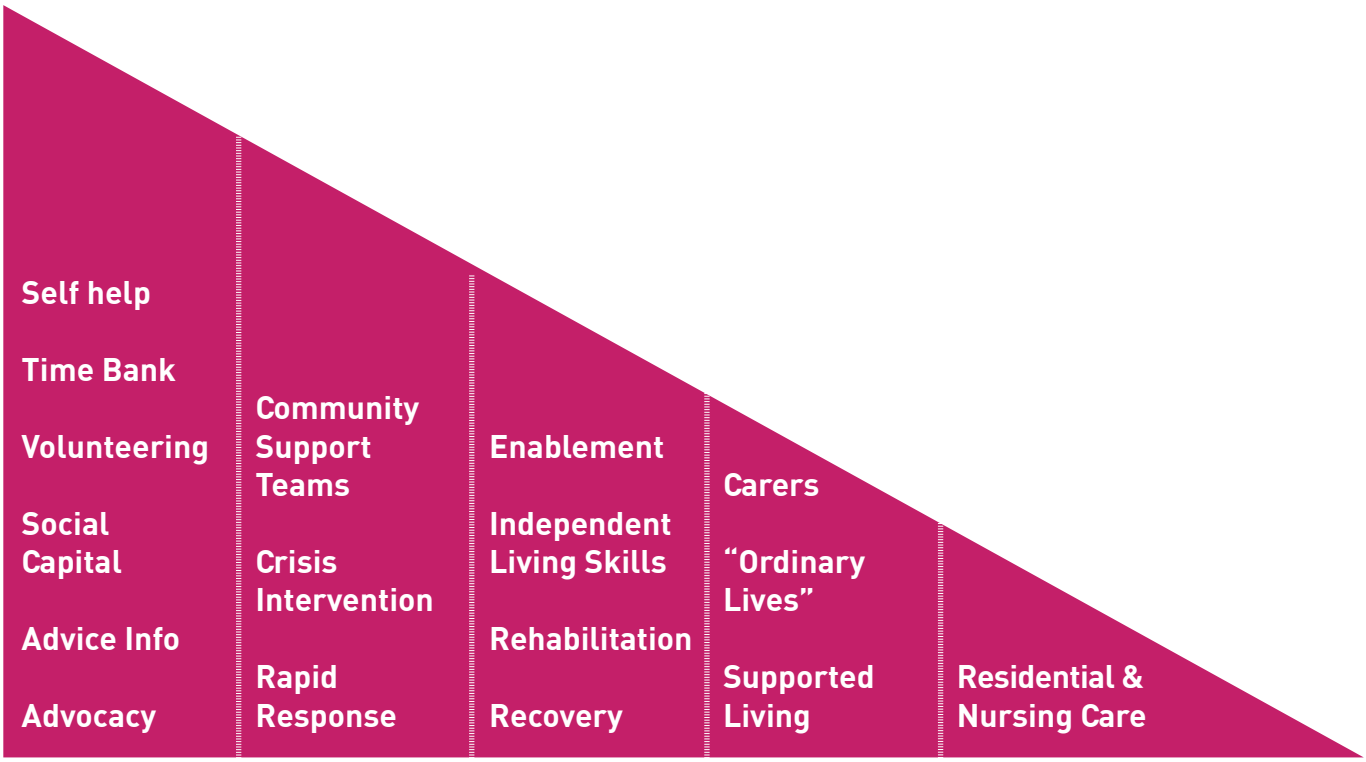
Local Area Co-ordination does not operate in isolation of other services; accordingly, this evaluation did not attempt to isolate the benefits attributable solely to LAC. Instead, the analysis of outcomes assumed that LAC was working alongside all of the other services that residents were/are receiving or which may have been introduced following their introduction to Local Area Co-ordination.

It is evident from the qualitative analysis (see also the case study attached) that Local Area Co-ordination is contributing positively to people's lives, supporting them to achieve their version of a good life by helping them to resolve a wide range of problems, increase their confidence and capacity, maintain their independence and increase their resilience to possible crises.

Through intentional partnership working and connecting people to their communities, local groups and specialist services, there is also evidence that LAC in Derby is helping to prevent, delay and reduce the need for people's use of formal services across the system.

Within the context of LAC operating alongside other services, there is evidence that LAC is helping to reduce unnecessary demand on NHS services. Many of the people who decreased attendance or saw little change in attendance (the steady state group) had

Derby's Care and Support wedge



"[The] ambition is that, as much as possible, people find the support they need on the left hand side of the "wedge" and the balances of resources and support shift from the right to the left side of the system to make this happen[23]."

conditions which may have caused them to 'go into crisis' without LAC support. Others had non-medical problems which may have caused hospital attendance without support from their Local Area Co-ordinator.

Where people have been admitted as an inpatient, there is evidence that LAC, together with other services, has helped to reduce the number of delayed days, freeing-up bed spaces to enable the NHS to treat additional patients.

Within the social care system, there is evidence that LAC has helped to reduce the value of homecare packages for some people. For others, there is evidence that LAC has helped them to maintain their independence in their own home and community, thereby, preventing, or delaying, their entry to residential care.

There is also evidence that Local Area Co-ordinators have helped to prevent the loss of tenancies – in at least a third of these cases, the tenants had mental health problems that were affecting their ability to manage their tenancies. In these cases, eviction may have caused worsening mental health.

It should be noted that services which are already seeing high, and increasing, demand may not notice a reduction in demand as more people are in need of the service – they may, however, be able to respond better to people who are in greater need[22].

The expansion of Local Area Co-ordination to cover the whole city means that these efficiency savings should increase. Further, subject to capacity, it would be expected that the efficiency savings being observed could be increased with the introduction of more people

to Local Area Co-ordination at the correct point of their journey with services.

However, in order to contribute most efficiently to cost savings, and to deliver the maximum benefit to people and local communities, Local Area Co-ordinators must have the capacity to deliver all aspects of their role.

Global experience has identified that, ideally, a Local Area Co-ordinator should work with a population of approximately 8-10,000 people. This size of population enables a LAC to develop a deep knowledge about/connection with local people, places, resources, supports and opportunities - it creates the conditions for building and utilising natural supports and local solutions, developing capacity and social capital.

All wards within the city have a population in excess of 10,000 people. It will be necessary to maintain constant review of the activities that LACs are undertaking to prevent critical parts of the LAC role, notably support for community activities, from reducing. The evidence suggests that decreased community capacity building will lead to increasing demand for services.

Finally, Local Area Co-ordinators are embedded within a community and work in partnership with local people, services, organisations and statutory partners. They do not carry out assessments or solve people's problems for them - their key aim is to build individual, family and community capacity[24]. This is reflected in the Derby Care and Support wedge; Local Area Co-ordination operates at the left side of the wedge:

- developing people's and families' capacity to help themselves
- increasing social capital to enable people to remain independent in their own homes and communities.

If LACs are drawn too far towards the right side of the wedge, service dependence will switch to Local Area Co-ordination and there will be less time to develop community capacity; both are likely to result in increasing service demand.

Case study - Helen's story

Helen's husband passed away suddenly in the early 2010s which hit her really hard. She was then been admitted to hospital with kidney failure and whilst there, she experienced heart failure which resulted in her having to have a tracheostomy. She was in hospital for about 3 months and, when discharged, was forced to leave her job at a local school on medical grounds. She was heartbroken about this as she had a number of good friends there and loved spending time with the children. Helen quickly found herself lonely and without purpose. She began drinking more and more, to the point where she now recognises that she was alcohol dependent, drinking a large bottle of vodka most nights.

Helen was introduced to her Local Area Co-ordinator in May 2015, by the Care Co-ordinator at her GP surgery, as the Community Matron had expressed concerns about her. She was experiencing Agoraphobia and was hardly leaving the house. Her friend Catherine was doing her shopping, she was visited by her cousins every so often and was being bought alcohol by a neighbour who was also a heavy drinker. Aside from those people, Helen was very isolated and didn't really know how to get out of the situation she had found herself in. She was admitted to hospital on a number of occasions as a result of alcohol related falls and kidney problems; it was taking longer and longer to be discharged each time as she was experiencing the effects of alcohol withdrawal.

The Local Area Co-ordinator spent time getting to know Helen and helped her think about how she wanted her life to be. They gradually started to go out, initially just into the garden, then eventually to a local a group, but the Local Area Co-ordinator supported Helen to do this at a pace she was comfortable with and with just enough support to get her going. The LAC "never badgered me" which put Helen at ease. She reflects that if this had been hurried along, she wouldn't have engaged at all.

The LAC introduced Helen to two local groups. Attending these helped Helen to feel like she had purpose – she noticed that she wouldn't drink on the evenings before as she wanted to make sure she was OK to go. She was meeting people who she could talk to and was gradually getting more and more independent. Life was beginning to feel very different.

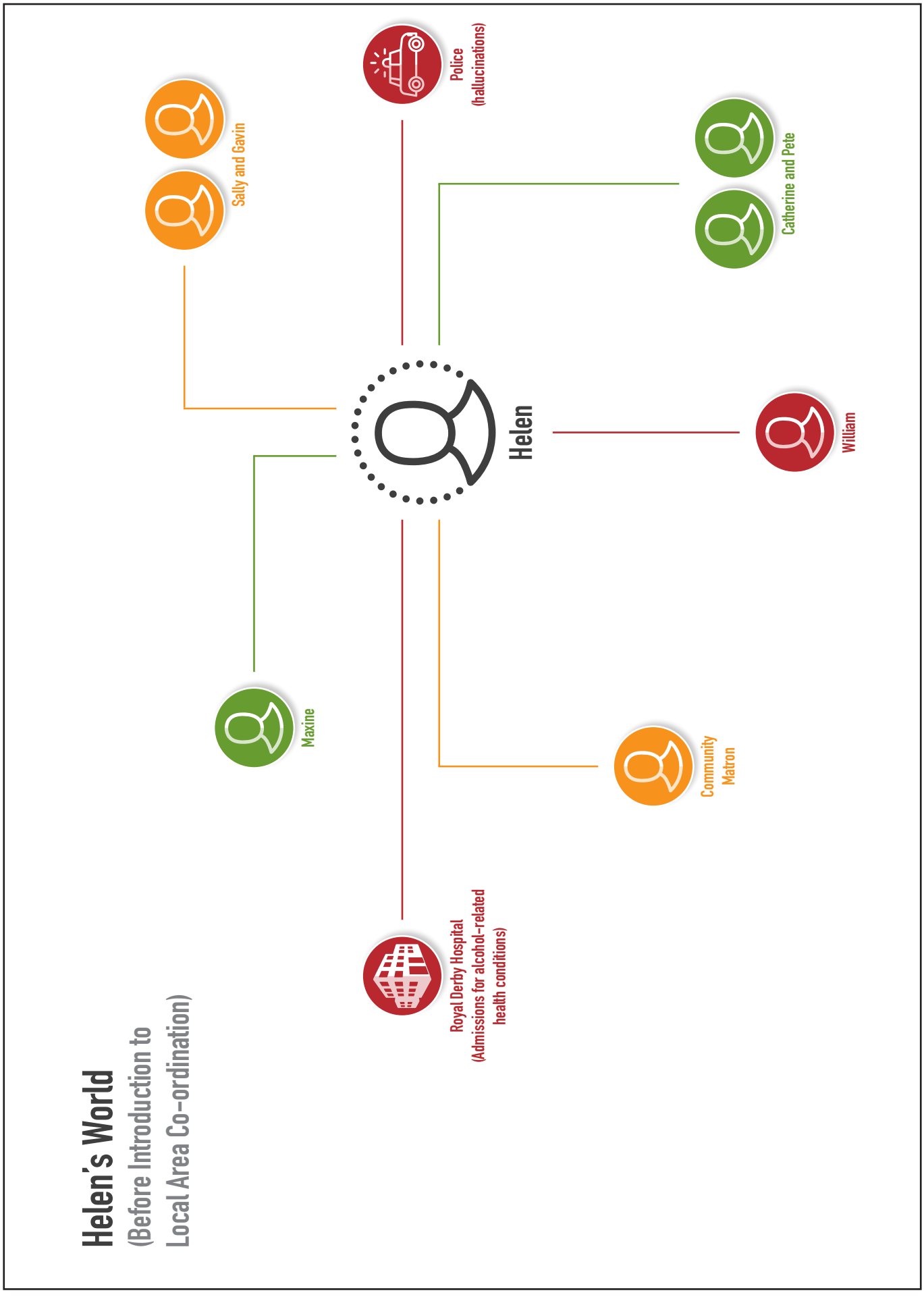
A new group was then developed in the area by people from one of the churches. The aim was to provide a safe space for people to share their experience of loss. The LAC introduced Helen to this group also. She was initially hesitant as she doesn't have a faith, however she soon learned that this was not a problem and she met some wonderful friends. "I went twice and felt like I'd known them for years" she says. Helen soon felt comfortable enough to share her issues with alcohol with the group and found that once she had, others too were able to share their difficulties also. "They just needed an opening" and Helen is really proud that she was able to support others to open up.

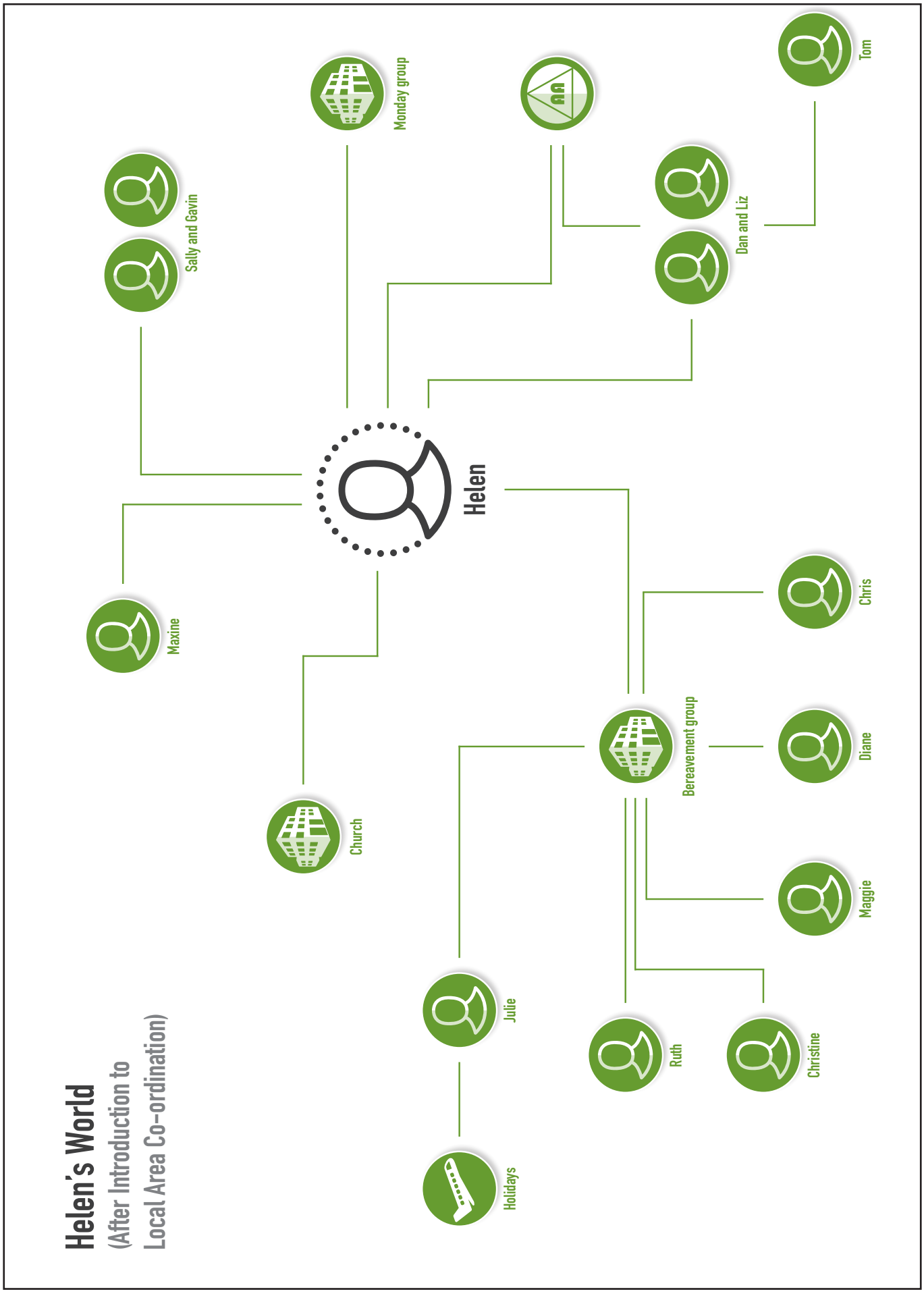
Shortly after, the LAC introduced Helen to Dan, another local resident who had alcohol problems and who had found AA groups helpful. Soon enough, Helen was attending AA groups with Dan and they found the support they could give each other invaluable. Helen still attends these groups now and is able to be completely honest with herself and others about her relationship with alcohol. She had tried different services over the years but says "I'd got to want to stop." Helen has now been completely sober for 10 months and says she doesn't feel even remotely tempted to drink again.

Helen's life is now completely different to how it was four years ago. "Life is wonderful – I have a new lease of life." Four years ago, she was in poor health, alcohol dependent, never left the house and she was on the verge of going into an Extra Care facility with help from carers. Today, Helen is out every day with her friends. She goes on holidays with those she met at the grief group and they now meet at her house every week. She is able to do her own shopping, she drives again and is more healthy and independent than she has been for a long time.

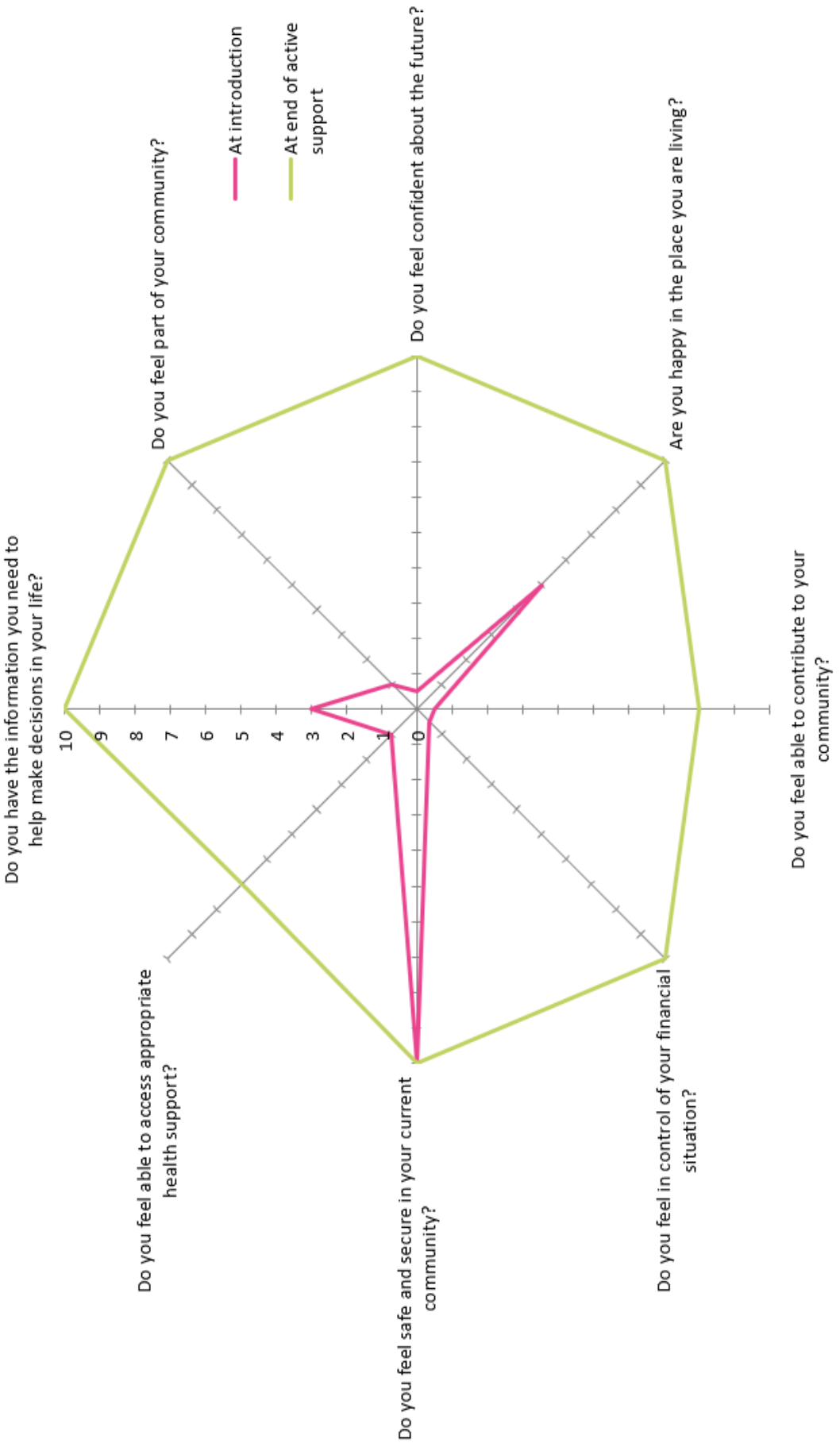
Helen can also see the difference by how her relationships have changed. People no longer

feel the need to ring-up to check on her, but rather they call her to catch-up and enjoy conversation. She no longer worries about what she has said as she used to when she had been drinking. Relationships now feel more equal with her loved ones as she is able to offer them support rather than just being the recipient of support.


Helen's World
(Before Introduction to
Local Area Co-ordination)
Helen
Police
(hallucinations)
Sally and Gavin
Catherine and Pete
William
Maxine
Community
Matron
Royal Derby Hospital
(Admissions for alcohol-related
health conditions)


Helen's World
(After Introduction to Local Area Co-ordination)
Helen
Monday group
Sally and Gavin
Dan and Liz
Tom
Maxine
Church
Bereavement group
Chris
Diane
Maggie
Julie
Ruth
Christine
Holidays

Helen's Outcome Star scores



Selected recommendations

1. Local Area Co-ordination practices are locality-centred and user-orientated, focused on holistic outcomes for people rather than targets for service silos. Derby City Council plans to develop locality-based services during its post-Covid recovery phase and so, whilst secure and sustainable funding for LAC has been a challenge previously, now would be the time to address this issue as LAC becomes a key part of a wider, place based landscape.

2. To consider how best to position LAC in business-as-usual processes so that people are offered an introduction at the timeliest opportunity.

3. To undertake research into the outcomes for families introduced to LAC and to develop indicators which can be used for monitoring progress for both adults and children within these introductions.

4. To further develop a population outcomes framework that can be used to regularly monitor the impact of LAC. This could include a range of metrics that are shared with partner organisations and integrated within system-wide outcomes frameworks.

5. To embed a continuous learning approach to performance reporting that moves away from looking to prove whether LAC works, to better understanding how it works, what could be done to improve performance and how what we learn informs and supports wider system reform.

6. Given the emerging evidence around the impact that LAC can have in reducing demand through to ASC and resultant care packages and placements, more work should be done to understand and explore:
    a. what conditions best support a successful introduction to LAC;
    b. how the Community Hub impacts upon demand for ASC support;
    c. when and from what areas is the optimal time for an introduction to LAC from ASC services?

7. To undertake further, joint, research with the University Hospitals of Derby & Burton, and Royal Derby Hospital specifically, to more fully understand any potential impacts that LAC has on Delayed Transfers of Care.

8. To undertake further, joint, research with Derbyshire Healthcare NHS Foundation Trust to more fully understand any potential impacts that Local Area Co-ordination has on secondary Mental Health Services and potential benefits to the patients. For example, where LAC support is available:
    a. are mental health outcomes better;
    b. do patients reach outcomes more quickly, leading to earlier discharge;
    c. post discharge, are patients more resilient?

Notes and references

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16. Swansea University (2016) Local Community Initiatives in Western Bay. Formative Evaluation Summary Report, Swansea University
17. These savings are in addition to the people currently being supported These potential cost savings are in addition to the savings from residents who are currently having their entry to residential care delayed as a result of LAC support These savings are in addition to the people currently being supported
18. These potential cost savings are in addition to the savings from residents who are currently having their entry to residential care delayed as a result of LAC support These savings are in addition to the people currently being supported
19. These potential cost savings are in addition to the savings from residents who are currently having the cost of their care reduced as a result of LAC support
20. https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/
21. Derived from an estimated cost of £2,500 per week in 2018
22. The SROI Network (2012) A Guide to Social Return on Investment
23. Your Life, Your Choice – Building the care and support you need in Derby (2020)
24. Local Area Co-ordination Network

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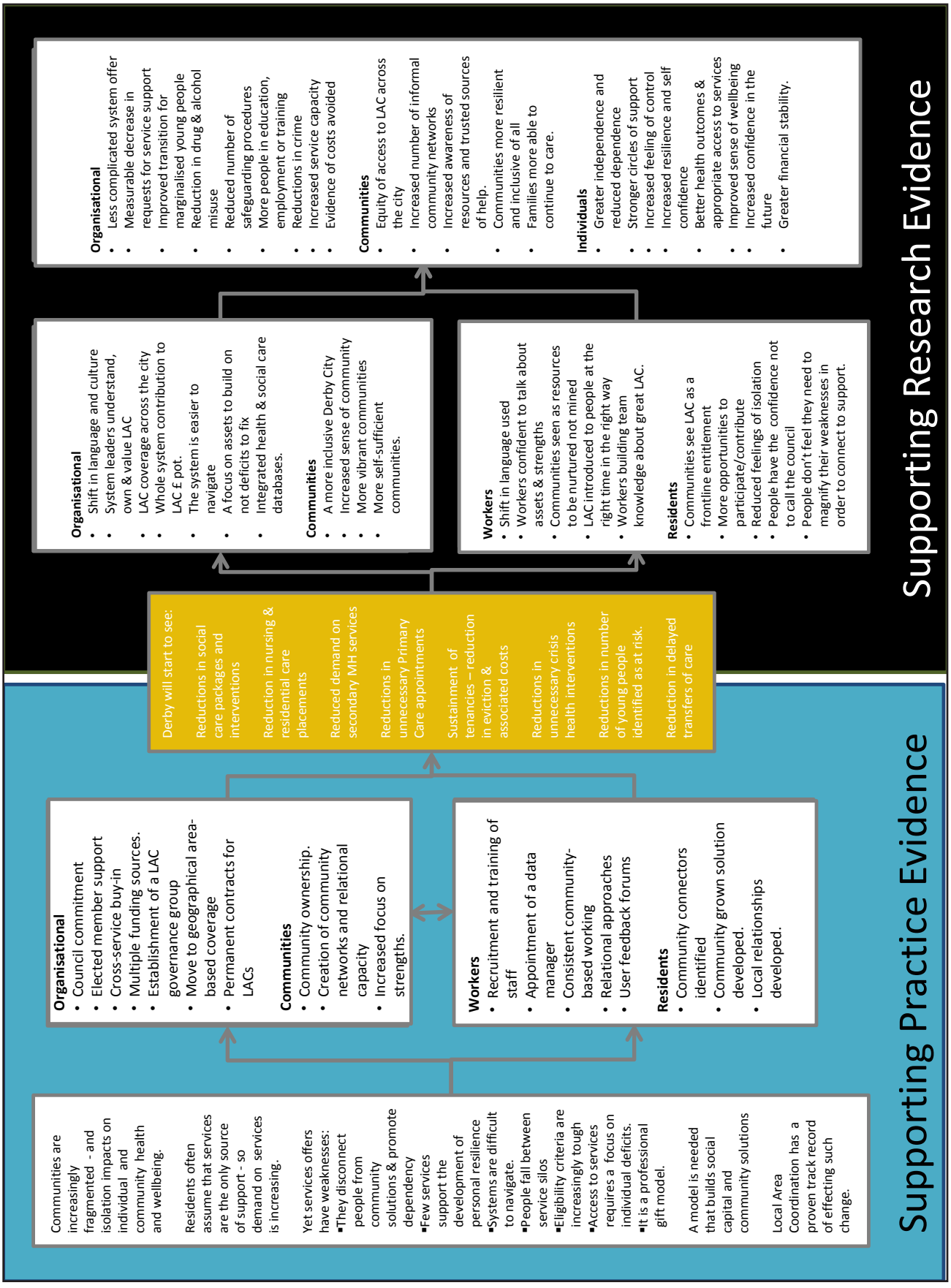
Appendix 1 - The Derby Local Area Co-ordination Theory of Change



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