Adult Social Services Scrutiny Performance Panel

Date: 5 April 2017  Time: 2pm
Venue: GUILDHALL Council Chamber

Summary: This is an agenda pack for a meeting of the Adult Social Services Scrutiny Performance Panel taking place on the 5 April 2017. The main items are Objective Setting for Senior Officers, Local Area Coordination and Western Bay Intermediate Care Services.

Members of the Panel:

| Uta Clay (CONVENER)                  | Chris Holley |
| Paxton Hood-Williams                | Jeff Jones   |
| Yvonne Jardine                      | Sue Jones    |
| Geraint Owens                      | Gloria Tanner|
| Paulette Smith                     | Tony Beddow  |
| Peter Black                        |              |

AGENDA

<table>
<thead>
<tr>
<th>No. (Approx. time)</th>
<th>Item</th>
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<tbody>
<tr>
<td>1. (2.00)</td>
<td>Apologies</td>
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<td>2. (2.00)</td>
<td>Meeting Notes</td>
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<td>• 8 March</td>
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<td>3. (2.05)</td>
<td>Objective Setting for Senior Officers</td>
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<td></td>
<td>Phil Roberts, Chief Executive attending</td>
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<td>Background papers:</td>
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<td>• Convener’s Letter (9 January)</td>
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<td>• Cabinet Member Response (9 February)</td>
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<td>• Current Objectives 2016/17</td>
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<tr>
<td>4. (2.30)</td>
<td>Local Area Coordination Evaluation Report</td>
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<td>Councillor Mark Child, Cabinet Member for Wellbeing and Healthy City,</td>
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<td></td>
<td>A representative from the University and Alex Williams, Head of Adult</td>
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<td></td>
<td>Services will be attending for this item.</td>
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<td>5. (3.15)</td>
<td>Update of Western Bay Intermediate Care Services Model</td>
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<td>Presentation by Alex Williams, Head of Adult Services. A representative from ABMU will also be attending for this item.</td>
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<tr>
<td>6. (3.45)</td>
<td>Review of the Year</td>
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<td>An opportunity for the panel to consider what went well and what could be improved in future.</td>
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<td>7. (3.55)</td>
<td>For Information</td>
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<tr>
<td></td>
<td>• Convener’s Letter (8 March meeting)</td>
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Contact: Dave Mckenna, 01792 636090, dave.mckenna@swansea.gov.uk
**Adult Services Panel Meeting Notes**  
8 March 2017

**Attendance**  
Uta Clay (Convener), Chris Holley, Peter Black, Paxton Hood-Williams, Jeff Jones, Tony Beddow, Dave Howes, John Grenfell

**Summary**

**Agreed**
- Performance management report is a very positive piece of work - department to be congratulated (via letter)
- Seek clarity on council’s approach to promoting social enterprises to provide home care (via letter)
- Seek clarity on work to promote alternatives to residential / domiciliary care (via Letter)
- Highlight need to monitor (via letter):
  - percentage of adult protection referrals where decision is taken within 24 hours
  - compliance with meeting DOLS timescales
  - performance in relation to completion of reviews
- Thank cabinet member for social care at home inquiry response (via letter)
- Thank adult services staff for their work in turning the service around (via letter)

**Actions**
- Items from Dai Roberts to be chased up specifically suicide info
- Invite chief executive to the April meeting to discuss objective setting for senior officers

**Agenda Items**

1. **Apologies**  
Paulette Smith, Yvonne Jardine, Gloria Tanner

2. **Meeting Notes**  
Items from Dai Roberts to be chased up specifically suicide info

2. **Objective Setting for Senior Officers**

Chief Executive to be invited to attend the April meeting to discuss this item - specifically how his performance objectives relate to the objectives for the Chief Social Services Officer and the Head of Adult Services. Documentation to be requested for each for the year 16/17 (excluding personal data).

3. **Adult Services Performance Management Report**

This report was introduced by Dave Howes. John Grenfell also dealt with questions.

**General Discussion**
• This is a new, more mature performance report that has drawn on many of the lessons learnt from work in child and family services
• Currently the report is being used by senior staff but it is early days and could be used more widely in future
• This has been a huge piece of work for adult services but essential to ensure effective management
• Still a work in progress and more complex and more extensive service are than children’s services
• Previous comments of the scrutiny panel have been fed into the development of the report
• At this stage it is high level - team information will be a level down
• The panel congratulated the department on the performance management report
• The report includes expected standards at the start of each section

Performance Report
• LAC Indicator (p10) shows low figures Nov-Jan? This is due to staff changes / new staff
• Pleased about improvements to delayed transfers of care (p11)
• Why is recommissioning of external provision required? (p15) This is because we have better information about changing demographics - the process needs to be handled very carefully
• Is the council pursuing the use of community mutuals / social enterprises to deliver home care? This is difficult to deliver for one local area so we will be engaging with national work
• There is a difference between what we would expect demand to be given population and what it is (10-15% higher). Most significant route into home care is from hospital. Much of the additional need is for packages under 6 hours per week.
• How are the peaks and troughs in home care (e.g. p39/40) being managed? Mainly by flexible use of staff across the service
• Some concerns about the ‘reablement focused model’ - while there is plenty of evidence to support move to western bay optimum model, senior managers not yet convinced
• Shortage of occupational therapy specialists (p23) - are we asking welsh government to consider training needs? This is done through workforce returns
• Mental health (p24) - department is worried about the number of assessments that do not lead to and intervention
• Is mental health supported for those in crisis when needed? Department is looking this issue
• Residential reablement (p30-) is working very well judged against national target
• Extra care and other alternatives to residential / home care? Cabinet members for Housing and Adult Social Care are looking at this and how council could encourage. Panel to seek further info.
• Role of GPs in giving advice on social care options? This will be picked up by commissioning review into ageing well.
• Differences between different residential reablement centres (p32)? Due to different client types
• Poor performance for AS8: ‘percentage of adult protection referrals where decision is taken within 24 hours’? (p52) There have been problems but some improvement recently that we hope to see sustained - need to monitor
• Poor performance for meeting DOLS timescales (p48-9)? This needs to be monitored going forward.
• SCA007: % of reviews carried out (p52)? Need to monitor
• Poor performance SCAO18a % of identified carers offered assessment (p52) due to failure to record by social workers

4. Timetable of Work
Note that changes to charging are not now being considered by cabinet so scrutiny meeting not required

5. For information items

• Social Care at home inquiry response: thank cabinet member and highlight in particular support for recommendations 12 and 14

• The convener stated that this was her last meeting as convener and took the opportunity to thank Dave Howes and all of the adult services staff for their hard work in turning the service around.
Councillors R. Stewart, Leader of the Council and C. Lloyd, Cabinet Member, Transformation & Performance

Civic Centre
Oystermouth Road
SWANSEA
SA1 3SN

Dear Councillor Stewart and Councillor Lloyd,

As you may know the Scrutiny Panel overseeing Adult Social Care has spent considerable time seeking to understand the budgetary and performance information currently available to the Council, and to relate these to the corporate processes by which the objectives of key people are set and monitored in these areas. Good progress is being made and the Panel has arranged for its meeting on 8th March to explore in depth how performance management processes operate in both setting and then monitoring key objectives.

We seek your help to identify an officer or officers to invite to the March meeting to help us understand how the performance management / objectives setting processes in adult social care operate.

We think Panel members could gain a good insight into the performance linkages operating between the Cabinet / Council, the Chief Executive, the Director of People, senior Adult Social Care officers, and any other officers in other departments who might need to be involved if the following “givens” were taken as exemplary aims for the performance management process to take on board. I stress these hypothetical examples are chosen simply to help us understand how the different political and managerial levels would respond to the issues raised; they do not foreshadow any emerging proposals from the Panel.

Please ask for: Gofynnwch am:
Direct Line: Llinell Uniangyrolloch:
e-Mail: e-Bost:
Our Ref: Ein Cyf:
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Date: Dyddiad:

Overview & Scrutiny
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Adult Services/05

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to The Leader of the Council and Cabinet Member for Transformation and Performance. It is about the linkages between the budget and performance management objectives.
Given 1.
Cabinet decides that budgetary pressures and forecasting data, require activity levels in adult social care to be adjusted in the following ways during 17/18 when compared with 16/17 outturn:
a) the numbers receiving domiciliary care from in house services should increase by 15%
b) the numbers getting domiciliary care from external providers should reduced by 10%
c) the numbers supported by the local authority in residential care settings should be held at the level supported in 2015/16.

Given 2.
Cabinet decides that it needs by September 2017, (for implementing in 18/19 if agreed) costed proposals setting out how the intake team and all hospital based social care staff could move to either a Wednesday to Sunday service or to a six day per week service including Saturday, in order to begin the process of providing a service covering the week end.

Given 3.
In respect of delivering a) housing adaptations and b) re-housing hospitalised Swansea residents who are ready for discharge but cannot return to their own homes, Cabinet wishes to achieve a target time of four weeks from notification of the need for housing action to the actual provision of those services.

Yours sincerely

UTA CLAY
CONVENER
ADULT SERVICES SCRUTINY PANEL
☐ CLLR.UTA.CLAY@SWANSEA.GOV.UK
Councillor Uta Clay
Convener
Adult Services Scrutiny Panel

BY EMAIL

Please ask for:
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E-Mail / E-Bost:

Our Ref / Elir Cyf:

Your Ref / Elir
Cyt:

Date / Dyddiad:

Councillor Rob Stewart
(01792) 636141
cllr.robstewart@swansea.gov.uk
RS/

9th February 2017

If you require this or any other information in another format
E.g. Braille, audio tape or a different language, please contact me

Dear Councillor Clay

LINKAGE BETWEEN BUDGET & PERFORMANCE MANAGEMENT
OBJECTIVES

Thank you for your letter dated 11th January 2017 regarding the linkages between the budget
and performance management objectives. In summary, the process is as follows:

The Council undertook a review of its performance improvement arrangements in 2014/15 with
the aim of making it 'simpler, easier and better'. This was in the context of helping the Council
to meet the considerable financial challenges posed by austerity while ensuring that the
Council's key priorities are delivered on the ground. The goal of the review was to be achieved
through two principal and related means:

a) As part of the Sustainable Swansea – Fit for the Future Strategy, the identification
of a smaller number of corporate priorities to be expressed within a new Corporate
Plan.
b) The introduction of the 'Balanced Scorecard' as the framework for the Council's
new performance improvement framework

Taken together, Sustainable Swansea and the Corporate Plan represent the Council's strategic
framework for delivery. The Council's model for the Balanced Scorecard is as a strategic

COUNCILLOR/Y CYNHORYDD
ROB STEWART
LEADER / ARWEINYDD

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delivery system that aims to translate the Council’s vision and strategy into tangible objectives and measures. This will see the Balanced Scorecard being used to cascade the corporate strategy down through the directorate, service and team levels and even into individual employee objectives through staff appraisals.

The Council’s corporate priorities and improvement plans provide the strategic framework for corporate and service objectives as outlined in the business plan, sometimes referred to as the ‘Golden Thread’ when it comes to Appraisals.

Managers are responsible for interpreting the Council’s priorities for their staff by setting appropriate targets and objectives during review meetings and one-to-ones. Guidance is issued to Directors/Heads of Service/Senior Managers to ensure a whole Council approach to this. It is the employee’s responsibility to deliver on those objectives with appropriate support from their manager.

Needless to say, the starting point in agreeing priorities is with the Cabinet, liaising with senior officers and taking advice. Cabinet determine the priorities they want to be delivered and the Chief Executives and senior officers see that they are. Officers and Cabinet Members are in regular conversation with one another about performance in their areas and Members are well briefed. Cabinet considers Council performance on a quarterly basis and progress is identified and reported then. Setting individual officers’ performance targets is a management function to enable effective delivery of Cabinet priorities.

In relation to the specific challenges you have raised in Adult Services, it is important to note that whilst Cabinet are not complacent about performance, and that we know there is much more to do, we are satisfied at this point in time that our priorities are being addressed, and that appropriate action is being taken. You’ll be aware of the two key pieces of work we are consulting on at the moment – the Adult Services Model and the Domiciliary Care Review.

I understand that the Head of Human Resources attended the Adult Services Scrutiny Panel on 8th February 2016 to explain the Council’s process for performance appraisal and objective setting for senior officers. The process now is the same as was reported then, so I can see little benefit in officers attending to restate the process. If you wish to better understand the priorities of the Cabinet, then the Cabinet Member or I will be happy to have that discussion with you.

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If you need anything further, please let me know.

Yours sincerely

COUNCILLOR ROB STEWART
LEADER & CABINET MEMBER FOR FINANCE & STRATEGY

COUNCILLOR CLIVE LLOYD
CABINET MEMBER FOR TRANSFORMATION & PERFORMANCE

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**LOCAL AREA COORDINATION EVALUATION REPORT**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>The purpose of this report is to provide the Panel with the report relating to the independent evaluation of Local Area Coordination, as well as the current position and “ask” of the Public Services Board partners.</th>
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| Content | The Panel has been provided with an overview report which will be considered by the Public Services Board Core Group on the 12th April as well as the independent evaluation report produced by Swansea University.  
- The overview report summarises the findings of the Evaluation and makes the business case for expansion of the programme.  
- Partners across Swansea have committed to the expansion of Local Area Coordination under the auspices of the Ageing Well Plan.  
- The report due to be considered by the Public Services Board seeks to formalise this commitment by seeking a financial commitment from the statutory partners of the Board.  
- The Council is financially committed to fund 2 further Local Area Coordinators and is seeking commitment from partners to fund a further 2. This would allow Local Area Coordination to expand from the existing 6 areas to 10 areas of the City and County of Swansea.  
- The Head of Adult Services, supported by colleagues from the University will provide a short supporting presentation at the Panel Meeting to highlight the key findings from the Evaluation and the proposed way forward in terms of the Public Services Board. |

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<thead>
<tr>
<th>Councillors are being asked to</th>
<th>Consider the Report</th>
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<tr>
<td><strong>Lead Councillor(s)</strong></td>
<td>Cabinet Member for Wellbeing and Healthy City</td>
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<td><strong>Lead Officer(s)</strong></td>
<td>Alex Williams, Head of Adult Services</td>
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| **Report Author** | Alex Williams  
alex.williams2@swansea.gov.uk  
01792 636249 |
Local Area Coordination

Purpose: To provide the Public Services Board Core Members with information about how Local Area Coordination meets core partner organisations’ priorities, report on the outcome of the recent evaluation into the progress of the work, and to seek commitment for the funding of a further four Local Area Coordinators.

Recommendation(s): As outlined in Section 8 of this report, but principally to commit to funding a further four Local Area Coordinators for a two year period.

Report Author: Polly Gordon and Jane Tonks

1. INTRODUCTION

1.1 What is Local Area Coordination?

1.1.1 Local Area Coordination is a community based approach which works in a holistic way with individuals, families, and carers of any age to enable them to achieve their idea of a ‘good life’.

1.1.2 Local Area Coordinators act as a single point of contact in communities of 10-15,000 people.*1 They provide ‘light touch’ information and advice to anyone (Level 1 support), and more in depth, one-to-one input (Level 2 support) to 50-65 people -- who might be older, disabled, have mental health problems, or may be excluded in some way -- to enable them to achieve their vision for a good life.

1.1.3 Local Area Coordination works to reduce the likelihood that people will require formal support from statutory services now and in the future. It prevents and reduces the risk factors associated with loneliness and isolation, and enables people to be part of a vibrant and inclusive community.

1.2 The Well-being of Future Generations Act and Local Area Coordination

1.2.1 The Well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
1.2.2 Local Area Coordination contributes to the delivery of prevention, co-production and sustainability elements of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015.

1.2.3 The Wellbeing of Future Generations Act requires public bodies, to work towards the seven national wellbeing goals. Local Area Coordination helps contribute to four of the seven goals, as highlighted in bold:

1. Prosperous Wales
2. Resilient Wales
3. Healthier Wales
4. More equal Wales
5. A Wales of cohesive communities
6. Vibrant culture and welsh language
7. Globally responsible Wales

1.2.4. In addition public bodies are required to work in accordance with the sustainable development principles, working in a way that is:

1. Long term—Local Area Coordination is looking to facilitate resilience in our communities—this is a long term aim for long term benefit
2. Promotes integration—Local Area Coordination coordinates service responses in some situations and enabling agencies to work together.
3. Involves people — Local Area Coordination uses co-productive recruitment, and is centred upon people having a voice and more control.
4. Promotes collaboration - Local Area Coordination encourages services, the third sector, and local businesses to collaborate to build more resilient communities.
5. About prevention - the whole foundation of Local Area Coordination is preventing situations from turning into crises.

1.3 Background to the programme

1.3.1 There has been a regional commitment to delivering Local Area Coordination under the Western Bay Programme and it is also an integral part of both the Local Authority’s Prevention Strategy as well as the partnership Ageing Well Plan.

1.3.2 There are currently six Coordinators and an Implementation Manager in place (year 2 of operation) and it is estimated that approximately 20 Coordinators will be needed to cover the whole of the City and County.

1.3.3 A formative evaluation of the first year of operation of Local Area Coordination (in Swansea and Neath Port Talbot, and of Local Community Coordination in Bridgend) was commissioned by Western Bay Regional Partnership and was undertaken by the Institute of Life Sciences at Swansea University.
1.3.4 Local Area Coordination is a key component to the Public Service Board Ageing Well Plan.
- The draft Ageing Well Plan was agreed at the Partnership Group in September 2016
- The financial and resource implications of the plan were agreed at the PSB Core Group meeting October 2016, including exploring costs for two additional Local Area Coordinators (and a Falls Prevention workshop).

1.3.5 The Local Area Coordination Leadership Group has responsibility for the effective and timely design, development and implementation of Local Area Co-ordination in Swansea. Its members work jointly to build a shared vision for action, and to identify and pursue opportunities and partnerships for long term funding of Local Area Coordination. The Group is comprised of senior decision makers from partner organisations in Health, Social Services, Housing, The Police, Welsh Ambulance Service, Swansea University and the Third Sector and includes the City & County of Swansea Cabinet Member for Wellbeing and Healthy City. It plays a critical role in driving Local Area Coordination forward, in enabling its effective and sustainable implementation, and in associated reform and change of systems and cultures. It is important to highlight however that attendance at the Leadership Group to date from statutory partners other than the Local Authority has been limited.

1.3.6 This paper provides a summary of the findings of the formative evaluation of Local Area Coordination in Swansea, provides information about how the approach meets partner organisations’ priorities and outlines the business case for PSB investment to allow expansion for mutual benefit.

2. SUMMARY OF EVALUATION FINDINGS

2.1. The evaluation focusses on the set-up and initial activities of Local Area Co-ordination, with particular focus on emerging outcomes for individuals, Coordinators and communities, early indications of financial cost/benefits and the establishment of community networks.

2.2. In order to evaluate the financial return on investment of the Local Area Coordination approach, the evaluators analysed the case load of 7 Local Area Coordinators across the region (this included the first 3 Local Area Coordinators in Swansea).

2.3. They asked each Coordinator to look at every case on their case load and estimate the number of interventions there would have been (based on the most optimistic, pessimistic and middle range or ‘balanced’ scenario) if Local Area Coordination had not been available.

2.4. They looked at interventions that might have been made in the following categories and services:
Economic Activity
• Volunteering and Employment
• Job Seekers Allowance Avoided
• NEET Cost

Housing
• Complex Eviction
• Simple repossession
• Temporary Accommodation (household)
• Housing Benefit

Older Persons’ Care
• Private Sector Nursing Home Avoidance
• Private Sector Residential Care Avoidance
• Local Authority Residential Care
• Home Care Package
• Day Care Attendance Avoidance

Health Professional Interventions
• GP Visits
• Community Nurse Visits
• A&E Attendances
• Mental health inpatient
• Mental health outpatient
• Counselling services

Social Services Interventions
• Social worker involvement
• Foster care

Education
• Persistent Truancy
• Permanent Exclusion
• Basic Qualification Gained

Safety and Security
• Anti-social behaviour incidents
• Domestic violence incidents
• Police Officer Intervention
• Criminal proceeding – arrest
• Fires avoided (domestic)

2.5. The evaluators then used a nationally recognised unit costing for the services in each category to determine the potential financial saving achievable by Local Area Coordination in each case.
2.6. The evaluation consequently reports that, ‘In line with the findings from previous studies and building upon their approaches….the data demonstrates a positive return on investment across the portfolio of 267 individuals supported (over the first year of operation by three LACs). The costs per supported individual were on average £980, though trending to circa £600 per individual as set-up costs are absorbed into portfolios reaching steady state. High levels of complexity within the portfolio…suggest that LACs are adding value across a range of public service pressures.’ (Davies G.H and Roderick S. ‘Local Community Initiatives in Western Bay’, Formative Evaluation Report Summary, Swansea University, April 2016)

2.7. Looking at the cases evaluated and the information in its entirety, the Evaluation is able to conclude the following financial return on investment for each agency. This is based on what would be an optimistic, balanced and pessimistic outcome for each individual:

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<th></th>
<th>Optimistic</th>
<th>Balanced</th>
<th>Pessimistic</th>
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<tbody>
<tr>
<td>Health</td>
<td>127,638</td>
<td>685,534</td>
<td>1,426,986</td>
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<td>Social Services</td>
<td>1,006,629</td>
<td>2,720,893</td>
<td>6,175,219</td>
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<td>Housing</td>
<td>1,872</td>
<td>172,396</td>
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<td>49,129</td>
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<td>Fire</td>
<td>0</td>
<td>0</td>
<td>356,832</td>
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<tr>
<td>Social Security</td>
<td>268,348</td>
<td>377,576</td>
<td>777,408</td>
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<tr>
<td>Education</td>
<td>16,048</td>
<td>40,416</td>
<td>338,592</td>
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<tr>
<td>TOTAL SAVINGS</td>
<td>£1,469,664</td>
<td>£4,095,833</td>
<td>£10,251,971</td>
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</table>

(Savings expressed are of costs avoided)

2.8. The evaluators also analysed data gathered by the Coordinators forming early stage networks and relationships in the first three LAC sites in Swansea to see if they were:
- engaging across each community,
- creating longer term change beyond their individual involvement, and
- achieving progression and sustainability.

2.9. The data collected shows Coordinators already establishing extensive networks of resources and people across all three initial Local Area Coordination sites.

2.10. Strong, dense and effective linkages are being created between resources and supported individuals, and these are being sustained beyond initial LAC involvement. There is also evidence of capacity building, which will contribute to community resilience in the longer term.

2.11. The data shows that whilst in these early stages the Coordinator was often pivotal in building linkages between people and resources, indirect linkages and denser networks between people, independent of the Local Area Coordinator, are beginning to emerge.
2.12. In the implementation period, 38% of interactions had progressed to resolution or further activity, indicating that Coordinators are providing valued support as well as creating durable networks.

2.13. The LAC's portfolios indicate a significant prevalence of loneliness and isolation, mental health problems and issues associated with older age. However, one of the most striking findings in the evaluation is the complexity of life situations people are facing, with the vast majority of people experiencing multiple issues.

2.14. Although the researchers point out that it cannot be certain that it is LAC and LAC alone that contributes to improvements, and there is limited data available at this early stage, interim case studies collected by the researchers indicate that predicted benefits of LAC are already emerging both for individuals and wider groups within communities.

3. CASE STUDY EXAMPLES
Numerous research reports, and now the evaluation of the work in Swansea, indicate that Local Area Coordination contributes to a range of positive outcomes for service partners, some examples of which follow.

3.1. Positive outcomes for health and wellbeing locally include:
- reductions in unnecessary visits to GPs (with better take up of necessary appointments)
- people reporting reduced feelings of loneliness and isolation
- people having support as they come out of hospital (through greater community connection)
- Increased support networks built in the community
- Prevention of unnecessary calls to ambulance services
- Provision of prevention input in Anticipatory Care processes
- Support provided to mental health professionals’ work (e.g. LPMHSS and Crisis Resolution Unit)

Victor’s Story
Victor was introduced to the Local Area Coordinator at the local food bank and was mentioned by the GP’s surgery as someone who may need support. He had accessed the food bank beyond his quota but always seemed affected by chaotic situations. He is in his 60s and suffers from mental health problems and receives treatment for chronic pain conditions.

The Local Area Coordinator spent time with Victor and was able to:
- Help him budget effectively so that he could attend hospital appointments via a Community Car Scheme, instead of taxis, thus saving him money and ensuring that his health needs were being met.
- Support Victor to apply for and move to sheltered housing which is more conducive to maintaining his physical and mental health.
Outcomes for Victor and services:

- Victor feels more secure and reports less anxiety, stress and angry outbursts.
- Victor no longer needs food parcels, though he pops into the food bank to say hello occasionally.
- Visits the GP’s surgery less, though still attends important appointments to manage his conditions.
- He is better able to manage his finances as he feels better in himself.
- Since moving he has been doing bits of shopping for some of his older and less mobile neighbours in the sheltered complex—he is now a valued, contributing member of the community.
- ‘Victor requires no other ongoing support but knows that I am a phone call away, and he knows where he can find me on a Thursday morning’.

3.2 Example of positive outcomes for Fire and Rescue Service

Local Area Coordinators work with people in a wide variety of situations and often over long periods of time, developing a relationship based on trust. This enables them to make referrals where necessary to Fire Service Community Safety Officers to undertake home fire safety checks, thus increasing community awareness of risks and hazards, and contributing to the Fire Service’s ability to connect with people who may generally be more difficult to reach.

In addition Local Area Coordinators are regularly introduced to people who are struggling with their possessions to such an extent that they are described as ‘hoarders’. A referral by the Local Area Coordinator to the Community Safety Officer can be the first step towards helping the person to address this complex issue.

**Ivor’s story**

Ivor is a shy man who attended the Foodbank. He was on a waiting list for tenancy support due to recently losing his job, getting into rent arrears amongst other debts, and for the amount of possessions in his flat, which was a potential fire safety risk.

The LAC spent time getting to know him, gradually finding out what mattered to him in his life.

Ivor was looking for work after he had lost his job (at Remploy where he had worked for 15yrs.).

After his mum died in 2014 he had moved from their lifelong 2-bedroomed home, taking his Mum’s possessions alongside his own, and moved it all into his current one bedroomed flat. Ivor struggled to address his feelings of grief, loss and embarrassment, and was overwhelmed by his situation.

*Together, Ivor and the Local Area Coordinator:*
• Looked at budgeting.
• Asked CAB to help with benefit entitlements
• Explored worries about health and getting work
• Addressed eviction fears due to quantity of possessions hoarded.

**With the Local Area Coordinator’s support the following happened:**
• Fire safety check was arranged; this provided an incentive for Ivor to act, with ongoing support from friends and LAC.
• Ivor connected with Swansea Hoarding Action Group, and now attends local events and meetings and talks all over the country about his experience.
• Became part of the organising group of High Street Men’s Shed, and has a valued role in publicising the facility (distributes information).
• Acts as a volunteer at the Foodbank, and joined an amateur dramatics society.
• Application for benefits at Tribunal stage of appeal, supported by TSU worker.
• Links built with local housing office--tenancy now secured and plan drawn up to recover rent arrears

*Ivor continues to make progress in facing up to the task ahead of him; he is self-motivated and efficient in sorting items in his flat, and calls for help when he needs it.*

*When Ivor gets his benefit entitlements he says he will pay off his debts and is determined to live in his flat and have his family around him again. Is also determined not to clutter it up with items and to follow the advice he has used so far.*

*Since Local Area Coordination became involved 18 months ago, Ivor has met many people and come a long way, and he knows that if he needs help in the future there are people who will walk alongside him.*

**3.3. Local Area Coordination and community safety**
Local Area Coordinators make a point of getting to know the PCSOs in their locality so that they can work together to support the development of neighbourhood initiatives that will benefit the community. In addition, they respond to introductions from the Social Services first access point (Intake). Some of these introductions include people who have been referred to Social Services via Police Protection Notices (PPN).

**Example 1**
A woman had been ringing the PCSO repeatedly, as well as making 999 calls to the Police, regarding an alleged dispute with her neighbour, saying her home and garden were being damaged. The PCSOs had attended the house on many occasions but there was no evidence of the neighbour causing the damage described. Even though some mental health input might have been beneficial, the woman was not prepared to consider this.
The PCSO contacted the Local Area Coordinator who took over as the main contact for the woman and he (the LAC) is in the process of working with her, her family members and other health professionals, developing a relationship that will hopefully benefit the woman, her family and neighbours in the long term. It is hoped that this will reduce unnecessary calls to the Police, who, as a result of the Local Area Coordinator’s involvement, are no longer the primary organisation dealing with the situation in the community.

Example 2: Gwen & John’s story
The Local Area Coordinator has been working with an older couple, Gwen and John. John has dementia and Gwen has limited mobility. The LAC has been looking at activities in the community for John that will support Gwen in her role as carer whilst providing John with something enjoyable to do and look forward to.

The LAC telephoned Gwen at 5.30pm one day to let her know that he could accompany John to an introductory session at the Forget Me Not club on the following Wednesday.

While he was explaining this, Gwen mentioned that she was short of one of her prescriptions which hadn’t arrived at the chemist in time to be delivered; John was insisting that he was going to walk to the chemist and pick it up. Gwen was concerned for his safety if he left the house in the dark on his own as he had recently done this and become lost, resulting in the police being called to find him. John was insisting however, and she could not stop him.

The LAC spoke with John and tried to explain why he should stay, but he was determined to help his wife and ended up leaving the house. The Coordinator was too far away to drive over in time to support the couple with this situation.

The LAC needed to act quickly and so telephoned the chemist and explained the situation to them. The chemist’s assistant said she would keep an eye out for John and let him know if he got there.

The LAC then called the local PCSO and explained the situation to him. He said he would call Gwen for more information and then, as John was headed to the chemist, he would start by getting there as soon as he could.

The chemist called the LAC back to say that John had arrived safely. The Coordinator informed her that the PCSOs were on their way, and so the shop assistant was happy to sit down and chat with John, keeping him company in the shop until they arrived. She also said that she would make a note on their system to prioritise any prescriptions for John and Gwen in future, given their circumstances.
The PCSO and his colleague arrived at the chemist to find John with the shop assistant and they were able to offer him a lift home. John was very pleased to accept this and the PCSO gave the LAC a call when they reached the house. Gwen was relieved to have her prescription and John home safely.

This story shows the power of having networks and working together with colleagues and community members. The Local Area Coordinator has worked to develop understanding about his role, and was able to take action when needed quickly, but in a way that was low-key and didn’t lead to distress for John and Gwen, and which also avoided a more costly emergency services response.

3.4. Local Area Coordination and the natural environment
Local Area Coordinators work to increase community participation including involving people in their local outdoor environment and green spaces. It is recognised that being involved in outdoor environmental activities can have multiple benefits for health and wellbeing, as well as and community cohesion benefits whilst also encouraging a greater sense of civic pride and responsibility.

Linking people to local volunteering opportunities, encouraging people to take control and give something back to their community and helping to respect and protect green spaces are all part of a Local Area Coordinator’s role.

Examples –

• The Local Area Coordinator covering an area adjacent to the University worked to bring local people together with students to hold a community litter pick—this fostered greater understanding between ‘town and gown’, improved the look of and awareness about the local environment and provided a great way for people to get out and about whilst making new friends and re-connecting with neighbours.

• The Local Area Coordinator in one area spotted the communal gardens in a local sheltered housing scheme were overgrown and unused. He was able to build on the interest of the older people to do something about it by connecting University student volunteers with local people currently out of work to do some tidying and re-planting. This gave the local people a chance to do something active outdoors, whilst the older people enjoyed all the activity and banter, providing much needed refreshment and cups of tea to the gardeners as their environment was improved.

• In the course of his work, one Local Area Coordinator has recognised that many of the people he works with would like some kind of outdoor activity to engage in. Building on his knowledge of local people, organisations and the community, he has pulled together a meeting with the local Councillor, local churches, a housing officer, the leisure centre and local residents to see if there is a way to use a number of overgrown
green spaces and underused venues to host a gardening club. This will greatly improve the look of the area, bring people together and could lead to some community veg growing opportunities.

3.5. Local Area Coordination and the Third Sector
The Third Sector, as the bedrock of community action and activity, is key to the provision of accessible and innovative responses to local need. Local Area Coordination seeks to work closely with such organisations and groups and also with SCVS as the umbrella organisation for the sector in Swansea.

To date LACs have referred people on to SCVS to access third sector volunteering opportunities—*formal volunteering is a recognised way for people to contribute to their community whilst developing their skills and benefitting from training, ultimately boosting their chances of gaining employment.*

SCVS is a recognised provider of information on sources of funding and developing constitutions etc. This expertise enables developing groups to ‘take the next step’ towards becoming fully established.

4. SUMMARY CONCLUSIONS FROM THE EVALUATION

4.1 The evaluation of Local Area Coordination in Swansea indicates that:

- In line with findings from previous studies, Local Area Coordination is tackling a broad range of social and personal issues.

- The cost per supported individual was on average £980, though trending to circa £600 per individual as set-up costs are absorbed into portfolios reaching steady state.

- There are high levels of complexity within the portfolio, with positive outcomes as outlined above, indicating that Coordinators are adding value across a range of public service pressures.

- Local Area Coordination implementation involved costs of circa £400k (in Swansea and NPT) with benefits in the range of £800k-£1.2m. This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions, whilst continuing to provide return even under the most conservative parameters.

- Sustained LAC activity for the implementation sites alone would see the benefit/cost ratio improve further, rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m. There would be further benefit with the economies of scale and operational synergies that could be achieved with wider rollout of the approach. *2

- The findings from the formative evaluation of Local Area Coordination in Swansea support research evidence from other UK (and Western
Australia) Local Area Coordination sites. People report feeling better connected, less isolated and more hopeful for the future, there are avoided calls upon Social Worker support, fewer unnecessary visits to GPs and fewer calls upon mental health services.

5. RECOMMENDATIONS FROM THE EVALUATION

5.1. The evaluators made 29 recommendations across 13 themes for the further development of Local Area Coordination (and LCC). Many of these recommendations are already in train in Swansea due to the lag in time between the collection of the data that has been evaluated and the production of the report.

5.2. Summarised here are the recommendations most relevant for Swansea Public Services Board.

5.3. Funding
Recommendation 2: A co-funding plan should be developed to include contributions from local authorities and partner organisations, including universities, housing providers, health (including public health), fire and police as well as consideration of the private sector.

5.4. Recruitment and Roles
Finding: Recruitment to date is co-productive with local people, enabling direct, shared contribution and decision making by community and services, with Coordinators able to access community assets more easily to rapidly build networks. Community members from the interview panels are extremely valuable in helping a new Coordinator embed themselves within their respective community.
Recommendation 7: Co-pro recruitment should continue and existing LACs should also play a role, e.g. describing ‘a day in the life of a Local Area Coordinator’, having a view as to how a candidate might fit within the LAC team, etc.

5.5. Health
Recommendation 8: The value of engaging health sector partners should not be underestimated; they should remain a key focus for engagement and feature at senior level in the Local Area Coordination Leadership Group.

5.6. Future Evaluation
Recommendation 10: The evaluation process should continue beyond this formative stage to ensure ongoing monitoring and provision of further insight into the impact of Local Area Coordination.
Recommendation 11: In addition to a summative evaluation, a ‘Social Return on Investment’ (SROI) evaluation should be commissioned in order to confirm existing and inform future social value.
Recommendation 12: Swansea and Neath Port Talbot regions should continue to work with the UK LAC Research Network to inform future research directions and initiatives.
**Recommendation 13:** Western Bay is in a unique position in that it has implemented Local Area Coordination (and LCC) and would benefit from longitudinal study to inform future recruitment, roll-out and policy.

### 6 SUMMARY OF BUSINESS CASE FOR EXPANSION

6.1. Demographic changes and the impact of austerity are already resulting in severe pressure on statutory and third sector services. At the same time changes in societal attitudes mean that citizens expect more voice, choice and control in public services.


6.3. The WBOFGA puts a wellbeing duty on specific public bodies to act jointly via public service boards to improve the economic, social, environmental and cultural well-being of their area.

6.4. Local Area Coordination contributes to a more Resilient Wales by developing stronger communities that are able to rely on each other without the need for statutory intervention. It contributes to a Healthier Wales by addressing people’s health and wellbeing needs via a strengths based approach to supporting them in communities. It contributes to a More equal Wales, by ensuring that those most vulnerable in society get the support they need to have equal access to resources support to allow them to lead what they view as a good life. Finally it contributes to A Wales of cohesive communities by building community connections and networks in communities which engender a sense of community spirit.

6.5. Public services need to act in accordance with the sustainable development principles. Local Area Coordination applies all five ways of working included in the WBOFGA, this will be further strengthened by a firm commitment to expand as a partnership.

6.6. The evaluation demonstrates how Local Area Coordination works to meet objectives across all public services in Swansea and therefore requires an integrated approach to expansion.

6.7. Local Area Coordination is one of the ways of stimulating the shift in culture that will be required in order to respond to current pressures, challenges and legislative changes, and to develop the preventative approaches and joined up working we need going forward.

6.8. As a fully evidenced-based model, supported by a national (UK) Network of learning and good practice, Local Area Coordination can help to:
• Reduce demand by intentionally working to support individuals, families and communities to stay strong, diverting people from formal services wherever possible through sustainable, local, flexible, individual and community solutions.

• Intentionally re-balance existing resources to help people stay strong, with the role of formal services refocussed to become a valued “back up”.

• Develop more imaginative approaches, working alongside more engaged and resilient citizens in our communities.

• Realise a human, cost-effective and practical way of working on the ground—welcomed by professionals and citizens alike- and with the potential to deliver a transformed service system in the long term.

6. 9. The benefits of expanding Local Area Coordination in Swansea can be summarized as follows:

• For Individuals and families—feeling more connected, less isolated, more informed and in control, better able to contribute, more valued, resilient and hopeful for the future. Longer term, better able to avoid formal services by maintaining independence for longer, able to navigate the service system to access where needed to boost prevention and avoid crises.

• For Communities—in the long term more inclusive, resilient, active and vibrant, better resourced and able to access funds and other resources to seek local solutions.

• For services and systems— reduced demand on / costs of services. People moving through services, or using them for shorter periods as they become less dependent, remaining strong in themselves, in their networks, and communities, accessing local, no or low cost solutions to problems. Improved understanding of individuals and communities as voices are heard and co-production is embedded, services become more flexible, targeted and responsive.

6. 10. By expanding Local Area Coordination as a Public Service Board we will be able to:

• Realise the full, long-term transformative possibilities of the approach for systems and services.

• Demonstrate public services in Swansea are working in accordance with the sustainable development principle and the wellbeing goals in the Wellbeing of Future Generations Act,

• Develop integrated and more robust community pathways and services.

• Support the development of more resilient and thriving communities.

• Benefit from the financial and resource savings anticipated.

• Aspire to achieve equity across communities (all will have LACs).

• Build on the considerable efforts so far expended with partners to collaborate to seek new approaches to the challenges we jointly face.
• Develop joint funding and working opportunities.
• Build on opportunities to develop co-production in a practical and meaningful way.
• Address the prevention and well-being agenda in a practical and measurable way.
• Meet the requirements of the SSWB (Wales) Act and the Wellbeing and Future Generations (Wales) Act, using a tried and tested approach, with a national (UK) support and learning Network, and considerable academic evidence and interest.

6.11. The shift from providing front-line services to enabling individuals and communities to develop more creative and flexible solutions will take courage, and demand creativity and a willingness to re-think and reshape existing service responses.

6.12. The Council and other statutory partners will need to embrace co-production as a mechanism to work with citizens to design, develop and deliver what is needed. Local Area Coordination is a way of sowing the seed for this type of approach to grow—individuals and communities will begin to see that they have the resilience, voice, skills and drive to take greater control of their destinies, and to work in partnership to shape the future.

7. CONCLUSIONS

7.1. As a tried and tested, evidence-based approach, developed in W. Australia and multiple UK sites over 28 years, Local Area Coordination offers a practical way of supporting people who are excluded in some way to stay strong, safe and connected as contributing citizens.

7.2. It works to stimulate the community that will act as the bedrock to ensure that individuals and the communities themselves remain resilient, and that improvements in health and wellbeing are sustainable in the long term.

7.3. Local Area Coordination is easy for the public to understand and access and it supports the Council and other partners to meet the requirements of key legislation as well as save money and resources.

7.4. With strong, connected leadership and where designed and implemented properly with local people, it has the potential to become a key element in the transformation of the service system.

8. RECOMMENDATIONS

8.1. The PSB is asked to accept the following recommendations:

8.2. That the evidence emerging from the Evaluation would support an expansion to Local Area Coordination, from our current six
Coordinators, to cover the whole of Swansea, on the basis that it prevents and delays access to higher tier statutory services.

8.2. That this expansion is phased over a number of years, so that the necessary infrastructure is in place to support it. Funding is currently in place to continue the current programme in 2017/18, but further funding needs to be secured to expand further.

8.3. That the PSB funds an additional four Coordinators to roll out Local Area Coordination further. The PSB has already committed to exploring the funding of a further 2 Local Area Coordinators in the Ageing Well Plan. As part of the Council’s budget setting process for 2017/18, the Council has committed a further £80K which will allow for a further 2 Local Area Coordinators to be recruited. There is an expectation that the other PSB partners will fund the further 2 Local Area Coordinators split on the following basis; Health Board 1 post, Police 0.4 FTE post, Fire Services 0.4 FTE post and Natural Resources Wales 0.2 FTE post (see financial breakdown given in Section 10.4).

8.4. That all funding is committed for a 2 year period from September 2017, during which time we will evaluate the benefit to each organisation.

8.5. That wider Public Services Board partners will be approached about possible funding arrangements at an appropriate stage.

8.6. That representatives from Public Services Board member organisations sit on the Local Area Coordination Leadership Group and help drive transformational change.

8.7 That the model adhered to is as propounded by the UK Local Area Coordination Network, and that we remain members of this body in order to share learning, continue to evaluate progress and contribute to and access research.

8.8 That we continue to explore how we can shift resources to fund Local Area Coordination both within the Local Authority and across organisations and to maximize the possibility of achieving transformational change.

9. EQUALITY AND ENGAGEMENT IMPLICATIONS

9.1 An Equality Impact Assessment has been produced in relation to Local Area Coordination.

9.2. Co–production is a feature of Local Area Coordination. One example of the practical application of co-production is provided by the recruitment process.
9.3. Local people are an essential part of the recruitment process and any expansion of the approach is predicated on their involvement and continued input.

9.4. This approach demands that an extensive communication strategy is undertaken, not only to recruit community interviewers, but also to ensure that local people know that Local Area Coordination is happening in their area.

9.5. Communication with local Councillors, service providers and partner organisations is also essential to ensure the success of the work.

9.6. The Leadership Group is comprised of representatives of all stakeholders and they are and will continue to be key in driving the work forward.

10. FINANCIAL IMPLICATIONS

10.1. Existing costs 2016-17 (6 LACs and Manager)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Area Coordinators x 6 @ Grade 8, Midpoint (with on costs @ 32.5%)</td>
<td>£230,814</td>
</tr>
<tr>
<td>Implementation Manager (with on costs) Grade 10 Midpoint</td>
<td>£49,664</td>
</tr>
<tr>
<td>LAC Network membership</td>
<td>£10,800</td>
</tr>
<tr>
<td><strong>Total costs 2016-17</strong></td>
<td><strong>£291,278</strong></td>
</tr>
</tbody>
</table>

10.2. Total income 2016-17

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority contribution in 2016/17 (including Prevention Fund and Communities First)</td>
<td>£186,278</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
</tr>
<tr>
<td>Housing Associations</td>
<td>£30,000</td>
</tr>
<tr>
<td>Bid to the ICF; figure to be established (non-recurring funding until end of March 2017 only)</td>
<td>£75,000</td>
</tr>
<tr>
<td><strong>Total non-recurring income 2016-17</strong></td>
<td><strong>£291,278</strong></td>
</tr>
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</table>

10.3 Projected costs for additional four Local Area Coordinators over 2 year period.

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic annual pay (Grade 8 @ mid- point of scale)</td>
<td>£29,323.00</td>
<td>£30,153.00</td>
</tr>
<tr>
<td>1% inflation</td>
<td>£293.23</td>
<td>£301.53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£29,616.23</td>
<td>£30,454.53</td>
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</table>
City & County of Swansea on-costs @ 34.5%

<table>
<thead>
<tr>
<th></th>
<th>£ 10,217.60</th>
<th>£ 10,506.81</th>
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<tbody>
<tr>
<td><strong>Total pay cost 1 LAC</strong></td>
<td>£ 39,833.83</td>
<td>£ 40,961.34</td>
</tr>
<tr>
<td><strong>Plus associated costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment x1</td>
<td>£ 500.00</td>
<td></td>
</tr>
<tr>
<td>IT Costs</td>
<td>£ 500.00</td>
<td>£ 500.00</td>
</tr>
<tr>
<td>Training Yr. 1</td>
<td>£ 800.00</td>
<td></td>
</tr>
<tr>
<td>Training Yr. 2</td>
<td></td>
<td>£ 600.00</td>
</tr>
<tr>
<td>Travelling</td>
<td>£ 750.00</td>
<td>£ 750.00</td>
</tr>
<tr>
<td><strong>Total annual cost per LAC</strong></td>
<td>£ 42,383.83</td>
<td>£ 42,811.34</td>
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</table>

Local Area Coordinators x 4

<table>
<thead>
<tr>
<th></th>
<th>£ 169,535.32</th>
<th>£ 171,245.37</th>
</tr>
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<tbody>
<tr>
<td>Previous year costs</td>
<td></td>
<td>£ 169,535.32</td>
</tr>
<tr>
<td><strong>Cumulative Cost Local Area Coordinators x 4</strong></td>
<td>£ 169,535.32</td>
<td>£ 340,780.69</td>
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</table>

10.4 It should be noted that the Council has secured £370K of recurring funding to fund Local Area Coordination from 2017/18 onwards. This will fund the existing Implementation Manager and 8 Local Area Coordinators (6 current and 2 new). We are requesting commitment from PSB partners to fund the two remaining Coordinators as follows:

- Health Board: 1 FTE Local Area Coordinator (£85,195 over two years).
- Police: 0.4 FTE Local Area Coordinator (£34,078 over two years).
- Fire and Rescue Service: 0.4 FTE Local Area Coordinator (£34,078 over two years).
- Natural Resources Wales: 0.2 FTE Local Area Coordinator (£17,039 over two years).

10.5 Housing Association partners have at this stage not committed to funding from 2017/18, although conversations have been positive. If this funding were committed, we would foresee that expansion could be greater than the 4 additional posts envisaged.

**Appendices**

Appendix 1: Local Area Coordination Evaluation Report
Background Papers: See notes below.

Notes:

*1: Research evidence and the UK Local Area Coordination Network suggest that the original optimum area population size of 10—15,000 per Local Area Coordinator should be revised down to 9—12,000 to allow for the increasing complexity of life situations and challenges faced by people and communities in times of austerity. We will need to ensure that we regularly review population sizes and complexity of cases to ensure that LACs are able to operate effectively and safely.

*2: Think Local Act Personal (TLAP) has undertaken a Social Return on Investment (SROI) analysis for Derby City Council for a three year forecast period with 10 Local Area Coordinators; they estimate that £4.00 of social value would be earned for every £1.00 invested in Local Area Coordination. (see link below, and for learning outcomes for both Derby City and Thurrock):

http://www.thinklocalactpersonal.org.uk/Latest/Social-Value-of-Local-Area-Coordination-in-Derby

*3: The evaluation report makes 29 recommendations across the following 13 themes: Next Steps, Cost/Benefit, Networks, Third Sector, Profile of Coordinator Portfolios, Health, Recruitment and Roles, Recording Information, Area Selection, Leadership, Shared Learning, Funding, Strategy

Additional Note:
In ‘Turning the Welfare State Upside Down? Developing a new adult social care offer’, Glasby, Miller and Lynch discuss a range of initiatives (including Local Area Coordination) and the ways to move from current social care models based on a deficits approach, to one which is transformational, i.e. starting with social capital and community resources, rather than statutory services. Many of the elements that they suggest chime with the fundamentals of Local Area Coordination:

- Staff to focus on social capital and community resources rather than deficits and limitations.
- Social work education and workforce development…future practitioners trained in new ways with a more explicit community focus.
- Viewing social care spending as a form of social and economic investment.
- Linking social care to economic development and encouraging new providers to pioneer asset-based approaches.
- Investing time and money in understanding local communities and how best to engage them.
- If necessary, reversing previous changes that have centralised support or taken resources away from working with local communities.
- Working with NHS partners to explore joint funding arrangements and to develop new approaches to identifying and supporting people with complex needs.

‘Turning the welfare state upside down? Developing a new adult social care offer’, Glasby, Miller and Lynch, University of Birmingham,(2013),
Formative Evaluation
Summary Report

Local Community Initiatives in Western Bay

December 2016

Appendix 1
Foreword

The Western Bay Programme has recently overseen the implementation of Local Area Co-ordination (LAC) across sites in Swansea and Neath Port Talbot and Local Community Coordination (LCC) across sites in Bridgend. These novel approaches aim to support communities with a focus upon local relationships and assistance rather than use of statutory services. To support this work, and inform key stakeholders of progress and early outcomes a formative evaluation has been undertaken. This report provides the first formal feedback from this evaluation process, with focus upon the setup activities and initial activities of Local Area Co-ordination and Local Community Coordination across the Western Bay Region.

This early phase evaluation gives particular focus to the emerging outcomes for individuals, Coordinators and communities, early indications of financial cost/benefit and the establishment of networks within communities.

It is hoped that the evaluation process continues beyond this formative stage and that ongoing monitoring and longer-term summative evaluations give further insight into the impact of both Local Area Coordination and Local Community Coordination. This work is intended to support both practitioners in optimising delivery, and policy makers in potential future use of Local Area Coordination and Local Community Coordination in the Western Bay region and beyond.
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Executive Summary

Context

Traditional approaches to health and social care across the UK and Wales are struggling to address growing demand, exacerbated by the challenges of an ageing population, chronic disease and economic hardship, all set within a context of public sector austerity. The Western Bay region faces some acute manifestations of this challenge, particularly in its Communities First Clusters where socio-economic deprivation is greatest. The continued pressure upon public services makes it a challenge to embrace opportunities to adopt new practice, especially whilst maintaining quality and safeguarding obligations for services upon which users are highly dependent. This apparent paradox makes innovation most intriguing, particularly where further resource is unavailable, demand is growing, and change difficult. These challenges, and efforts to address them are not unique to Wales or the Western Bay region, and Welsh Government through the Social Services and Wellbeing (Wales) Act 2014 (1) sets new obligations on organisations to work collaboratively in supporting individuals. The identification, appraisal, tailoring and adoption of relevant effective approaches to collaboration is itself a challenge for organisations balancing concurrent priorities. It is with this in mind that Western Bay has coordinated the implementation of two initiatives designed to address some of these challenges – Local Area Coordination (Swansea and Neath Port Talbot) and Local Community Coordination (Bridgend). Previous implementations and subsequent evaluations of Local Area Coordination (LAC), including within the UK, have validated the effectiveness of the approach for individuals and communities, together with potential short and longer-term financial benefits for stakeholders. However, Local Community Coordination (LCC) has been developed by Bridgend County Borough Council (BCBC) based on key components of the Local Areas Coordination model.

A formative evaluation undertaken by researchers at Swansea University commenced in June 2015 and began with Local Area Coordination in Swansea, this was followed by Local Community Coordination in Bridgend (October 2015) and finally Local Area Coordination in Neath Port Talbot (February 2016). Data collection was completed in April 2016.

This formative evaluation, aims to assist Western Bay support implementation delivery and inform stakeholders of progress and implementation across all three Local Authority areas. These are the formative findings and recommendations from both LAC and LCC initiatives.
Overview

Local Area Coordination (LAC) and Local Community Coordination (LCC) are a person-centered approach aligned with the prevention agenda of Western Bay and the ethos of co-production to help individuals lead lives with greater control and independence (Social Services and Wellbeing (Wales) Act (2014)).

Coordinators are embedded in the community and come alongside people of all ages, disabilities and backgrounds. Both LAC and LCC Coordinators are a local single point of contact working to reduce dependence on services and creating conditions for long-term resilience. Interventions are not time-bound. There is an emphasis on nurturing trusting and supportive relationships with individuals and families which can take time to develop, building reliance and supportive connections to reduce the risk of future crisis and service dependency.

This initiation report provides the first formal insight from the recruitment and initial delivery activities of Local Area Coordination across areas of Swansea and Neath Port Talbot and Local Community Coordination across areas of Bridgend.

Initial activity undertaken over the past 3-11 months (depending on area) has been progressing well in both LAC and LCC areas, including community engagement, identifying community assets and individuals for support.

LAC and LCC complement and seek to add value to existing support services and must be understood as a medium-long term community resilience effort and not a rebranding of Social Services or Community Development.

Both LAC and LCC fulfils the prevention and wellbeing part of the Social Services and Wellbeing (Wales) Act (2014) with co-production at its core. Furthermore, both models align with the ambition of the Future Generation Act (Wales).

In line with LAC benchmarking, the Swansea and Neath Port Talbot learning sites have implemented Local Area Coordination effectively and all Coordinators are making good progress. The complexity and size of caseload as well as the expansion of Coordinator networks supports this finding.

Implementation of Local Community Coordination (LCC) has been difficult to benchmark at this early stage due to it being a new approach. It has no established evidence base. However, LCC has recruited effectively both in terms of the Local Community Coordinator, Arts Connector and Project Manager which has enabled rapid deployment of LCC. Coordinators are making good progress across a broad range of complex cases and networks.

All teams are extremely committed, passionate and driven in their approaches to their respective initiatives. Success of the formative stage has been driven by highly agile and dedicated Management teams and Coordinators. Furthermore, all sites report that the level of autonomy awarded to them by their respective Local Authorities has played a significant role in the successful pace and scope of set-up.
Successful co-produced recruitment of high caliber Coordinators has ensured early impact in all sites and these teams are supported at senior level and throughout the Local Authorities.

Both LAC and LCC fulfil the needs of the different contexts. Researchers deem the adoption of two models as a feature and not a fault as there is a unique opportunity for both ‘models’ to inform one another.

Whilst LCC continues to develop for Bridgend’s context and purposes, the LAC model should maintain design integrity in order to build on outcomes and evidence-base. As LCC develops, it should establish and grow it’s own evidence-base in order to inform effective strategic and operational direction.

Whilst population figures for Co-ordinators were originally recommended to cover 10,000-15,000. The complexity of cases reflected in this report and supported by UK LAC Managers feedback, would support a revised recommendation of 9,000-12,000 people. This would provide the basis to maximize outcomes and maintain core aspects of each approach.

Coordinators have established extensive networks of resources and supported individuals across sites with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections. Furthermore, evidence of community resilience is also emerging at this early stage.

LAC implementation in Swansea demonstrated benefits in the range of £800k-£1.2m during this brief period (July 2015 – April 2016). This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions and under the most conservative parameters. Sustained LAC/LCC activity would see the benefit/cost ratio improve further rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m.

Therefore, both LAC and LCC require longer-term evaluation and a commitment to the approach in order to continue with the building of trusting relationships and forge meaningful engagement which ultimately underpin resilience and optimise the longer-term impact. Further support for LAC evaluation and learning can be accessed via the growing Local Area Coordination Network Research Group. The group consists of a number of researchers and managers from across the UK seeking to progress the knowledge-base of LAC and share learning for better outcomes. LCC is an interesting research proposition to universities involved in social and health sciences and could gain additional evidence through project work with these institutions.

Local Community Coordination overview

LCC is supported and driven by a small but passionate and committed team with ‘buy in’ reported at all levels within the organisation. Early communication challenges between partners was evident during this formative stage and interviews gave the sense that more frequent and open communication, inclusion and an acknowledgement of existing experience and skills may build trust and encourage and grow the relationship.
The LCC’s case load grew rapidly with much of it classed as Tier 2 level\(^1\). Emerging cases via self-referrals suggest LCC is already being effectively communicated to the Llynfi population. There is a risk of the Coordinator reaching not only caseload capacity shortly but being impacted by the additional task of working on the development the LCC model and being involved in the establishment of groups.

LCC is still being developed and shaped, it is therefore very fluid in nature and has emerging boundaries. It will take time to develop relationships, trust with external organisations and develop an effective evidence base.

1. Local Area Coordination

Development and Context

Developed in 1988 in Australia, Local Area Coordination (LAC) was formed in response to the urgent need to find new and innovative approaches for supporting people with learning disabilities and their families. Given the large rural expanse of Australia, supporting people to remain with their families and in their communities was for many integral to their vision of ‘good life’. Since then Local Area Coordination form a key pillar of national service and funding reform across Australia (as part of the National Disability Insurance Scheme) and has been adopted by areas of New Zealand, Ireland and the UK. To date, operating sites are Derby City, Thurrock, Suffolk, Isle of Wight, Leicestershire, Derbyshire, Swansea and Neath Port Talbot.

These sites have implemented Local Area Coordination to address not only the needs of people with learning disabilities and their families, but people facing challenges in a multitude of ways. The approach involves a strong person-centred value base and operates as a single point of contact for those individuals and their families in the community. It has a ‘slow-build’ approach, investing in forging strong relationships with individuals, families, community and networks of stakeholders. It works to develop and enhance the capacity of communities for inclusion and resilience. It draws support from the community with the aim of enabling people to live a good life with increased choice and control. Furthermore, Local Area Coordination is attempting to drive system reform using ‘small scale levers to create large scale change’ (Richie, 1999 as cited in Hunter and Ritchie, 2007, p.20).

Perhaps the mission is best summarized by the founder of Local Area Coordination – Eddie Bartnik - “The essence of the reform was to make disability services and supports more personal, local and accountable, and thereby to build and strengthen informal support and community self-sufficiency. Consistent with the values of co-production, the reform was built on an assumption that people with disabilities are not just passive recipients of services. Along with their families, friends and local communities, they have expertise, natural authority and assets that can maximize the impact of resources and improve outcomes. The reform also emphasizes the transformative effects of shifting power. Resources and accountability for outcomes to a partnership between government and

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\(^1\) Those who need a light touch approach are ‘Tier 1’ cases, through to more complex and longer-term cases ‘Tier 2’
people, where together problems are defined and solutions designed and implemented” (Eddie Bartnik, 2008 as cited in Gregg and Cooks, 2008).

Having been subject to numerous evaluations and reviews, the evidence base stemming from these implementations indicates that LAC can achieve significant impact for the individuals, families, communities and at wider service and reform level.

2. Local Community Coordination (Bridgend)

Development

Based on components of Local Area Coordination, Local Community Coordination has been formed by a small team working within the Directorate of Social Services & Wellbeing (Adult Social Care) at Bridgend County Borough Council (BCBC). It is an emerging framework being shaped as it becomes embedded within the Local Authority. LCC shares its principles with LAC but does not fully implement all core design features. There are differences in the way LCC recruits, implements and supports the role of the Coordinator. This has resulted in the rapid acquisition of cases and caseload.

LCC is a framework being built from the ground up and is driven heavily by the context within which it is operating at present. It does not rely on the presence of a dedicated ‘leadership group’ per se but instead places high autonomy on the Coordinator to shape and develop the working model and feed into the supporting team. It is fortunate enough to have multilevel ‘buy in’ of members throughout the Local Authority.

Reflecting LAC, LCC has no specific ‘client’ categories. As with Local Area Coordination, it offers to come alongside those who need a light touch approach (Tier 1 cases) through to more complex and longer-term cases (Tier 2). It is not time bound or exclusive to the individual but also helps to support families and communities find self-sustaining solutions to the challenges they face. Furthermore, it also involves a strong person-centred value base, operates as a single point of contact for individuals and families. It also has a ‘slow-build’ approach, forging strong relationships with individuals, families, community and networks of stakeholders. It works to develop and enhance the capacity of communities for inclusion and resilience. It draws support from the community with the aim of enabling people to regain control of their lives.

3. The Inception of Co-ordination Initiatives for Western Bay

Western Bay’s mission is to progress social care and health integration and encourages collaboration where there is value to be added. It aims to identify programmes of change, priorities for the sector and opportunities for joint working. It currently has three key areas it oversees:-

- Services for older people
- Prevention and wellbeing
- Contracting and procurement

Western Bay identifies service improvements, better outcomes as a result of collaborations across Social care and health agendas.
The prevention and wellbeing agenda was already identified as a priority for Western Bay as well as services for older people with complex needs. It was evident there needed to be early intervention across these areas before individuals reached crisis point. This was further reinforced by the emergence of the new Social Services and Wellbeing (Wales) Act 2014 which placed a lens on prevention and highlighted co-production and community resilience as a solution. Local Area Coordination (LAC) was an approach which fitted with the prevention and wellbeing agenda and had come to the attention of the Local Authority after staff members attended a conference which discussed the LAC model and its impact. Swansea Council and Neath Port Talbot proposed the adoption of the model to the Western Bay Programme and subsequently secured funding for the approach to be implemented across the three Western Bay areas. Bridgend considered the LAC model but decided to adopt key elements of the LAC model and create Local Community Coordination (LCC) to serve their context and mission.

Swansea implementation areas

Three areas were agreed upon:

- Gorseinon (Swansea North) and also covers the communities of Loughor, Kingsbridge and Garden Village – *Population 15,420*
- St. Thomas and Bonymaen (Swansea East and a ‘Communities First’ area) this area also covers the communities of Port Tennant, Danygraig, Pentrechwyth, and SA1 Waterfront – *Population of 14,410*
- Sketty (Swansea West) and includes the communities of Sketty Park, Derwen Fawr and Tycoch – *Population of 15,420*

Neath Port Talbot Implementation Areas

Three areas were agreed upon:

- Ystalyfera, including the communities of Godre’r Graig, Cwmllynfell, Lower Brynamman, and Gwaun Cae Gurwen – *Population 10,014*
- Skewen, including the communities of Longford/Neath Abbey – *Population 11,559*
- Glyncorrwg, including the communities of Cymmer, and Gwinfi – *Population 15,214*

The Bridgend Implementation Area

The Llynfi Valley was identified for Local Community Coordination (LCC) implementation. The criteria for selecting the first areas were as follows:

- High levels of socio-economic deprivation
- High levels of unemployment
- Poor levels of health and wellbeing
- A population of between 10—15,000
A Group Manager based in the Social Services and Wellbeing Directorate discussed the initial location with colleagues and said “we looked at the whole area of Bridgend and saw that the Llynfi Valley had the right ingredients. We had to give LCC the best start to secure its future, we cannot afford for it not to work and Llynfi jumped off the page”.

4. The Formative Evaluation Framework

Previous evaluations of LAC have followed the transfer of the approach to a UK context both at national/regional level in evaluation of its implementation in Scotland together with more recent reviews of implementation in the English local authorities of Thurrock and Middleborough. The Western Bay LAC and LCC Implementation Evaluation has been developed as a partnership between Western Bay, researchers from Swansea University, and the local authority partners delivering the activity. The formative evaluation key components and aims are assessment of:

- Project design and implementation
- Outcomes at the level of individuals, families, community and system
- Benchmarking processes and achievements (LAC) (see figure 4a)
- Recommendations for future development and expansion

When benchmarking processes and achievements for Local Area Coordination against the original implementation framework, all of the criteria have been successfully met and many exceeded by Swansea and Neath Port Talbot with the exception of those aims highlighted in yellow. At the time of writing, it was too early to determine whether Neath Port Talbot had yet to achieve or exceeded these markers. Swansea is working towards becoming a front end service system but acknowledge this is an ongoing process. Swansea has also identified potential funding streams to support the ongoing development of Local Area Coordination. Local Community Coordination is new and therefore does not have established benchmarking measures at the time of writing, this initiative continues to be shaped and build from a ‘bottom up’ approach.
The LAC formative evaluation study commenced on 1st April 2015 and data capture began at the end of June 2015 and continued through to April, 2016. This report presents findings in each of the three Western Bay Local Authority areas (see figure 5).

Figure 5. The timeline of implementation of Local Area Coordination and Local Community Coordination over a 12 month period.
5. Emerging stories
A small sample of stories starting to emerge across each of the three regions. Names have been changed and some details edited to protect the identity of the individual.

Dennis’ Story
“I feel alone, I have nobody to turn to”

Introduction: Dennis is a 76 year old father with one child (who lives in England). He is isolated and lonely and lives in a three bedroom house by himself. Dennis’ health is deteriorating and has realised he needs to make changes for a better life but is unsure where to start.

Dennis’s Situation: The Local Area coordinator was introduced to Dennis by the supervisor of the local community centre who was concerned about his well-being. Dennis visits the community centre a few times per week where he rents a room upstairs to paint and draw which is his passion. Dennis suffers from depression and doesn’t have any support from neighbours or family. When he feels sad and lonely he stops doing the things he loves and stays at home. Dennis showed concern about his health and confessed that he can struggle breathing because he is overweight and it is something he needs to change. There are a few issues with Dennis’ house which he highlighted he would like to change but either can’t because it is too physical, or because it gets him angry which then hurts his chest. Dennis loves talking to people however has lost contact with friends and since becoming a divorcee has become lonely. He struggles with his hearing and wears an aid so sometimes can’t fully understand a conversation from someone he doesn’t know. Dennis uses a stick to get around and cannot walk far, which can stop him doing the things he wants. Dennis has a mobile phone but was unsure how to use it and was concerned as this was a way of contacting his daughter who lives in England.

What happened?
The coordinator spent time getting to know Dennis and building a relationship with him. Dennis has booked an appointment with the GP to ask for his options regarding exercise referral and his eligibility. Alongside Dennis the local area coordinator contacted a builder who did not fulfill their guarantee on the work completed on the house. The Local Area Coordinator and a local councillor met with the builder to advocate on Dennis’s behalf and the situation is currently being reviewed. Dennis has started painting again and is considering attending a local art group with the aim of teaching painting. Supported by the Local Area Coordinator Dennis is able to use his mobile phone to contact his daughter on a regular basis which has eased his feelings of isolation.

Follow up and next steps: The local area coordinator is going to support Dennis to address his health issues as this was a key priority for Dennis. When Dennis’ health begins to improve he would like to visit and connect more with this family. At present Dennis does not want to bother his family when he is unwell however confides in the local area coordinator for advice.
Andrea’s Story
“I want to have the confidence to leave my home”

**Introduction:** Andrea is in her 80s and lives alone. She has family but they do not live close to her. Andrea has had two strokes and suffers with Osteoporosis. These illnesses have contributed to Andrea’s fear of leaving the house and the anxiety of being alone. For 12 years Andrea has lived with this fear and has stayed in her home and relied on neighbours to do her shopping.

**Source of referral:** Introduced by the Gateway Team as Andrea did not meet their criteria

**Andrea’s Situation:** Andrea spent her life travelling around the UK as a solo singer from the 1940s for twenty years, being invited to grand openings and then asked to travel to different parts of the world with a band and never let her osteoporosis get in her way. She later settled to have a family, but the marriage broke down and she moved to set up her own home and live independently. Andrea was very active and still enjoyed travelling, meeting up with friends and gardening.

Later in Life Andrea suffered a mild stroke and she was determined to live life and travel further afield and set up her own business. A few years later Andrea suffered a severe stroke and had a long recovery time in hospital where she picked up further illnesses, suffered with depression and panic attacks in fear of not being able to do anything and didn’t want to chance anything else happening to her. After hospital discharge Andrea left her house on a few occasions but became anxious and had a few falls, which led to Andrea being too afraid leave her home again.

**What happened?** The Local Area Coordinator too time to get to know Andrea and to find out what was important to her, exploring what a good life would look like for her. Andrea’s key priority was to leave her home and start gardening again. She also expressed her desire to learn how to use her laptop, in order that she could Skype her family who lived away and to be able to shop online. The Local Area Coordinator supported Andrea to become familiar with the internet, which enabled her to see her family for the first time in years via Skype. Andrea was so overwhelmed by this experience that she was motivated to leave her house and visit them.

The Local Area Coordinator supported Andrea to set small but realistic goals to work towards leaving the house. Initially Andrea went into the garden, then out for a short drive supported by the Local Area Coordinator and finally on her own, she walked to the coffee shop. The sense of accomplishment was huge for Andrea, and she has gone on longer bus journeys and no longer feels isolated, anxious/worried about leaving her house.

**Follow up and next steps:** Andrea continues to go out and about and in June 2016 she will be travelling to London to visit her family for the first time in 12 years. Andrea has also been connected via the Local Area Coordinator to another lady who was in a similar situation to Andrea, and they now support each other. Andrea has recently joined a computer course at the local training centre, which begins in September 2016 and is looking forward to a more positive future.
**Ruth’s Story**

**Introduction:** I was originally introduced to Ruth’s daughter. Ruth is a carer for both her adult children. Ruth doesn’t have much time for herself and her mental health suffers because of this.

**Ruth’s Situation:** I have known Ruth for about 6 months now. We have spent a lot of time together, along with her daughter. At the start, the focus was on supporting her daughter to get involved in the community and finding out what her strengths and talents were. However, as time developed, the focus would move between her daughter and herself. One of the overarching issues for the family was the loss of Ruth’s second son 3 years previously. He died suddenly and the family have found it hard to come to terms with, having never received counselling. Ruth also calls with her elderly parents: her step dad has dementia and her mum has had periods of being unwell also.

**What happened?** One of the first things I did was to connect Ruth up with the Carer’s Centre. She now gets their newsletter through the post and is quite interested by a number of things they put on, although hasn’t been able to attend anything yet.

I was concerned about the amount of clutter in the home and whether they had all the fire safety equipment that they needed, so I asked Ruth if she would like a fire safety check which she agreed to. The fire safety officer checked the home, gave the family some advice and installed a smoke alarm, heat alarm and co2 alarm. Ruth asked him if he would call to her parent’s house also, which they did.

I supported Ruth and her daughter to attend a local coffee morning which they enjoyed. Ruth met one of her old friends who she hadn’t seen in years while she was there. I made a referral to CRUSE bereavement support for the family. There was a 6 month waiting list.

Ruth regularly takes her daughter to a disco for adults with learning disabilities that I told them about. Her daughter met her boyfriend at this.

Recently I have met another lady, Angie, who doesn’t live far from Ruth. Angie is an artist and also a full time Carer for her son who is on the autistic spectrum. Her daughter died suddenly 7 years previously when she was in her teens. Angie has been learning how to cope and get herself involved in the community ever since. She has been through a very difficult time but feels she has a lot to offer other people now. I mentioned there was a lady I knew who was going through a lot of similar experiences but wasn’t as far on the journey and it was still having a major impact on her life, Angie offered to meet up with her and talk with her about it. I went back to Ruth with this offer and she said she would like that. Ruth’s daughter also thought this would be a great idea and might provide her mum with a friend as well as having someone she can talk to about shared experiences such as being a parent carer and suffering through the loss of a child

**Follow up and next steps:** The next step will be to arrange Ruth meeting with Angie. We might tie it in with one of my visits so that I can stay home with Ruth’s daughter for an hour while Ruth and Angie visit a café. I will continue supporting and meeting with the family. Ruth’s daughter will hopefully be starting on a direct payment shortly and I will work with them through the interview process for a PA and then work together to look at community activities and groups they can access.
Barbara’s Story
*I appreciate all your help*

Introduction: I first met Barbara in October, having received the introduction from her GP. She is a carer for her adult son who recently was hospitalised. Her husband passed away ten months previously. She was finding it difficult to cope.

**Barbara’s Situation:** I spent a long time with Barbara the first time I visited here. She had a lot on her plate that she needed some help with. Since losing her husband she had become extremely isolated. Her son, who is in his 50s, has a learning difficulty and alcohol problems. He had recently been admitted to hospital with a bleed on his brain. She was extremely concerned about him and was in the process of dealing with his empty flat and a lot of his correspondence. Her daughter lives in England and calls down when she can.

**What Happened?** The first thing we did together was go through the pile of mail for her son and I helped her read and understand it. She was having some difficulty reading the mail, even with the aids she had. I discussed this with her and she said her eyesight had gotten worse recently. She also said that she had burned herself while filling a hot water bottle. We decided to make a referral to the Sensory Team who would be able to do an assessment for her and provide her with advice and additional aids to make sure she can see things better and stay safe. She also said that she would contact Spec Savers and ask them for a new eye test with the view to getting a stronger magnifier for reading.

During the course of these tasks, Barbara was talking about herself and her history. She had been a very popular singer and had won the Eisteddfod three times when she was a young girl. She always enjoyed working and was a very keen Welsh speaker. She really enjoyed attending her local Church but hadn’t been in a long time as she had so much on her mind. She missed her husband a lot since he passed away.

I made a referral for Barbara to the counselling service at the Carer’s Centre after she told me what a relief it was to have someone to talk to about her problems with her son and how much it was benefiting her. I thought that someone with counselling expertise would be able to provide a great service for her, which would have an immediate benefit. She reported that the counsellor had helped her a lot.

In January, it was time for Barbara’s son to move into supported living from the hospital. I spoke with Barbara’s daughter when there were concerns around this. His mood was fluctuating and it was hard to tell if it was what he wanted or not and whether it suited him. They didn’t feel they had good lines of communication with his social worker, and Barbara in particular felt that she wasn’t always kept up to date with what was happening. I contacted the social worker and talked with him about how Barbara was feeling and he said he hadn’t realised. He contacted her straight away and talked through some things with her. I also visited her son in hospital which he was extremely pleased about as he wasn’t getting any visitors. The move happened and so far has been ok, with a few minor concerns coming to light. Knowing that her son is living somewhere safe and where he is happy will be a big weight off for Barbara.
Anita’s Story

Introduction: Anita was suffering with acute anxiety and depression for more than 17 years. Her husband had to stop working to support and care for her, as she struggled to be in the house alone. Anita struggled to be around people and could not go out and had become isolated, she worried that she would never be able to do the ordinary things in life.

Referral source: Working Links Job Club

Anita’s Situation: Anita has been known to the Local Community Coordinator for over a year. She had been signposted to the LCC from Working Links job club. Anita was suffering with acute anxiety and depression for more than 17 years. Her husband had to stop working to support and care for her, as she struggled to be in the house alone. She explained that she could not concentrate on any given task for more than a few seconds, struggled to be around others and could not go out as she felt paranoid about people. She had become isolated and her anxiety dominated her every waking second. Anita had been prescribed medication and specialist help from a local mental health team, but she felt no further forward. Her mother had passed away two years previously and she describes this as, ‘losing her rock’. She became further distressed and depressed and worried she would never do ordinary things with her husband such as go for a meal, go for a walk, have a holiday. She cried daily, shook all the time and felt unable to slow her racing thoughts to concentrate.

What happened? I’ve met with Anita over the year on a regular basis. Anita initially discussed her desire to go for a walk with a friend and small goals were identified and set that were important to her. Both Anita and I discussed anxiety management; using the Local Health Board’s self-help guides and tips, and mindfulness. I built a relationship with Anita and slowly gained her trust. On the back of meeting her and several others in a similar situation, I organised a free 10 week local Mindfulness course. It was a massive step for Anita to attend, but she made it, and this spurred her on. At the group, she met others who understood her anxiety. For the first time, she felt able to declare that she suffered with anxiety. Following the 10 week mindfulness course, other goals were set, such as walking to her son’s house, going shopping, going to the local pharmacy, food shopping without panic – using visualisation etc.

Over a year ago, Anita could not leave her front door and had become a prisoner in her own home, lonely and depressed. She currently attends a weekly ‘wellbeing through creativity group’, a social prescribing course run in conjunction with the Health Board, Valley and the Vale Arts and LCC. She has become good friends with the other ladies who attend, meeting up outside of the group. Anita is a massive part of running the Wellbeing Group, often escorting the older ladies on the community bus, organising the tea/coffee and helping the group to decide on what they would like to learn next. Using the community bus has been a recent achievement. Anita is helping to set up a walking group each Friday and enrolled herself on a sewing course which she attends each Thursday, independently. She regularly goes out for meals with her husband and they are planning a trip away next year. Anita’s husband has also been able to return to work and now they are financially in a much better position.

Follow up and next steps: Anita is helping to run a Christmas stall this December to raise money for charity and despite overwhelming feelings at times of anxiety, she says she now feels she has the ‘tools’ to manage it and have the life she wants. Anita says she would like to help others, which she is already doing in the Wellbeing Group. She can be heard talking in her own words on the LCC website testimonials page. This was recorded some months ago, but she wanted to record her thanks and support for Local Community Coordination as she feels without this, she would not have been able to get her life back on track.
# Paul’s Story

**Introduction:** Paul is a 57 year old male who lives alone and has been a wheelchair user for several years due to a knee injury. Paul lost his wife six years ago and in the last two years suffered two strokes, he has limited movement down the right side of his body. Paul is also diabetic and has a care package to provide his meals and movement in and out of bed. Paul is extremely isolated and craves social interaction.

**Referral source:** Social Services

**Paul’s Situation:** Paul is a 57 year old male. He lives alone and has been a wheelchair user for several years after breaking his knee. His knee was not aligned correctly after the fracture and after several falls using crutches he was recommended by his GP to use a wheelchair. Paul lost his wife six years ago and in the last two years as suffered two strokes. The strokes have made him dependant on the wheelchair and he has limited movement down the right side of his body. He is also diabetic and has a care package to provide his meals and movement in and out of bed. Paul has two grown up children, his only contact with his daughter is when she telephones to arrange his groceries to be delivered. His son was living at home until he was sectioned for drug induced psychotic behaviour and several weapons were removed from the property.

**What happened?** I received Paul’s referral to Local Community Coordination through social services and have been working with him since June 2016. Paul was extremely isolated and craved social contact as he enjoyed talking about all manner of subjects, particularly family history. He had not left the house for months other than a trip to the hospital, which he found very stressful after being left in a corridor for several hours after his appointment waiting for his return transport. When I first met Paul his speech was poor but we were able to converse even though he was frustrated about his speech. His speed of thought was clear to see but his speech was lagging behind which annoyed him. I have visited Paul weekly since and have seen him develop more confidence and strength on his right side. His speech has also improved through practising when I visit. I have encouraged Paul to practice his writing with both hands and he has begun writing short stories. He has some sight loss through the strokes and had difficulty recognising letters and words. I provided large print copies of the historical stories he enjoys. He is now able to read short words and we are working on words longer than three letters. I arranged for the library to deliver talking books which he has enjoyed and has been a great source of comfort. I have built a good working relationship with Paul and have built up trust. I read his mail for him and been able to pass on important forms to his son, which was of great concern for Paul as he thought he may lose his benefits if the forms were not completed. After a few months I gained enough trust for him to allow me to take him outside in his chair across the road to local shop. Paul was extremely pleased that he could remember his PIN and was able to buy the goods he wanted. He has a passion for family history and had previously traced his family back centuries and had stories published in heritage society newsletters.

**Follow up and next steps:** Through supporting Paul he has gained confidence and has written another article to be published in the next newsletter. To create a sustainable vehicle for Paul’s love of family history and to enable social interaction, we have discussed forming a local history society in which he will support others to trace their family trees. To enable this, I have facilitated adverts requesting expressions of interest for the society. There has been a positive response and we shall look to set up an initial group in the new-year. He now has a sense of purpose and is looking forward to being part of the ‘art on prescription’ course in January. Paul was so excited about the history society he asked me to find his cousin from Cardiff’s phone number so he could let her know. I wrote the number down in large print and when I returned the following week he had called and had had a long chat with his cousin. He has since received a letter from her which I read to him and they are now in regular contact.
6. The findings to date: Networks and Relationships

LAC aims to support people in staying strong and safe while contributing within inclusive and supportive communities, with the approach working to foster social networks beyond the formal relationships between public bodies and individuals. In this respect, the effectiveness of the Co-ordinator is only as effective as their work acting as a ‘social network engineer’. The scale, nature and strength of the relationships established by the Co-ordinator across the community is critical for successful application of the approach. This is a challenging and complex task as meaningful relationships take time to develop, require ongoing care, and in a social context give significant importance to trust. Furthermore, network structure and local context are critical factors. For example, numerous strong relationships with individuals requiring support are compromised if there are insufficient strong links with appropriate resources. As individuals’ situations, communities, and resource availabilities are themselves dynamic, then so too are the network requirements.

This is the first formative evaluation to map the creation and examine the importance of the network, beginning with Local Area Coordination in Swansea. The analysis examines the Network; the interconnected entities, and the Relationships; the individual and collective bonds between the entities. Visualisations (or mappings) of these networks using coloured or weighted lines to denote the nature of relationships, together with metrics provides useful insight to observe and analyse network development and activity. Analysis of data has shown that all three aspects have been effectively developed during the Implementation, with development of strong, dense and effective networks (see figures 6, 7, 8, 9 and 10).
Western Bay LAC Implementation Network & Relationship Approach

Each Co-ordinator maintained a log of individuals and resources they identified within their site, together with recording of any interactions. An anonymised version of this was shared with the research team. As the Swansea sites provided the longest duration of data collection, these have been used to test the three areas defined in the opening section.

Network and relationship mapping in the case of LAC, and potentially LCC, allows identification of gaps, bottlenecks and resilience challenges. For example, multiple linkages to a unique critical resource in a community may highlight a risk if its capacity becomes pressured or its existence threatened. The approach identifies assets and individuals, charting the relationships established between them. This is recorded by the Coordinators in field notes and case studies. A simple characterisation and hierarchy of relationships was used to chart their development. While it is technically possible to collect and overlay specific location data this has been excluded from this analysis in order to preserve anonymity of those receiving support.

The progression of relationships shown in Fig.6 to the left (denoted by the range of colours, moving from black with initial engagement through to green for positive outcomes) showed that Co-ordinators had already moved from initial engagement through into active support even at this early stage. While there was a high level of Co-ordinator centrality, the emerging complexities (indirect linkages) demonstrated that denser networks were starting to form. This also allowed logical groupings of individuals for support and key resources within the area to be identified.

Figure 6 (above). An example of early networks and relationships established from June-August 2015 at one Swansea site.

The continued work and data collection by the Co-ordinators allowed the three aspects of the Network and Relationships to be tested, building upon the early insight as follows;
The mapping of the LAC network across just the three initial Swansea Co-ordinators (Figure 7) demonstrates the scale and complexity of work being undertaken. Involving 350 individuals and resources with 1,217 connections, the scope and scale of relationships, each one unique, gives insight to the complex nature of the Co-ordinator role. While a steady case load may be maintained, this complex context is both the challenge and opportunity to support individuals. The rapid progress in engaging and supporting is testament to the implementation, in particular the dedication and efforts of the Co-ordinators and the support of their leadership.

Figure 7: Swansea Co-ordinators’ Network

Furthermore, evidence of resilience forming is shown in the network map featured in figure 8.

Helping create a resilient community network functioning beyond the involvement of the Co-ordinator is critical for scalability and maintaining sustainability of the intervention. As shown in Fig.8, percentage of linkages formed through LAC activity are directly between individuals and resources. However, the significant number of unconnected nodes, represent individuals and resources which are only connected through a Co-ordinator. This observation highlights the clear additionality of the LAC activity, while also showing the deeper contribution to community resilience.

Fig. 8 Network without Co-ordinator Links

The reach of the networks across and between Co-ordinators is shown in figure 9, resulting in a network of networks. This is to be expected with for example common resources, though demonstrates both the importance and opportunity of knowledge exchange between Co-ordinators and sites to maximise impact and efficiency.
Figure 9. Progression of network activity beyond connection into resilient and sustained activity
Examining whether engagements progress to meaningful activity and outcomes, and at scale, is key in determining the success of the LAC Implementation. The following mapping for a representative Swansea site Co-ordinator presents the progression of engagements over a number of months. The outermost layer presents the level of Initial Engagement (1) while increasingly central layer points show linkages at higher levels of engagement through to Resolution (4) and continued activity (5).

Fig. 10 Example Swansea Co-ordinator engagement progression

During the Implementation period, the portfolio had developed such that 38% of interactions had progressed to resolution or further activity, supporting that Co-ordinators are providing valued support as well as creating durable networks. The early stage of the activity makes it difficult to examine from network data whether individuals are turning into resources, however the more in-depth perspective of case studies suggest this is indeed occurring.

The increasing volume of cases progressing to resolution, together with the dense networks of individuals and resources both across communities and Co-ordinators demonstrate effective delivery across all three aspects of Networks & Relationships. Furthermore, the above visualisations have demonstrated how individual impacts described in case studies combine and reach across communities. This underscores the contribution of each LAC interaction, not only to individuals but communities as a whole.
In summary, a novel network and relationship mapping approach was applied to this formative stage with data collected across all three Swansea sites. This was because Swansea were the first to be initiated into the implementation phase of LAC and therefore held the most comprehensive database at the time of writing. This captured interactions during the implementation phase with the aim of identifying how LAC was engaging across the community; creating change beyond the direct Coordinator involvement; and how activity was progressing and being sustained.

**Network analysis revealed the following:**

- The formative nature and start-up phase observed development of new networks and relationships, drawing upon existing and new actors and clusters of activity.
- Coordinators have established extensive networks of resources and supported individuals across sites, with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections.
- Linkages created between resources and supported individuals which are sustained without Coordinator involvement demonstrate capacity building and contribute to community resilience.
- A positive progression of relationships, from initial engagement through to active collaboration, to positive resolutions – demonstrates that Coordinators are having a positive sustainable effect within broadening portfolios.
- Continued data collection, with appropriate privacy safeguards, would support ongoing planning and management of LAC/LCC including identification of resource requirements and performance.

### 7. Financial Perspective

**The Approach to Financial Evaluation**

Each individual situation of a LAC or LCC supported person will have an outcome irrespective of LAC/LCC involvement with possible (or in many cases probable) use of public resources. Therefore, this study considers purely the marginal improvements delivered by the approach and the combined value this represents across the case portfolio. This approach protects against the variation in benefit across the portfolio and recognises LAC and LCC are not sole panaceas for all individual and societal challenges.

**Profiling of Co-ordinator portfolios**

Anonymised case portfolios for each of the seven Co-ordinators (3 from Swansea, 3 from Neath Port Talbot and 1 from Bridgend) with available data were mapped against the standard LAC case categories. While many cases were in early stages of engagement, the comprehensive understanding and record-keeping of the Co-ordinators provided sufficient information for all interactions to be profiled. The profiling involved review of each case (267 in total) between the Co-ordinator and research team, ensuring consistency in categorisation across sites. This resulted in the portfolio profile shown in figure 11 below;
Figure 11. Issue of prevalence within the caseload (n=267) of Swansea, Neath Port Talbot and Bridgend’s Coordinators (n=7). Figures show isolation, mental health and older age are the most common features within cases.

The portfolio indicates a significant prevalence of Isolation, Mental Health and Older Age issues across Western Bay. Loneliness and isolation have been shown to have adverse effects on physical and mental health and ultimately mortality (Public Health Wales, 2015). However, one of the most striking findings is the complexity of cases with the vast majority of cases involving multiple issues. Both LAC and LCC cases often involve a multiplicity issues (figure 12, below), with numerous public services either already or potentially involved in the future where situations deteriorate.

Figure 12. Shows the percentage of cases with multiple issues. All sites show a general high level of complexity but with variation. In particular, area ‘D’ and area ‘G’ already face caseloads where 100% of their work involves individuals or families reporting multiple issues.
Development and mapping of generic cases

The second phase of the process involved development of generic scenarios to group interactions by nature and intensity of services involved and potential outcomes (Table 1, below). These scenarios were based upon a review of issues that were presented within the Coordinators caseload, along with assessment of case Level (Tier 1 or Tier 2).

<table>
<thead>
<tr>
<th>Generic Case</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Individual with family caring responsibilities</td>
<td>15</td>
</tr>
<tr>
<td>2: Younger/Middle-aged individual with health and financial challenges</td>
<td>38</td>
</tr>
<tr>
<td>3: Single parent with former spouse and wider issues</td>
<td>16</td>
</tr>
<tr>
<td>4: Isolated single parent with financial challenges</td>
<td>67</td>
</tr>
<tr>
<td>5: Younger/Middle-aged individual with social issues</td>
<td>19</td>
</tr>
<tr>
<td>6: Older isolated individual with health challenges</td>
<td>112</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>267</strong></td>
</tr>
</tbody>
</table>

Table 1. Through review of each interaction by the Co-ordinators, the following Generic Cases were produced and a breakdown identified by the researchers.

The frequencies in the above clearly reflect the issues noted in earlier sections, with notable scale of isolation and health issues, particularly amongst older individuals. However, the mapping also echoes the observation of many younger and middle-aged individuals receiving LAC and LCC support.

Generic cases by optimistic, base and pessimistic outcome scenarios

Each generic case was reviewed against a set of ‘impact groupings’ to identify the nature and intensity of costs and benefits. This exercise mapped against outcomes drawn from the Western Bay case studies, wider portfolio and benefits from extensive prior research noted in the People, Places, Possibilities report1 (table 2). For the analysis these were grouped by:

<table>
<thead>
<tr>
<th>Impact Groupings</th>
<th>Example Costs and Benefits considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Activity</td>
<td>Unemployment benefits², volunteering/employment contributions</td>
</tr>
<tr>
<td>Housing</td>
<td>Temporary Accommodation, repossession/relocation, housing costs</td>
</tr>
<tr>
<td>Older Persons Care</td>
<td>Nursing/Residential Care, Home/Day Care Packages</td>
</tr>
<tr>
<td>Health Professionals/Services Interventions</td>
<td>GP Visits, A&amp;E Visits, Mental Health services</td>
</tr>
<tr>
<td>Social Services Interventions</td>
<td>Social worker involvement, fostering support</td>
</tr>
<tr>
<td>Skills and Education</td>
<td>Qualifications gained, truancy/exclusion costs</td>
</tr>
<tr>
<td>Safety and Security</td>
<td>Anti-social behaviour costs, police involvement</td>
</tr>
</tbody>
</table>

Table 2. Generic Cases were reviewed against a set of Impact Groupings to identify the nature and intensity of costs and benefits.

¹² It is noted that some benefits will relate to local/devolved WG services/responsibilities, while others such as unemployment benefit relate to UK Government expenditure.
Available service unit costs from Government¹ and academic² research, or other appropriate benchmarks for avoided service requirements, together with further quantifiable benefits allow a level of assessment of each Case. These have been related to the relevant benefits grouping as noted above. The following table presents anticipated costs for each Generic Case based on the optimistic, base and pessimistic scenarios. These were based upon services which would be involved in supporting an individual for each scenario. Also presented is the ‘differential benefit’ of an improved scenario i.e. progressing from a pessimistic outcome to base scenario etc. and therefore recognises that not all service support use and associated costs will be avoided.

<table>
<thead>
<tr>
<th>Generic Case</th>
<th>Anticipated Costs</th>
<th>Value of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Optimistic</td>
<td>Base</td>
</tr>
<tr>
<td>1: Individual with family caring responsibilities</td>
<td>2,441</td>
<td>9,095</td>
</tr>
<tr>
<td>2: Younger/Middle-aged individual with health and financial challenges</td>
<td>1,123</td>
<td>3,014</td>
</tr>
<tr>
<td>3: Single parent with former spouse and wider issues</td>
<td>12,704</td>
<td>17,481</td>
</tr>
<tr>
<td>4: Isolated single parent with financial challenges</td>
<td>1,498</td>
<td>5,129</td>
</tr>
<tr>
<td>5: Younger/Middle-aged individual with social issues</td>
<td>2,659</td>
<td>5,787</td>
</tr>
<tr>
<td>6: Older isolated individual with health challenges</td>
<td>9,252</td>
<td>27,782</td>
</tr>
</tbody>
</table>

Table 3. Presents anticipated costs for each generic case based on the optimistic, base and pessimistic scenarios. These were based upon services which would be involved in supporting an individual for each scenario. Also presented is the ‘differential benefit’ or value of improvement i.e. where a case progresses from a pessimistic outcome to base scenario, and moving from a base to optimistic scenario etc.

Review of Results

The number of Co-ordinator interactions; the multitude of issues confronted and resolved; and the individual cases presented in earlier sections show the direct human value of the activity. Data from the seven Co-ordinators involved in this part of the study (including notably a number still at early stages) have shown activities relating to a broad range of public services and other beneficiaries. The table below (table 4) maps the LAC/LCC portfolio against the generic cases, presenting the respective volumes of cases across the sites. To provide overall portfolio support costs, this is combined with the optimistic, base and pessimistic scenario costings using the individual costs described in the previous section. The complexity of cases further underlines the challenge in making positive individual, societal and financial benefits without the earliest possible interventions.
Table 4. LAC/LCC portfolio of generic cases, presenting the respective volumes of cases across sites and using the individual costs described in the previous section.

In terms of costs, the Swansea LAC implementation is budgeted as a ~£200k initial investment for twelve months, inclusive of Co-ordinator and other management costs. The collective scale and costs of the Bridgend and Neath Port Talbot implications are taken as being broadly similar, representing combined investment of no more than £400k across the Western Bay region. At this stage comprehensive tracking data are only available for Swansea and Neath Port Talbot sites, which, combined with a staggered start-up, makes comparison across sites both meaningless and inappropriate.

Where complete data sets are available interaction costs per supported individual average at ~£980, though it should be noted that costs during this phase include start-up costs, and cost per interaction should therefore decline as the activity matures, networks are formed, and start-up costs are diluted. For example, with each Co-ordinator establishing a portfolio similar in scale to the most mature, this would see average cost per individual reduce to ~£600. As noted in previous sections, this analysis focuses upon the incremental improvement across the portfolio, acknowledging that LAC/LCC will not fully resolve issues, but forms part of a more integrated approach with individuals, families, communities, and services. Therefore, the financial benefit in improvement between scenarios is only related to 20-30% of interventions, with a range providing consideration to sensitivity in the underpinning assumptions. This is in keeping with levels of additionality noted from previous LAC evaluations.

Based upon this model, this initial implementation data presents a strong performance with financial benefit of between £787k-£1,231k across the mid-range (high-lighted), further reflected in the accompanying benefit/cost figures (Table 5).
Table 5. Implementation data present a strong performance with financial benefit of between £787k-£1,231k across the mid-range (high-lighted).

While the above provides a relatively broad range it presents, even under the most conservative conditions a positive and meaningful return. However, the formative nature of the implementation where relationships are developing and knowledge/understanding of the role is building, should be noted and therefore progression to steady state should be considered. The increasing rate of introductions observed in the Network section suggests that saturation has not been achieved and there is continued demand for Co-ordinator support. Indeed, this is likely to be compounded by developments such as the growing economic and social tensions caused by the recent Brexit referendum result. Based upon continued momentum to a steady state across Co-ordinators that reflects the most mature site (with case load of ~70 individuals p.a.), together with maintained investment, this would result in ongoing impacts and benefit/costs as indicated in table 6 below;

Table 6. Steady state across Co-ordinators that reflects the most mature site (with case load of ~70 individuals p.a.), together with maintained investment, this would result in ongoing impacts and benefit/costs as indicated above.

The steady state across the existing sites would show continued and increased benefit across the range of assumptions, with potential for further improvement via efficiencies of scale and shared learning/resources. The replicability of LAC/LCC and its benefits across the Western Bay region supports its continued rollout, representing a proven, impactful and cost-effective approach to supporting communities within Western Bay. The integrity of both LAC and LCC ‘models’ should be maintained and by nature embedded in communities and remain out of service settings.

**Emerging Benefits**
- Avoided calls upon Social Worker support (Adult Services)
- Avoided General Practitioner visits
- Avoided calls upon mental health services

**Anticipated Potential Benefits**
- Potential employment (with associated benefits to UK central government)
- Avoided Community Nurse visits
- Avoided/Delayed transition into residential care or nursing home
- Avoided Home Care Visits

In terms of cost, the Neath Port Talbot LAC implementation is approximately £200k for twelve months, inclusive of Co-ordinator and other management costs. This is comparable with other
benchmarks for delivery and will be tracked against the scale up of delivery and benefits achieved during the further stages of this evaluation.

In Summary, and based solely on Swansea LAC Coordinator activities at three sites (as they were initiated first and therefore have a more developed portfolio), the data revealed the following:

- In line with the findings from previous studies and building upon their approaches, this review found LAC/LCC to be tackling a broad range of social and personal issues.
- The data demonstrates a positive return on investment across the portfolio of 267 individuals supported and reviewed for financial benefit.
- The cost per supported individual were on average £980, though trending to circa £600 per individual as set-up costs were absorbed into portfolios reaching steady state.
- High levels of complexity within the portfolio, with positive outcomes noted in other sections, suggest that Coordinators are adding value across a range of public service pressures.
- Mapping of the portfolio across representative generic cases allowed incremental improvements to be considered, with sensitivity analysis using defined parameters.
- LAC/LCC implementation, as reviewed, involved costs of circa £400k with benefits in the range of £800k-£1.2m. This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions, whilst continuing to provide returns even under the most conservative parameters.
- Sustained LAC/LCC activity for the implementation sites alone would see the benefit/cost ratio improve further, rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m. This would also benefit from economies of scale and operational synergies with wider rollout of the approach.
- To develop upon insight drawn from previous LAC evaluations, the study uses an original approach which aggregates cases into a combined effect with a sensitivity analysis to provide an outline of the financial benefits. However, continued evaluation and recording of data is required to monitor progress on multiple levels.

Clearly the complexity and diversity of the LAC case portfolio creates uncertainty as to the extent to which LAC is contributing to improvements and not all interactions will be effective. Indeed, some cases may improve on their own and others may be beyond unreceptive or unaffected by the LAC support. The relatively early stage of interactions makes it challenging to quantify benefits as limited data are available. However, interim case studies developing around individual interactions allowed identification of the nature of service use already avoided through LAC/LCC interventions (along with anticipated outcomes). Encouragingly, even at early stages these already demonstrated both emerging and planned benefits for individuals, together with interventions targeting wider groups within communities.
8. Findings & Recommendations

Findings and Recommendations by Theme

Strategy
Finding: The implementation phase of LAC/LCC was characterised by a lack of understanding of certain aspects, such as an awareness of the strategic positioning, boundaries, and the role of the Coordinator amongst certain key stakeholder groups.

Recommendation 1: Development of a strategic plan for the regions giving an overview of how LAC/LCC dovetail with the Local Authorities’ vision and mission, funding plans and strategic direction. This would also help to clarify the role and scope of Coordinators and reduce ‘cross-boundary exploitation’ and potential duplication.

Recommendation 2: Knowledge exchange between strategic partners could be encouraged by hosting LAC and LCC ‘Summits’ to inform potential funding opportunities and mutually beneficial collaboration.

Funding
Finding: Increasing pressure on resources and availability of funding has put constraints on other community and social initiatives supported by the local authority. This has contributed to some of the negative perceptions of LAC and LCC at the beginning in that it has been viewed as a repetition of existing initiatives.

Finding: Co-funding of Coordinators has already taken place in other UK sites where partners see mutual preventative benefits.

Recommendation 3: Development of a co-funding plan which should include contributions from local authorities and partner organisations, including universities, housing providers, health (including public health), fire and police as well as consideration of the private sector.

Shared Learning
Finding: Swansea and Neath Port Talbot are part of an emerging Local Area Coordination ‘South West Region’ to build wider regional connections, mutual support, shared learning and richer, more cost effective induction and training. Swansea was the first to launch LAC and both Swansea and Neath Port Talbot Implementation Managers have formed a supportive relationship. Shared learning around safe guarding and best practice has already taken place between Swansea, Neath Port Talbot and Bridgend.

Recommendation 4: Shared learning and best practice between localities and regions should continue and be encouraged with regular meetings between management and Coordinators, this includes LAC and LCC. Shared learning should also be communicated to/between LAC leadership groups. Strong leadership has the capacity to link equivalents in other areas.
**Finding:** The UK LAC network is a collective of managers overseeing Local Area Coordination. They meet on a regular basis to share learning and discuss progression. This is an extremely valuable resource, especially for those at implementation stage.

**Recommendation 5:** Learning from other partners across the UK LAC Network should be encouraged where appropriate. This should be driven through open and transparent inclusion and by working and achieving together.

**Finding:** Language and terminology are an issue when communicating with partners. LAC has its own terminology which for some, sets it apart from the mainstream.

**Recommendation 6:** Consideration of terminology should be reviewed over the long-term.

**Leadership**

**Finding:** Sustainability and adoption of LAC has traditionally been linked with the presence of strong leadership. However, both NPT and BCBC have taken a ‘bottom up’ approach and have only recently convened leadership groups. Leadership groups provide valuable support and connections at strategic level. Furthermore, membership to the group is integral to developing and driving partnership working and organisational change.

**Recommendation 7:** Nurturing the development of an effective Leadership Group in each region (Swansea, Neath Port Talbot and Bridgend) with regular review of membership. Leadership Groups should also share key information and link with equivalents where possible.

**Recommendation 8:** Membership of the Leadership Group should also include contributions from Coordinators, people with a lived experience of disability/mental health difficulties/ageing or as family/carer, ‘community champions’ and centres of community activity. These might include individuals from libraries, foodbanks, faith groups etc.

**Finding:** Buy-in at senior level is integral to the success and sustainability of the teams supporting LAC and LCC. Senior buy-in is also related to systems change, service reform and greater propensity towards joint working. The UK LAC network reports that senior colleagues have the ability to unlock barriers and expand meaningful networks.

**Recommendation 9:** Understanding and communication of the LAC and LCC models are essential for realising the aim of becoming a front-end service. Social media has an important role to play in this as well as senior management and leadership communicating LAC and LCC concepts and ethos to their individual fora.

**Area Selection**

**Finding:** Swansea in particular has evidence of several requests for LAC just outside the boundaries of all three areas. This will only increase as LAC is communicated to a wider audience over time. The same will apply to LCC.

**Recommendation 10:** Allocation of future Coordinators should be adjacent to existing LAC and LCC areas and where there is evidence of demand. Growing from the centre has the
potential to strengthen the delivery of Local Area Coordination and Local Community Coordination as Coordinators share local knowledge and connections in closer proximity. This, in turn, may build conditions for enabling quicker development of introductions, expansion of bordering networks and sustainable local, non-service solutions. In addition, this will allow for rapid acquisition of caseload.

Finding: The LAC areas were originally scoped on the basis of population and convenience rather than evidence of need. Consequently, not all communities within some Coordinators’ areas have engaged with LAC to the extent of other communities within the same areas.

Recommendation 11: Regularly review the prescribed area and shape it to fit the communities they serve, moving beyond a basic geographic/population/convenience approach. We suggest this should also be applied to LCC areas.

Recording Information
Finding: There is no standardised method for recording and storing data at present across the UK LAC Network. Each region has its own processes, requirements and measures. However, there are shared data capture fields being used across all National LAC sites with some local variations. This notwithstanding, these need to be reviewed and aligned.

Recommendation 12: Data capture and storage needs to be reviewed and aligned. This could be potentially co-funded and provide mutual benefit to partners.

Recommendation 13: The development of a bespoke database - fit for purpose and with App potential, which would link across regional sites should be considered. Discussions regarding the WCCIS (Wales Community Care Information System) and how it might fit with LAC and LCC should be raised with the Western Bay WCCIS Project Board.

A dedicated App has the potential to:

- Enable rapid input of information without impinging on the Coordinators’ time.
- Contribute data to ongoing research initiatives and help to inform Local Area Coordination in the UK.
- GPS function could support the safety aspects of lone working
- Update CRM database in real time
- Inform asset mapping
- Monitor caseloads and flag capacity issues
- Enable informed case transition for people covering holiday cover/sickness/Coordinators leaving etc.
- Contribute data to reports, leadership meetings
- Provide evidence to potential partners when attempting to build new relationships with key partners.
- Provide clear evidence of shared outcomes and joint working
- Build a profile of the community ecosystem
However, partners would have to agree on the type of data/categories to be recorded using the App and Database.

**Recommendation 14:** Continuation of data collection in order to inform a business case for co-funding opportunities to key partners.

**Recruitment and Roles**

**Finding:** Recruitment to date by LAC and LCC has included the use of a community panel, this has enables direct, shared contribution and decision making by community and services co-production. This enables Coordinators to access community assets more easily and rapidly build networks. Community members from these interview panels are extremely valuable in helping a new Coordinator embed themselves within their prospective community.

**Recommendation 15:** Local Area Coordinators should also be included in the recruitment process, whether it be through introductory presentations e.g. “a day in the life of a Coordinator”, having a view as to how a candidate might fit within the LAC or LCC team, or assisting with final decisions if there is disagreement or ‘deadlock’ in the selection process.

**Finding:** Implementation of both LAC and LCC was overseen by key individuals who simultaneously held other roles on other projects. In the medium/long-term this is unsustainable.

**Recommendation 16:** The LAC and LCC Manager roles need to be clearly defined and protected to give both initiatives the necessary and appropriate full-time investment in order to maximise potential impact and sustainability.

**Finding:** Both LAC and LCC are new to Western Bay and reporting structures vary. Governance structures, accountability and monitoring remain vague to colleagues and external partners.

**Recommendation 17:** Clear reporting structures should be agreed, defined and communicated to the wider network at a local level to help protect and support LAC and LCC managers and Coordinators.

**Finding:** Concerns around duplication of services by LAC and LCC were reported by third sector partners and colleagues within the Local Authorities.

**Recommendation 18:** Clear methods and processes of communication should be designed and maintained in order to avoid duplication, promote joint working, share news, celebrate success, and community cohesion.

**Health**

**Finding:** There are a significant number of initiatives within the health sector aligning to the preventative agenda. Health is a key partner that NPT LAC has successfully linked with. However, the individual overseeing the implementation of LAC in NPT is employed by the
Health Board and has been able to link in with many of these initiatives, avoid duplication and forge complimentary relationships.

**Recommendation 19:** The value of engaging health sector partners should not be underestimated. Health Partners should remain a key focus for engagement and feature at a senior level in the Leadership Groups for both LAC and LCC.

**Profile of Coordinator Portfolios**

**Finding:** Whilst many of the cases were in the early stages of engagement, a profile review revealed a striking percentage of complex cases, involving a myriad of issues with numerous stakeholders either already or potentially involved.

**Finding:** Previous LAC evaluations, including Social Return on Investment (SROI) evaluations have highlighted the risk of over-dependency on the Coordinator. Whilst this formative evaluation has not yet presented this issue due to the nature of this early stage, given previous findings this development cannot be ruled out.

**Recommendation 20:** Appropriate sensitivity should be extended to the portfolio management of each Coordinator in order to mitigate against developing dependency and/or the coordination of a disproportionate amount of multiple-issue cases.

**Third Sector**

**Finding:** Third Sector partners are extremely committed, passionate and experienced in community work. There is a wealth of highly experienced staff and volunteers as well as proven processes and measures in place.

**Recommendation 21:** Enhance engagement with the CVCs at senior level in order to support and complement existing links created by Coordinators at operational level. CVCs operate as an umbrella organisation for third sector partners. Third Sector and CVC representation should be present and contribute to Leadership Groups and steering committees on a regular basis.

**Finding:** There is exceptional expertise and experience within the Third Sector and the dedicated teams of the Local Authority and whilst there are cultural differences in working, both LCC and BAVO and LAC and CVS all share key values of providing guidance, community cohesion and community development.

**Recommendation 22:** Clear and open channels of communication between BAVO, CVS and the Local Authority may help to clarify the mission, share expertise, agree potential areas for joint working and create a stronger working partnership.

**Recommendation 23:** Strategic and operational relationships should be nurtured with Third Sector, including CVC partners. It is clear there is great potential to work together to identify gaps, seek collaborative opportunities and avoid duplication. Again, this needs regular, clear and open channels of communication.
An innovative network and relationship mapping approach was applied to this formative stage with data collected across all three Swansea sites. This captured interactions during the implementation phase with the aim of identifying how LAC was engaging across the community; creating change beyond the direct Coordinator involvement; and how activity was progressing and being sustained.

**Findings:** Network analysis revealed the following:

- The formative nature of the mapping observed development of new networks and relationships, drawing upon existing and new factors, and clusters of activity.
- Coordinators have established extensive networks of resources and supported individuals across sites, with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections.
- Linkages created between resources and supported individuals which are sustained without Coordinator involvement demonstrate capacity building and contribute to community resilience.
- A positive progression of relationships, from initial engagement through to active collaboration, to positive resolutions – demonstrates that Coordinators are having a positive sustainable effect within broadening portfolios.

**Recommendation 24:** Continued data collection, with appropriate privacy safeguards, would support ongoing planning and management of LAC/LCC including identification of resource requirements and performance.

**Cost/Benefit**

**Findings:** Based on activities at three Western Bay Local Authority areas (3 Swansea sites, 3 NPT sites and 1 Bridgend site), the data revealed the following:

- In line with the finding from previous studies and building upon their approaches, this review found LAC/LCC to be tackling a broad range of social and personal issues.
- The data demonstrates a positive return on investment across the portfolio of 267 individuals supported and reviewed for financial benefit.
- The cost per supported individual were on average £980, though trending to circa £600 per individual as set-up costs were absorbed into portfolios reaching steady state.
- High levels of complexity within the portfolio, with positive outcomes noted in other sections, suggest that Coordinators are adding value across a range of public service pressures.
- Mapping of the portfolio across representative generic cases allowed incremental improvements to be considered, with sensitivity analysis using defined parameters.
- LAC/LCC implementation, as reviewed, involved costs of circa £400k with benefits in the range of £800k-£1.2m. This represents a benefit/cost ratio of between 2:1.
and 3:1 using the core range assumptions, whilst continuing to provide return even under the most conservative parameters.

**Recommendation 25:** Sustained LAC/LCC activity for the implementation sites alone would see the benefit/cost ratio improve further rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m. This would also benefit from economies of scale and operational synergies with wider rollout of the approach.

**Next Steps**
Local Area Coordination and Local Community Coordination aims to support communities and build resilience with focus upon local relationships and assistance rather than use of statutory services. To support this work, and inform key stakeholders of progress and early outcomes a formative evaluation has been undertaken. This report contains the first formal feedback from this evaluation process, with focus upon the setup activities and initial activities (Initiation) of Local Area Co-ordination and Local Community Coordination across the Western Bay Region.

**Recommendation 26:** The evaluation process should continue beyond this formative stage and that ongoing monitoring and longer-term evaluations will provide further insight into the impact of both Local Area Coordination and Local Community Coordination. It is hoped this activity will inform both practitioners in optimising delivery, and policy makers in potential future use of Local Area Coordination and Local Community Coordination in the Western Bay region and beyond.

**Recommendation 27:** In addition to a summative evaluation, it is the recommendation of the researchers that a ‘Social Return on Investment’ (SROI) evaluation be commissioned in order to confirm existing and inform future social value.

**Recommendation 28:** Swansea and Neath Port Talbot regions should continue to work with the UK LAC Research Network to inform future research directions and initiatives. Swansea, Neath Port Talbot and Bridgend all have access to specialist research centres such as the Wales School for Social Care Research (Welsh Government, based at the College of Human & Health Sciences, Swansea University) and these potentially offer a valuable source of research support.

**Recommendation 29:** Western Bay is in a unique position in that it has implemented both LAC and LCC and would benefit from longitudinal study to inform future recruitment, roll-out and policy.
Acknowledgements
The researchers would like to thank Western Bay Programme Office, Inclusive Neighbourhoods and Ralph Broad, Eddie Bartnick, the UK LAC Managers Network, UK LAC Research Network, City County of Swansea, Neath Port Talbot County Borough Council, Bridgend County Borough Council (in particular - Adult Social Services). ABMU Health Board; CVCs and Third Sector partners; members of the Swansea Leadership Group, the Implementation Managers, Coordinators and all participants who have generously contributed to the evaluation process.

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Summary: This is a letter from the Adult Services Scrutiny Performance Panel to The Cabinet Member for Services for Adults and Vulnerable People following the meeting of the Panel on 8 March 2017. The panel discussed objective setting for senior officers and the Adult Services Performance Management Report.

Dear Councillor Harris,

This letter is about the Adult Services Scrutiny Performance Panel meeting held on 8 March 2017.

Objective Setting for Senior Officers

Thank you for your letter of 9 February in response to my letter of 9 January.

The Panel discussed how best to take this issue forward and agreed to ask the Chief Executive to speak to us about how his performance objectives relate to the objectives for the Chief Social Services Officer and the Head of Adult Services. I have written to him about this.

Adult Services Performance Management Report

The panel would like to thank Dave Howes and John Grenfell for presenting this report and answering our questions.

Overall we were impressed by the report and felt it to be a very positive piece of work. Please could you pass on our congratulations to everyone in the Department who has contributed. We also look forward to seeing the report develop as it is shared with scrutiny in future.
There are a number of issues that we would like to highlight arising from the report:

1. The Panel believes that social enterprises could play an important role in home care provision in future and we would like to learn more about what you expect the Council to be doing in future to promote this? As you know, the requirement for Local Authorities to instigate the creation of social enterprises, co-operatives and mutuals in the care provider third sector is also a requirement of the Social Services and Wellbeing Act (Wales) 2014.

2. We understand that you have been working with the Cabinet member for Housing to see how alternatives to residential and domiciliary care (e.g. Extra Care) might be promoted. We would be keen to find out more about this.

3. For your awareness, in our discussion with Dave Howes we identified the following indicators that we feel need to be carefully monitored going forward:
   - percentage of adult protection referrals where decision is taken within 24 hours
   - compliance with meeting DOLS timescales
   - performance in relation to completion of reviews

Impact Report: Social Care at Home Scrutiny Inquiry

Thank you for your response to our letter dated 10 January 2017.

As a final comment on this we would like to particularly support your statements regarding recommendation 12 (Unison ethical charter) and recommendation 14 (zero hours contracts).

Closing Comments

As a final point I would like to take this opportunity to thank everyone in adult services who have been working so hard to turn the service around.

In my view Adult Social Services were heading for special measures. The most enormous effort by managers and staff in a particularly difficult situation (a perfect storm: the two most senior managers no longer in post, reorganisation of teams into hubs and two provider failures) achieved turning the service round. I believe that the diligence of Scrutiny who highlighted many shortcomings also played a part.

Please could you make sure our thanks are passed on to the staff in the department.
Your Response

We welcome your comments on any matter raised in this letter but we would specifically welcome your comments on points 1, and 2 above. The panel would be grateful for your response by 17 April 2017.

Yours sincerely

[Signature]

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