



Social Value of Local Area Coordination in Derby

A forecast Social Return on Investment
Analysis for Derby City Council

March 2016



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“This report has been assured by Social Value UK. The report shows a good understanding of, and is consistent with, the Social Value process and principles. Assurance here does not include verification of stakeholder engagement, data and calculations.”

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Derby CC has worked closely with TLAP on community capacity policy initiatives since 2012 and their health and wellbeing board was one of several that elected to evaluate TLAP’s Developing the Power of Strong and Inclusive Communities: a framework to support health and wellbeing boards embed community capacity building within their local plans and strategies.

Building an evidence base for why we should invest in people and communities is critical and TLAP’s continued support has enabled the SROI evaluation of local area coordination in Derby and the learning outcomes from both Thurrock Council and Derby City Council to be added to the growing body of evidence for investing in community capacity building.

Thank you to our staff, partner organisations and most of all to local people who agreed to take part in the evaluation.

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Executive Summary

Derby City Council first introduced Local Area Coordination in 2012 commencing the service in two wards in the city. The aim of Local Area Coordination is to support residents in the local community to 'get a life, not a service', empowering individuals to find community based solutions instead of relying on services.

This forecast analysis demonstrates that Local Area Coordination is delivering significant social value with up to £4 of value for every £1 invested

Local Area Coordination puts a 'focus on people and places, and so generates new possibilities for positive change...It looks for solutions that help people sustain themselves in full community life from the very beginning – even before people come into contact with services.'¹ On a wider level, it seeks to promote a different way of delivering services out in the community with a personalised approach, shifting the culture of current council services.

A Social Return on Investment Analysis (SROI) was undertaken to understand the wider impact of the service and inform continual improvement. This first forecast analysis demonstrates that over the three year forecast period with 10 Local Area Coordinators, Local Area Coordination would deliver significant social value with up to £4 of value for every £1 invested. Further expansion of the service to 17 Local Area Coordinators across all wards, would see this value increase further with an increased number of individuals receiving the support. The service supports the Joined Up Care Programme and the Council's duties under Care Act by empowering individuals and improving health and wellbeing outcomes through community solutions. Furthermore, it supports the wider transformational change for the NHS as set out in the Five Year Forward View to ensure a sustainable health service by focusing on prevention, person centred and flexible care through local and joined up support².

¹ People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015

² The NHS Five Year Forward View, <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

This is the first analysis to better understand and value the impact of the service and demonstrate that Local Area Coordination is having a significant impact in local communities. Through the recommendations and increased understanding and promotion of the service, it highlights how Local Area Coordination can further support, complement and become embedded in the community working with the voluntary sector and a range of statutory organisations to enhance the local offer and build community resilience, ultimately improving the health and wellbeing of residents.

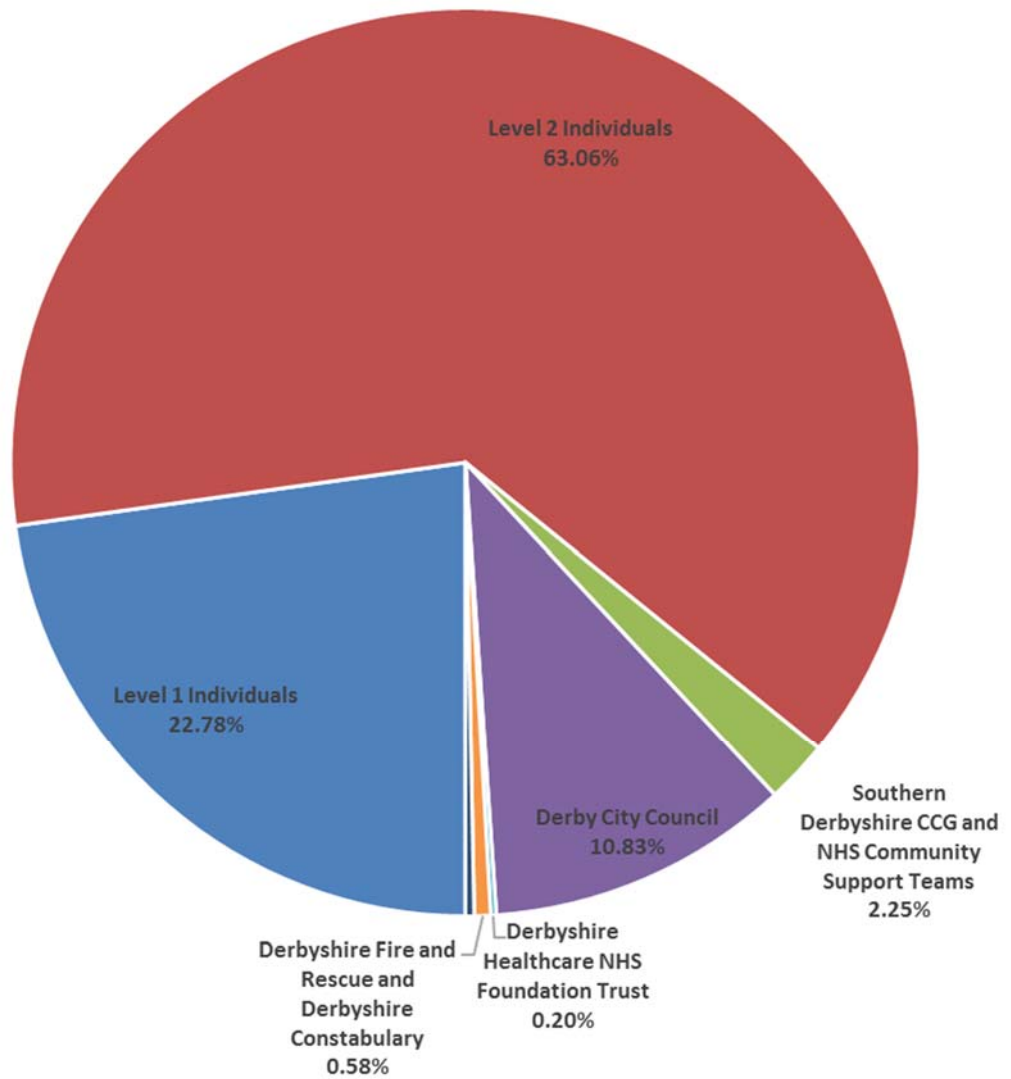
The social value and key outcomes is reflective of the SROI forecast analysis for Local Area Coordination in Thurrock, which demonstrates that overall the principles of the service are being applied successfully in two separate areas with similar overall headline outcomes. However, there are differences in the outcomes and impact for other stakeholders together with quantities and assumptions. It should also be noted that the recording of data differs in Derby and Thurrock and therefore although the analysis is comparable, it cannot be viewed without consideration of the limitations and assumptions made in each. By sharing best practice between the two areas, there is the opportunity to establish differences in social value to optimise impact further.

The social value distribution diagram below demonstrates how the social value that is forecast is apportioned to each stakeholder. It shows that the majority of the social value and impact is for Level 1 and Level 2 Individuals. This highlights that Local Area Coordination is delivering significant benefit to individuals in the community by increasing their overall health and wellbeing—a priority for a number of the stakeholders engaged. This is more extensive for Level 2 individuals at 63% despite the lower number supported as the impact is greater for each due to the more in depth support.

In addition, it demonstrates that other stakeholders are also positively impacted themselves and there is opportunity for this to be enhanced further through continued engagement and increased joint working as reported in the recommendations. The wider community also benefits from Local Area Coordination with community groups forming to address need and benefiting from the promotion through Coordinators. 2.5% of the social value is directly for Health Organisations and

10.8% for Derby City Council. Public services as a whole including Derbyshire Fire and Rescue and Derbyshire Constabulary accounted for 13.9% of the social value.

Social Value Distribution



From the stakeholder engagement and the analysis completed, this report also makes recommendations and highlights opportunities for improvement—some of which build on the evaluative work in 2013 evaluative report by Derby University and subsequent recommendations. This includes the communication with other stakeholders with a clear plan to ensure a deeper understanding of Local Area Coordination is achieved and providing opportunity for Coordinators to reflect and learn from those supported with sufficient supervision and peer support. The recommendations detail both how to optimise social value and how to better capture impact for future evaluative work to assess actual results and compare, building on this first forecast analysis. The recommendations have also been reviewed with relevant stakeholders to ensure they were reflective of their feedback.

The analysis also recognises that there are limitations in the assessment as detailed below. Wherever possible, these have been mitigated but must be acknowledged and demonstrate further opportunities for the improvement of data collection and stakeholder engagement in any future analysis. The analysis also includes sensitivity and materiality testing to further assess all assumptions as to their impact on the overall SROI calculation together with their significance and relevance.

The following limitations are acknowledged as part of this analysis:

- The outcomes monitoring spreadsheet does not record outcomes for all individuals supported. Where it is recorded, the Derby Flower has been used which enables the extent of change to be captured and creates a baseline. However, when the Derby Flower has not been used, there is limited or no data in the outcome monitoring spreadsheet as to the impact on the individual. As a result, there is a greater reliance on the outcomes in the interviews and the case studies which has reduced the sample size and confidence level in the quantities;
- Assumptions are in some instances based on the data recorded by Local Area Coordinators, however, it is recognised that not all individuals are currently captured or all information for the individuals recorded, for example, the age or primary category of their need;

- It was not possible to engage with family members impacted by an individual receiving support and therefore the outcomes for this stakeholder are from the individuals and Local Area Coordinators and their experiences to date. One neighbour did attend an interview and another two interviews had a family member present but they were receiving part of the support too (and therefore considered more as individuals themselves). As a result, the outcomes for family members are currently removed from the final calculation to avoid overclaiming and forms part of the recommendations to increase engagement;
- Level 1 comprise both community groups accessing advice and individuals that need low level support. There were challenges in engaging Level 1 individuals as the support is more light touch and therefore by nature there is not a longer term relationship with the individual. This is a strength of the service but creates challenges in understanding outcomes for this group. A survey was developed to capture outcomes from Level 1 to inform the analysis although the sample size was very small. Whilst quantities can be established through the outcome monitoring spreadsheet, there is no evidence of the outcomes experienced by Level 1s as the Derby Flower is not used in these instances due to it being short term support. Level 2 individuals are used as a proxy to mitigate risk in part together with cross referencing with other stakeholders and a review of other research on comparable services. This forms part of the recommendations on engaging with Level 1 individuals;
- This first forecast only considers two sub groups for individuals receiving the support—Level 1 and Level 2 individuals. Whilst the interviews identified common themes across all Level 2 individuals, there is potential to further divide this group into different ages and categories which may result in different quantities of people experiencing change and to different extents.

Key recommendations to further optimise the social value created through this service include:

- Establish platforms to engage both strategically and operationally with stakeholders with consideration for attending existing meetings, hosting workshops and, in the short term, establishing strategic review meetings specifically for Local Area Coordination. Use these opportunities to facilitate more effective joint working, review of any challenges and issues and provide feedback. This would also encourage a more consistent approach across wards identifying any areas of concern. This must be delivered and embedded at leadership level to provide opportunities to build a shared vision for the service and help to drive the wider cultural change and reform of 'traditional' services;
- Develop external promotional literature specifically targeted at stakeholders introducing³ into the service to increase understanding and awareness of remit of role. Identify the best communication channels for different stakeholders to communicate this information at a strategic and operational level;
- Include agenda item at all Local Area Coordinator team meetings to discuss introductions that were not suitable or relevant to ensure consistency across the service and enable strategic building of relationships with stakeholders through the leadership team to address such issues;
- Explore practicalities to increase opportunities for Local Area Coordinators to engage with one another on a more regular basis through online forums, linking in with the wider network forums that are being established, and sharing bases in adjacent ward. Local Area Coordinators could also link in with local Community Leaders (including faith leaders) to access community based informed support embedding the principles of Local Area Coordination further;

³ The term 'introductions' and 'introducing' are used throughout this report to describe 'referrals' into the service. This is reflective of how a Local Area Coordinator works with individuals where they can receive a referral from another service but then require an 'introduction' to the individual to start the relationship. This approach is discussed in later sections and the understanding of how this works by other stakeholders.

- Establish community engagement forums at a more strategic level with Councillors, Community Leaders and representatives from Voluntary Organisations to improve accountability and promotion of the service. These meetings should be held through both existing meetings on a more formal basis, for example, neighbourhood meetings and through more informal 'gatherings' in the community, for example, coffee mornings, to provide a suitable platform to engage and proactively work with the community;
- In addition, these informal gatherings provide the opportunity to invite and re-engage with Level 1 and Level 2 individuals to better understand the longer term impact of those previously supported and increase the account of value;
- As a large percentage of individuals were recorded to be Derby Homes Tenants, build strategic relationship with Derby Homes to link the two services further. This can be achieved through formalised meetings to provide feedback and identify better joined up working with consideration for Derby Homes forming part of the induction for Local Area Coordinators;
- Use the Joined Up Care Programme to increase awareness and promotion of Local Area Coordination within the health sector ensuring all staff are utilising the service effectively and understand the scope of the role, supporting the strategic shift in delivering Health and Social Care;
- For more traditional voluntary groups, provide more examples of introductions to increase promotion, again with consideration for the use of an external stakeholder leaflet. This will increase awareness of the service and assist in ensuring appropriate introductions;
- Develop strategic relationship with Derby Direct and explore opportunities to work in partnership with consideration for co-location of staff;
- Explore scope to engage more closely with Derbyshire Fire and Rescue and Derbyshire Constabulary at a strategic level providing case study examples and identifying additional opportunities for joint working.

Further recommendations are also made to better capture the impact and inform future evaluations for comparison against this forecast analysis:

- Cross reference with Derby Direct post intervention to establish those that were referred to a traditional service within Adult Social Care originally.

Consider the utilisation of Derby Direct to support in data collection together with the ability to understand the wider volume of Derby residents accessing other services outside of Local Area Coordination to assist in the measurement of impact;

- Record those that have avoided formal services as a result of intervention to better quantify impact with consideration for the wider evaluation work taking place across the LAC Network with respect to this;
- Increase recording of health outcomes to better understand impact to CCG and NHS Community Support Teams⁴ with consideration for building on the Derby Flower. This should include understanding why the outcome has occurred from reduction in substance misuse through to increased social interaction;
- Identify opportunities for increased information sharing across NHS Community Support Teams and Local Area Coordinators with consideration for a secure online information sharing platform linking in with wider health and social care recording;
- Review outcomes and extent of change for different age groups and categorisations individually i.e. reviewing if the impact is different for an older person compared to a younger person with learning disabilities. This would include capturing all issues for the individual rather than just defining them under one category in the outcome monitoring spreadsheet;
- Identify family members that are being supported and those that are indirectly impacted as well to better capture outcomes for this stakeholder;
- Capture number of new community groups established or those maintained as a result of support by Local Area Coordinators to better understand impact focussing on outcomes for the community. This could include consideration for cross referencing with wider resident and community surveys to assess the overall impact in the community and how that impact is achieved;
- Cross reference and feed into the wider health and social care central database being developed to better understand the impact of Local Area Coordination, enabling post review of services being accessed previously and frequency of reliance;

⁴NHS Community Support Teams are clusters of GPs forming virtual multi-disciplinary teams to prevent hospital admissions and support those accessing services inappropriately.

- Record referrals and take up of Public Health initiatives through Local Area Coordination to better quantify impact to Public Health and capture the resulting outcomes and how this supports determinants of health;
- Increase information sharing and capture of introductions into and by Community Safety Officers and Police to better understand the impact to the Fire and Police Service respectively. Understand the chain of events resulting in referral to Fire and Police to better inform how Local Area Coordination can prevent this;
- Develop one monitoring spreadsheet for all Local Area Coordinators to input data into, thereby increasing consistency of recording ensuring it is appropriate and proportionate. Draw on best practice and recording methods as developed through the wider LAC Network Evaluation Working Group;
- Agree data to be collected when the Derby Flower is not used to ensure outcomes are being captured;
- Integrate the monthly reporting forms into the monitoring spreadsheet to assist with quantitative data analysis together with a separate case study each month from each Local Area Coordinator for qualitative analysis that can be used to further promote the service. Increase recording of partnership working with statutory bodies and community groups in case studies to better define attribution.



1. Stage 1: Purpose and Scope

1.1 Introduction and Background

Derby City Council first introduced Local Area Coordination in 2012 commencing the service in two wards in the city. Subsequent to this, the service has expanded to an additional ward in April 2014 and four further wards in September 2014. From September 2015, Local Area Coordination has increased to 10 Local Area Coordinators in 10 wards across Derby.

The aim of Local Area Coordination is to support residents in the local community to 'get a life, not a service', empowering individuals to find community based solutions instead of relying on services.

Local Area Coordination as a concept originated in Western Australia in the late 1980s and in recent years has been launched in a number of boroughs in England. Local Area Coordination puts a *'focus on people and places, and so generates new possibilities for positive change...It looks for solutions that help people sustain themselves in full community life from the very beginning—even before people come into contact with services'*⁵ On a wider level, it seeks to promote a different way of delivering support to people out in the community with a personalised approach, shifting the culture of current council services.

A Review in Western Australia of the progress of Local Area Coordination cited evaluation reports stating *'17 previous studies of LAC concluded that LAC was "a success story" with positives far outweighing negatives, and that previous positive evaluations can be regarded as "continuous, enduring, long term and consistent over time."*⁶

Research on Local Area Coordination demonstrates that it:

- Builds individual, family and community resilience;
- Reduces demand for services;

⁵ People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015

⁶ Review of the Local Area Coordination Program, Western Australia, Dr Philip Deschamp et al., March 2003

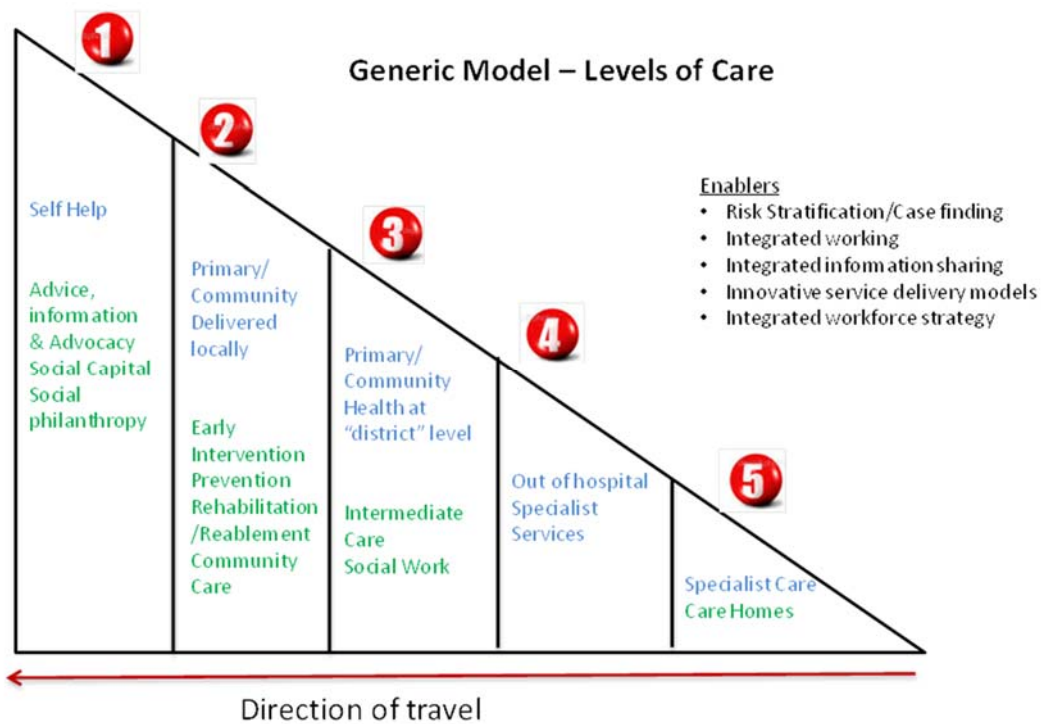
- Reduces isolation and loneliness;
- Increases choice, control and contribution;
- Builds inclusion and citizenship;
- Is a catalyst for reform;
- Simplifies the system for local people.⁵

In addition, Local Area Coordination seeks to encourage cultural change within council services—moving to a community based approach that is more person centred and effective.

Derby City Council have long been supportive of the agenda to empower communities and shift services to focus on the individual with the building of social capital. This began in 2010 when Adult Social Care re-launched its personalisation programme, recognising that both Putting People First (2007) and Think Local Act Personal (2010) each identified the need to support individuals to build up and build on their social capital as part of the wider service transformation. Adult Social Care were clear that through personalisation, support for people could achieve better lives not services. Community resilience was a key theme as part of this and Derby City Council saw Local Area Coordination as an opportunity to build this within local communities.

Across Derby and Derbyshire, through the Better Care Fund and Joined Up Care Approach, a series of delivery groups and workstreams were developed to drive the transformation and integration of health and social care. Within the Community Support Delivery Group, four workstreams were identified to deliver this, with workstream 1 established to increase self-help, prevention and community resilience. Local Area Coordination was understood to be central to building the social capital, together with other activities, within communities and help develop communities to reduce the need for statutory services to support vulnerable people. The diagram below, known as the 'Derbyshire Wedge', demonstrates the direction of travel to move from more specialist care to community based care as a result of empowering individuals and building social capital. Local Area Coordination is clearly seen as part of the prevention offer and resilience building to support in this move to more

community based solutions and subsequently support the Joined Up Care Programme.



Furthermore, with the introduction of the Care Act 2014 there is a duty on Local Authorities to promote health and wellbeing with the prevention duty focussing on 'prevent, reduce and delay'. Local Area Coordination supports in providing a more personalised approach that focuses on the individual enabling them to 'get a life, not a service.'

1.2 Purpose and Scope

The purpose of the analysis is to measure the impact of Local Area Coordination across Derby City Council with the following aims:

- To demonstrate the value and cost benefit of Local Area Coordination to support continued investment through the Better Care Fund and Adult Social Care Funding; in particular, demonstrating the intrinsic link between the service and achieving better health and wellbeing outcomes together with embedding wider shift to personalised services;

- To support the business case for the expansion of Local Area Coordination to all 17 wards across the City from the current provision of 10 Local Area Coordinators;
- To highlight how Local Area Coordination works alongside the local community to identify strengths and gaps in meeting community need and support the creation of new groups and activities to the benefit of local residents; and
- To drive continuous improvement within the service and help to inform the wider evaluation of Local Area Coordination with consideration for other evaluations completed within the LAC Network.

1.3 Methodology

Social Return on Investment (SROI) is a framework for measuring and accounting for all value encompassing social, environmental and economic costs and benefits. The analysis attributes a monetary value to represent social value.

There are seven principles to SROI:

- Involve stakeholders
- Understand what changes
- Value the things that matter
- Only include what is material
- Do not over claim
- Be transparent
- Verify the result

The SROI analysis conducted uses the guidance report published by the SROI network (now Social Value UK)⁷.

⁷ A Guide to Social Return on Investment, SROI Network, January 2012

1.4 Audience

The report is for both internal and external stakeholders as detailed below:

- Derby City Council—to understand internally the value of the service and inform evaluation to identify where the greatest impact is to then shape the service to optimise the social value achieved.
- Southern Derbyshire CCG—to demonstrate the value of the investment for Local Area Coordination to support future investment and expansion of the service.
- Partners and Local Community—to demonstrate to existing partners the value of the service and their contribution. To use to engage with other organisations and the community to support the development of new partnerships, highlighting the value of working together to achieve positive outcomes for individuals.

1.5 Resources

The SROI Analysis is being led externally by Hannah Marsh, SROI Accredited Practitioner at Kingfishers (Project Management) Ltd. This analysis has been commissioned by Brian Frisby, Director of Adult Social Care Services with funding provided by Think Local Act Personal as part of their 'Developing the Power of Strong Inclusive Communities to Boost Health and Wellbeing' programme. Thanks goes to all of those that have supported this analysis and all stakeholders engaged in the process.

1.6 Range of Activities

The analysis covers all activities delivered under Local Area Coordination as detailed below:

- Level 1 support—provision of information, advice and connections and/or limited and short term support;
- Level 2 support—providing a 1-2-1 relationship walking alongside people who are vulnerable due to physical, intellectual, cognitive and/or sensory disability,

mental health needs, age or frailty, and require sustained assistance to build relationships, nurture control, choice and self-sufficiency, plan for the future and find practical solutions to problems.

Furthermore, through the activities, Local Area Coordinators aim to nurture communities and build resilience locally.

The analysis is concerned with Local Area Coordination across Derby City Council.

The period of activities to be assessed is from April 2016 to March 2019 to provide a more direct comparison with the forecast SROI completed for Thurrock Council. The analysis will be a forecast to demonstrate the social value that could be achieved over the three-year period. In conjunction with the planned stakeholder engagement, the forecast analysis will use existing data collected by the Council together with the first evaluation report produced by the University of Derby in 2013.

The data recorded by Local Area Coordinators suggests that the average age of those supported is 60 and the majority are categorised as either people with mental health needs (38%) or older people (25%). People with learning disabilities and physical disabilities accounted for 14% and 13% respectively. This is seen for both Level 2 individuals and the averages taken across the wards for all individuals.

The majority of individuals recorded resided in the social rented sector with 39% Derby Homes and 24% other housing associations. 31% were owner occupied and 4% were privately renting.

Individuals were introduced from a range of sources with mental health teams and care coordinators comprising the highest number recorded at 16% each.

This data is taken from those with the relevant recorded field only and uses the mean across the wards to better reflect the variances in the data between the geographic areas rather than the average as a whole; however, due to varying levels of data recorded, it does not apply any weighting to the individual ward averages.

2. Materiality

The principle of materiality is central to the analysis and requires 'an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcome.'⁸

The purpose of materiality is to review and ensure that all outcomes in the analysis are both relevant and significant to the organisation and its stakeholders. An outcome that is deemed material is one which will have '*passed the threshold that means it influences decisions and actions*'. This starts by first assessing the relevance and, once an outcome has been concluded as relevant, the significance can be considered as to whether it has passed this threshold.

Firstly, relevance involves identifying stakeholders and understanding the change they have experienced through stakeholder engagement. Section 3 details the stakeholders included within the analysis and Appendix 1 provides the rationale behind those that were included and excluded as part of the audit trail.

Stakeholders were originally identified through consultation with Adult Social Care. This was then reviewed throughout the stakeholder engagement with all asked to consider other stakeholders that they believed had experienced a change as a result.

Adult Social Care identified from the onset that there were two distinct sets of individuals receiving the service. Those that were receiving Level 1 support and those that needed more intensive Level 2 support. As such, the individuals were split into two subcategories: Individuals receiving Level 1 support and Individuals receiving Level 2 support.

On engaging with stakeholders, a few were excluded from the analysis as they did not experience any material change, including Derby Direct, Councillors and Derbyshire County Council. For Councillors, this was as the majority of impact was viewed to be for the individual rather than the Councillor themselves, who were supportive of the service and the outcomes it was achieving for their constituents. For Derbyshire

⁸ Supplementary Guidance on Materiality, The SROI Network, November 2011

County Council, the majority of the impact was achieved prior to the forecast period and therefore has not been included.

Following the review of the stakeholders and their outcomes, the relevance of each outcome can be considered. The test for relevance covers the following, with the decision on materiality not just based on the stakeholders own assessment of the impact:

- Policies that require it or perversely block it, and the intervention can deliver it;
- Stakeholders who express need for it and the intervention can deliver it;
- Peers who do it already and have demonstrated the value of it and the intervention can deliver it;
- Social norms that demand it and the intervention can deliver it; and
- Financial impacts that make it desirable and the intervention can deliver it⁸.

Initially, expected outcomes were drafted with Adult Social Care and then reviewed with stakeholders. For individuals, the theory of change was drafted following the interviews and then tested through other stakeholders, including Local Area Coordinators themselves. This was then followed up by a focus group with individuals to review the assumptions further. The outcomes not included in the analysis form part of the audit trail in Appendix 1.

For example, 'improved relationship with family' was an outcome expected for family members and individuals but, on engaging with individuals, they spoke more about the decreased sense of worry for a family member and increased 'peace of mind'—generally citing that they already had a good relationship.

Following a review of the relevance of each outcome, the significance must then be assessed '*by reference to the magnitude of the impact and probability*⁸. This occurs at stage 3, 4 and 5 of the analysis—valuing the outcomes, establishing the impact (deadweight, attribution, displacement and drop off) and calculating the SROI. This is detailed in this report in sections 3, 4 and 5 and was reviewed through stakeholder engagement where possible. Section 5 also discusses those outcomes that through

quantity, financial proxy or impact are less significant, and the judgement made between the significance in the overall context and that for the stakeholder.

For example, the impact for Level 1 and 2 individuals receiving debt advice was not of a significant quantity to the overall context but, through the interviews and on engaging with other stakeholders, was deemed to be important on an individual level and therefore relevant and significant to the analysis.

Throughout this report, materiality is considered and evidenced to ensure that it focuses only on those outcomes that are relevant and significant with judgements made clearly detailed for *'others to assess the decisions made on materiality'*⁸. The table below summarises materiality assumptions made.

Materiality Summary

N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

| Stakeholders | The Outcomes | Materiality | | Conclusion |
|---------------------------------------|--|---|---|--------------------------|
| | Description | Relevance | Significance | |
| Individuals accessing Level 1 support | Individual connects with local people, reducing their social isolation | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individuals attend local community groups with increased sense of feeling part of the community | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Increased sense of feeling part of the community, giving something back to the community, through volunteering | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Provided with information and advice reducing feeling of anxiousness | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholders. | Relevant and Significant |
| | Sustainment of tenancy with increased sense of stability and security | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholders. | Relevant and Significant |
| | Less worried about debt and finances | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but reported by stakeholders in survey and deemed important on individual basis when using Level 2 as a proxy. | Relevant and Significant |
| Individuals accessing Level 2 support | Individuals build trust with the Local Area Coordinator leading to increased self-confidence with improved outlook on life and hope for the future | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual builds a close relationship leading to increased dependency | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |

| Stakeholders | The Outcomes | Materiality | | Conclusion |
|--------------|--|--|--|--|
| | Description | Relevance | Significance | |
| | Individual connects with local people, reducing their social isolation | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual re-establishes relationships with neighbours and has increased sense of feeling safe | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholder as highlighted in interviews. | Relevant and Significant |
| | Individual attends local community groups with increased sense of feeling part of the community | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual is able to undertake tasks themselves increasing their sense of independence | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual is supported to clear their property with a reduced risk of fire | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual is supported to make their house safer to move around with an increased sense of security | Not deemed material as reported by one individual and captured under sense of increased independence. Insufficient evidence that this can be reported as an outcome in its own right and extent of impact. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Individual is less at risk from eviction as a result of an improved state of repair for the property | Not deemed material to avoid double counting and overclaiming as captured under housing support and not enough evidence to suggest that it would lead to an eviction. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Individual has relief from stress and improved wellbeing through house clearance | Not deemed material to avoid double counting and overclaiming as captured under feeling more in control in terms of wider impact on health and wellbeing. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |

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| Stakeholders | The Outcomes | Materiality | | Conclusion |
|---------------------------------------|---|---|---|--|
| | Description | Relevance | Significance | |
| | Individual is able to make better informed decisions and manage in crisis leading to increased sense of feeling more in control of life | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| Individuals accessing Level 2 support | Individual is able to access support to claim benefit increasing sense of financial comfort and control | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but reported by stakeholders and deemed important on individual basis. | Relevant and Significant |
| | Increased sense of relief from depression | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Individual reduces substance and alcohol intake improving their physical wellbeing | Is not of a magnitude that is significant to the overall context due to high levels of relapse and conflicting interview reports where it demonstrated instances where it could increase due to external factors. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Individual builds skills to become work ready and has an increased sense of achievement | Is not of a magnitude that is significant to the overall context. Removed from analysis as insufficient evidence as to whether training courses were completed and led to self-achievement rather than measure output of numbers that attended. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Individuals improve their digital skills increasing sense of digital inclusion | Is not of a magnitude that is significant to the overall context. Removed from analysis as insufficient evidence as to whether training courses completed were linked to digital training and if increased digital inclusion as a result. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Individual receives support to access council housing increasing mental wellbeing | Viewed to be part of the theory of change to retaining their property leading to increased sense of financial security and stability. | | Excluded from the analysis at Stage 2: Mapping Outcomes |

| Stakeholders | The Outcomes | Materiality | | Conclusion |
|-------------------------------|---|---|---|--|
| | Description | Relevance | Significance | |
| | Individuals are supported to maintain their tenancy avoiding eviction | Viewed to be part of the theory of change to retaining their property leading to increased sense of financial security and stability. | | Excluded from the analysis at Stage 2: Mapping Outcomes |
| | Individuals are supported to retain their property leading to increased sense of financial security and stability | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but deemed significant to stakeholder in interviews. | Relevant and Significant |
| Family members and neighbours | Improved relationship with individual | Expected outcome but on review of interviews with individuals, it was more the sense of relief from worry rather than improved relationship with individual that was reported. Therefore, this was not deemed material as less evidence of impact of this outcome. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Family members worry less about individual | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve these. Whilst it is of a magnitude that is significant to the overall context, family members were unable to be directly consulted to verify this. As a result, it has been concluded that they should be removed from the forecast analysis to avoid over claiming and to ensure transparency. | | Excluded from analysis at Stage 5: Social Return Calculation. |
| | Increase in own personal time | Reported by one individual in the interview but on review of interviews and case studies, there was insufficient evidence with regards to number of family members that experience increase in their own personal time as a result. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Neighbours in adjacent properties have increased sense of wellbeing | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve these. Whilst it is of a magnitude that is significant to the overall context, family members were unable to be directly consulted to verify this. As a result, it has been concluded that they should be removed from the forecast analysis to avoid over claiming and to ensure transparency. | | Excluded from analysis at Stage 5: Social Return Calculation. |
| | Family members have increased sense of financial security and stability | One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve these. Whilst it is of a magnitude that is significant to the overall context, family members were unable to be directly consulted to verify this. As a result, it has been concluded that they should be removed from the forecast analysis to avoid over claiming and to ensure transparency. | | Excluded from analysis at Stage 5: Social Return Calculation. |
| Local Area Coordinators | LAC more engaged with their own local community | Importance at local and national level. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context however Local Area Coordinators clearly identified this as a material change impacting on their own lives so significant to stakeholder. | Relevant and Significant |

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| Stakeholders | The Outcomes | Materiality | | Conclusion |
|-------------------------|--|--|--|--|
| | Description | Relevance | Significance | |
| | LAC has increased workload to support dependent individual | Identified by stakeholders and societal norm together with policy to reduce workload and dependency. | Is not of a magnitude that is significant to the overall context but significant to recognise potential unintended negative for the service. | Relevant and Significant |
| Southern Derbyshire CCG | Early intervention preventing need for crisis intervention (resource reallocation) | One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context due to quantities but significant to individuals that do not reach crisis. | Relevant and Significant |
| | Reduction in number of visits to the GP (resource reallocation) | One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| Derby City Council | Reduction in demand on care and support services for older people | One of the aims of the service and importance at a local and national level with peer delivering interventions to support this. Societal norm to empower people to remain independent. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduced demand on mental health services for those suffering from depression and/or anxiety | One of the aims of the service and importance at a local and national level with peer delivering interventions to support this. Societal norm to empower people to remain independent. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduced demand on mental health community teams | One of the aims of the service and importance at a local and national level with peer delivering interventions to support this. The value of this outcome and impact of community mental health teams was captured within the above financial proxy and it was viewed this outcome was not material to avoid overclaiming. | | Excluded from the analysis at Stage 3: Evidencing outcomes and Giving them a Value |
| | Less intensive support from Children and Young People Services | Potential for this to be experienced in the future should engagement with young people increase but it is the view of this analysis and stakeholder involved to develop the service and ensure it is fully embedded before exploring potential to work with younger people, therefore would not have significant impact in three years forecast. | | Excluded from analysis at Stage 2: Mapping outcomes |
| | Embedding cultural change within the council to shift resources to community based solutions | Not deemed material as all stakeholders within the council engaged that this was much longer term and would not be evident over the next three years. There were mixed views as to the impact Local Area Coordination was having on embedding culture change as it was felt that there were also other examples of organisations taking community based approach and was part of a | | Excluded from analysis at Stage 2: Mapping outcomes |

| Stakeholders | The Outcomes | Materiality | | Conclusion |
|------------------|---|---|--|---|
| | Description | Relevance | Significance | |
| | | wider agenda. Others viewed it as a key service in terms of demonstrating a new approach but the impact would be seen longer term. | | |
| | Local Area Coordinators engage individuals and refer into Adult Learning classes increasing reach of programmes | Not deemed material as not of a scale that is significant and insufficient evidence to demonstrate impact and amount attributable to Local Area Coordination with regards to the number being referred to Adult Learning programmes. It was reported by Adult Learning that this was starting to increase in some areas now but was not of a scale that was significant. | | Excluded from analysis at Stage 2: Mapping outcomes |
| Transition 2 | Assist Transition 2 in supporting young people to integrate into community through volunteering locally | One of the aims of the service to empower people and importance at a local and national level to support transition into adulthood. | Is not of a magnitude that is significant to the overall context. | Excluded from analysis at Stage 5: Social Return Calculation. |
| Public Health | Local Area Coordinators engage those hardest to reach reducing marketing costs and increasing reach for Public Health | Not deemed material as not of a scale that is significant and insufficient evidence to demonstrate impact and amount attributable to Local Area Coordination with regards to the number being referred to public health initiatives. It was reported by Local Area Coordinators that this was starting to increase in some areas now but was not of a scale that was significant. | | Excluded from analysis at Stage 2: Mapping Outcomes |
| NHS CST | Decrease in Care Coordinator time dealing with complex case (resource reallocation) | One of the aims of the service to work in partnership with and support health colleagues. | Is not of a magnitude that is significant to the overall context due to scale of intervention currently but deemed important to stakeholder. | Relevant and Significant |
| Foundation Trust | Avoidance of use of mental health beds out of area | One of the aims of the service and importance at a national level with increased numbers in recent years. | Is of a magnitude that is significant to the overall context. | Relevant and Significant |
| | Reduced demand on mental health community teams | One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholder on case by case basis. | Relevant and Significant |

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| Stakeholders | The Outcomes | Materiality | | Conclusion |
|----------------------------|--|--|--|--|
| | Description | Relevance | Significance | |
| Councillors | No material outcomes forecast. On engaging with three councillors, it was viewed the potential reduction in Councillor time was not material as it was not significant in the majority of cases but has been recognised as a potential outcome should the service increase in the future. Due to the level of introductions, it was deemed that the Councillors did not experience any material outcomes as the level to which it supported them to fulfil their role was minimal currently. However, it was still viewed as a key service for individuals in the community. | | | Excluded from analysis at Stage 2: Mapping Outcomes |
| Derby Homes | Local Area Coordinator support housing officers reducing officer time | One of the aims of the service to work in partnership and importance at a local level to reduce demand on front line services. | Is not of a magnitude that is significant to the overall context due to minimal time reduction of officer and was deemed by Derby Homes to not have enough significance on an individual case by case to be viewed as important for stakeholder. | Excluded from analysis at Stage 5: Social Return Calculation. |
| | Increased number of successful housing resolutions | Not enough evidence to demonstrate that this is currently a material impact for Derby Homes. Derby Homes offer a range of support services and it was felt that without Local Area Coordination, individuals could seek support through other services offered by Derby Homes. | | Excluded from analysis at Stage 2: Mapping Outcomes |
| Derbyshire Fire and Rescue | Individuals are at a reduced risk of fire starting reducing call outs (resource reallocation) | Societal norm to reduce risk of fire with peers delivering interventions to raise awareness. | Is not of a magnitude that is significant to the overall context but significant on a case by case basis reducing risk of fire. | Relevant and Significant |
| | Local Area Coordinator support CSO reducing officer time and visits (resource reallocation) | Importance at a local and national level for fire and rescue services to reduce demand on front line services and increase capacity. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholder. In cases with Local Area Coordinators, it was felt that they led and although the quantities are currently relatively small, the impact on the officer was significant. | Relevant and Significant |
| | Reduced risk of threat to life for fire officers | The reduced threat to life for fire officers themselves was not deemed to be a material impact due to insufficient evidence and impact due to scale of intervention and number of fires that could have occurred which would have resulted in death to a fire officer. | | Excluded from analysis at Stage 3: Evidencing outcomes and Giving Them a Value |
| Derbyshire Constabulary | Reduction in time spent by officer coordinating response to support individual (resource reallocation) | Importance at a local and national level for Police to reduce demand on front line services and increase capacity. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholder and re-enforces the multi-agency approach that the unit seeks to achieve. In cases with Local Area Coordinators, it was felt that they led and although the quantities are currently relatively small, the impact on the officer was significant. | Relevant and Significant |

| Stakeholders | The Outcomes | Materiality | | Conclusion |
|-----------------|---|---|--|--|
| | Description | Relevance | Significance | |
| | Reduction in neighbourhood disputes and anti-social behaviour call outs | Not enough evidence to suggest currently that this is a material change attributable to Local Area Coordination. Derbyshire Police recognised that any service that provides preventative support can relieve pressure from front line police officers but there was not recording currently as to extent of impact as a result of Local Area Coordination. A few individuals identified feeling safer in their local neighbourhood but this was not always directly correlated with a reduction in neighbourhood disputes and anti-social behaviour but rather as a result of being more engaged in the community. | | Excluded from analysis at Stage 3: Evidencing Outcomes and Giving Them a Value |
| Local Community | Access to advice and information reducing administration time | One of the aims of the service to support local community. Importance at national and local level to support communities. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholders during engagement and specific community groups. | Relevant and Significant |
| | Reduction in time spent promoting services | One of the aims of the service to support local community. Importance at national and local level to support communities. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholders during engagement and specific community groups. | Relevant and Significant |
| | Community members have increased sense of 'peace of mind' | One of the aims of the service to support local community. Importance at national and local level to support communities. | Is not of a magnitude that is significant to the overall context but deemed important to stakeholders during engagement and specific community groups. | Relevant and Significant |
| | Increased number of volunteers | Not deemed material and part of the theory of change in reduction in time promoting and running services. | | Excluded from analysis at Stage 2: Mapping Outcomes |
| First Contact | Reduction in frequent users of First Contact, reducing time of officer on complex cases | Identified by stakeholder and aim of service to find community based solutions and support that results in sustainable outcomes. National policy and societal norm to reduce dependency. | Is not of a magnitude that is significant to the overall context. It was perceived that enhanced joint working would increase impact over the three years using an assumption of 5% but this would still represent a small number of cases for First Contact and therefore was excluded. | Excluded from Analysis at Stage 4: Establishing Impact |
| Derby Direct | No material outcomes forecast. On engaging with this stakeholder, it was identified that better joined up working moving forward could increase introductions to Local Area Coordinators and divert referrals away from mainstream services but this was not a material impact for Derby Direct. In addition, Derby Direct staff could benefit from the local knowledge of Local Area Coordinators if co-location was feasible longer term but this could not be quantified and would be subject to the growth of the relationship with Derby Direct. Furthermore, the impact would primarily be for the individuals benefiting from an enhance service rather than Derby Direct themselves. As such, no material outcomes are forecast for Derby Direct but recommendations have been made as to potential outcomes that could be realised with joint working. | | | Excluded from Analysis at Stage 2: Mapping Outcomes |

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| Stakeholders | The Outcomes | Materiality | | Conclusion |
|---------------------------|--|--|--------------|---|
| | Description | Relevance | Significance | |
| Derbyshire County Council | Reduced officer time to implement Local Area Coordination in Derbyshire County Council | Not deemed material as this impact would primarily be at the implementation stage of Local Area Coordination which had already taken place and less significant in ongoing support over the three-year period being forecast. As such, this outcome has been excluded from the analysis. | | Excluded from Analysis at Stage 2: Mapping Outcomes |

3. Identifying and Involving Stakeholders

A list of key stakeholders was identified by management in Adult Social Care at Derby City Council. The individuals are the key beneficiary of the service but, through the forecast analysis, it was identified that other stakeholders are expected to experience material changes. A full list of stakeholders is included in Appendix 1 Audit Trail together with the reason for inclusion or exclusion.

The engagement included members from the local community together with statutory bodies. The individuals receiving support together with a range of community members, local community groups and the voluntary sector were engaged to assess the impact to the community. Statutory bodies, including those that fund the service, introduce individuals to the service, and work with Local Area Coordinators, were also engaged to assess the impact to both themselves and the wider community.

In addition to the stakeholder engagement conducted, Inclusive Neighbourhoods, the national body that delivers and promotes the approach of Local Area Coordination, were also interviewed. The Director was engaged throughout the process as although no material changes for the national body, his expertise and knowledge of implementing Local Area Coordination was used to test the theory of change and assumptions made around impact.

In addition, external research has been utilised to support the analysis. These are cited in the report and include other SROI assured reports, government statistics and published research. They are summarised in Appendix 2.

The proforma used for the Level 2 interviews and the survey for Level 1 individuals are enclosed as Appendix 3 and 4 respectively. The questions used at the focus groups and interviews with other stakeholders are enclosed as Appendix 5. All stakeholders were also provided with a briefing note prior to the interview with information on the purpose of the analysis and methodology together with how their data will be used.

3.1 Individuals

The individuals receiving support from Local Area Coordination are the main beneficiary. Individuals receiving Level 1 and Level 2 support were engaged to understand any material changes and the extent of those changes.

20 one to one interviews were conducted with Level 2 Individuals in October 2015 together with a focus group in November 2015 to reflect on deadweight, attribution and financial proxies with 9 of the original interviewees attending. Level 2 individuals were interviewed across all of the wards where Local Area Coordination is operational with a range of different needs and experiences. This was cross referenced against the data on those supported to date to ensure those groups most frequently supported i.e. those with mental health needs and older people were key groups included in the interviews to reduce the risk of not being representative. The proforma used in the interviews is enclosed as Appendix 3.

A focus group for Level 1 Individuals was also arranged; however, there were difficulties in establishing members to participate. As a result, the focus group primarily consisted of community members that had utilised the service to access information rather than individuals that had received support. Whilst community members also benefit from the advice and information provided at Level 1 support, this did not provide an indication of outcomes for individuals with more specific needs.

The support Level 1 individuals receive is light touch and therefore this can create challenges in engaging with this stakeholder as they are only using the service in the short term. This is a strength of the service, providing ad hoc advice and information in the community as needed to individuals without the need for substantial data recording, but does result in greater difficulties re-engaging individuals to understand material changes. As such, a short survey was developed (enclosed as Appendix 4) to collect outcomes from Level 1s at the point of receiving support. 13 surveys were completed by Level 1 individuals to inform the analysis as to any material impact. Due to the reduced ability to engage with this group, Level 2 individuals have also been used as a proxy to understand key outcomes for Level 1 individuals together with

engagement with other stakeholders and review of other research on comparable services. It is recognised that the survey provides a more closed approach to identifying outcomes and as such, through using Level 2 individuals as a proxy and cross referencing with other stakeholders, this would reduce the risk of not identifying all outcomes. This is discussed further in Section 2: Mapping Outcomes.

Data collected and reports indicated that 46% of Level 1 interactions were with active members of the community looking for advice and the remainder were individuals.

To support the information from the interviews, the analysis used data recorded by Local Area Coordinators, including hours, cases and individual stories together with an excel spreadsheet comprising all interactions.

Level 1 and Level 2 individuals have been defined separately in the analysis due to the differing levels of support and outcomes. This was identified at the onset of the analysis as it was expected the material outcomes and the extent of change would be significantly greater for Level 2 Individuals. This was confirmed with other stakeholders.

Consideration was also given as to whether individuals should be further subcategorised into primary category groups as identified by Local Area Coordinators in the monitoring spreadsheet, namely: older people, people with mental health needs, people with physical disabilities and people with learning disabilities. The interviews ensured a cross section of individuals were interviewed across different ages and primary category need to be more representative of those supported. During the interviews, the key outcomes described were consistent across different ages, genders and primary categories and as such, this group was not further subdivided for this first forecast analysis. This is also supported by the case studies produced by Local Area Coordinators, which demonstrate that individuals can experience the same outcomes across different categories.

There were, however, some specific outcomes for those with mental health needs only in addition to the common outcomes seen across all groups. Therefore, this is demonstrated in the theory of change and reflected in the quantities used. This is

discussed and explored further in Section 2: Mapping Outcomes and supported by external research.

Although this report does not further subcategorise the individuals, it does form a recommendation for further evaluation to reassess as to whether there are different outcomes for different primary categories etc. or any variations in the extent of change experienced for the outcomes. It should also be noted that in the monitoring spreadsheet only one primary category can be selected and therefore does not identify those with complex needs—for example an individual with both physical and mental health needs or an older person with learning disabilities. Therefore, the recommendations also advise that the monitoring spreadsheet enables more than one category to be selected to record the different outcomes experienced by those with more complex needs.

3.2 Family Members and Neighbours

At three of the interviews, a neighbour or family member was present and identified that they too had experienced material changes. For the two family members present, they were also receiving support from the Local Area Coordinator rather than be indirectly impacted which demonstrates the holistic approach of the service to support family units. A further five Level 2 individuals interviewed identified that the support they had received through Local Area Coordination had positively impacted their family members. This was reiterated by Local Area Coordinators and voluntary groups that had seen wider impact to family members and neighbours.

Apart from those attending the interviews with the individuals, it was not possible to engage with this group more widely. Individuals were asked if their family member could be consulted where they had experienced change but, due to the sensitive nature of rebuilding relationships or not wanting to burden them further, individuals were not willing to provide contact details. Therefore, this forecast analysis uses the outcomes from those present at interview and assumptions from individuals and other stakeholders.

3.3 Local Area Coordinators

At the time of the interviews, Derby had 7 Local Area Coordinators and was in the process of recruiting a further 3. All 7 were interviewed as they are a key stakeholder providing the service to individuals across 7 wards and it was perceived they may also experience material changes themselves. In addition, a focus group was held with the 7 Local Area Coordinators and 2 of the newly recruited members to test assumptions in the analysis.

3.4 Southern Derbyshire Clinical Commissioning Group

Southern Derbyshire Clinical Commissioning Group (CCG) part fund Local Area Coordination in partnership with Adult Social Care and, as such, were recognised as a key stakeholder to be engaged. Interviews with the Director and the Head of Joint Commissioning were conducted to establish any material impacts on the CCG as a result of the increased health and wellbeing of individuals.

3.5 Derby City Council

Focus groups and interviews were held with a number of representatives across the council to understand any material impact on different services as a result of Local Area Coordination. This included engagement with Neighbourhood Management, Adult Learning, Children Services and Mental Health Teams.

The Head of Services and Commissioning for Children Services was engaged to explore the potential future impact should the service offer support to younger residents. Currently Local Area Coordination provides support for adults only, the majority of which are older residents. However, it was recognised that there is the opportunity to expand the service to support young people preparing for adulthood (often described as transitioning) and help them to continue to integrate into the community. The purpose of engagement was to establish forecast impact.

Two Service Managers responsible for Mental Health Teams within Adult Social Care were engaged to understand any specific impact on their teams through joint

working and as a large percentage of individuals have mental health needs. Two managers within Neighbourhoods were also engaged to establish any impact as Local Area Coordinators work with front line staff on occasion.

Adult Learning attended one focus group to establish impact as a result of Local Area Coordinators supporting individuals to attend adult learning programmes.

As the provider and part funder of the service, Adult Social Care were engaged separately throughout the process to identify material change and test assumptions. This comprised engagement with the Director of Adult Social Care Services, Head of Service for Mental Health and Local Area Coordination and the Social Capital Manager who manages all Local Area Coordinators.

3.6 Transition 2

Transition 2 were engaged as a college provider, funded by Derby College, as they support the aims of Children and Young People Services to enable young people with learning disabilities to prepare for adulthood. Local Area Coordination works with Transition 2 at both a strategic and operational level.

3.7 Public Health

A Senior Public Health Analyst attended two separate focus groups held to establish outcomes and test assumptions with other members from the council as Local Area Coordination supports the outcomes Public Health seek to achieve with regards to health and wellbeing.

3.8 NHS Community Support Teams

NHS Community Support Teams are clusters of GP practices that form virtual multi-disciplinary teams, preventing hospital admissions and supporting those accessing services inappropriately. They introduce and work with Local Area Coordinators and, as such, it was deemed that they may experience material changes. Four Care

Coordinators were engaged with one through an initial telephone conversation and a further three through a focus group to test assumptions.

3.9 Derbyshire Healthcare NHS Foundation Trust

The Acting Chief Executive of Derbyshire Healthcare NHS Foundation Trust was engaged to understand any material impacts for the Trust. It was perceived they would experience material outcomes as a result of the service and had been involved from the implementation of the service being part of the formal steering group and attending a seminar.

3.10 Councillors

Derby City Council is a unitary authority with 51 councillors representing the 17 electoral wards with three for each area. Three councillors were interviewed from three of the wards that had Local Area Coordinators to establish any material outcomes for them as a result of Local Area Coordination. Two of the councillors were then engaged to test assumptions.

3.11 Derby Homes

The Head of Housing Management and Housing Options together with Community Investment at Derby Homes were engaged to understand any material changes. It was expected that Derby Homes may experience material changes through working with Local Area Coordinators. It was recognised that Local Area Coordinators support a number of individuals that are Derby Homes' Tenants and therefore Derby Homes were a key stakeholder. In addition, Derby Homes provide support in kind through the use of community rooms for two Local Area Coordinators.

3.12 Derbyshire Fire and Rescue

The Fire and Rescue Service were engaged to understand any material impact as a result of Local Area Coordination as Coordinators work with Community Safety Officers to support individuals in the community and reduce the risk of fire. In

In addition, it was perceived there was the potential for impact on Derbyshire Fire and Rescue as a result of Local Area Coordinators reducing clutter in individuals' homes. The Station Manager for the Prevention and Inclusion Team was engaged together with a Community Safety Officer and Community Safety Officer Manager who attended the focus group to test assumptions.

3.13 Derbyshire Constabulary

Derbyshire Constabulary work across the County including Derby City Council. The Head of Public Protection was engaged to understand any material outcomes that Local Area Coordination had on the Police as a result of providing support to individuals and to test assumptions. The Police also introduce certain individuals to Local Area Coordinators as part of their multi-agency approach.

3.14 Community and Voluntary Groups

A focus group was held with local community groups and resident associations to understand any material impact with five community members attending. In addition, a library, school and two faith groups working with Local Area Coordinators were interviewed to understand any material changes. Representatives from two voluntary organisations also attended a focus group to test assumptions.

The Community and Voluntary Groups are classed as one stakeholder although on engaging with community groups it was clear there was greater impact for local small community groups when compared with larger traditional voluntary groups currently. As such, the analysis reports outcomes for Local Community as one stakeholder and discusses recommendations for how Local Area Coordination can complement and work with Voluntary Groups to increase impact.

3.15 First Contact

First Contact is a formalised signposting service that identifies other services for individuals to access, from benefits to carer support. The service is managed by Age UK and funded primarily by Derby City Council. First Contact provide some

introductions to Local Area Coordination and the Project Officer at First Contact was engaged to understand any material impact as a result and to test assumptions.

3.16 Derby Direct

Derby Direct was set up in 2005 to act as a central contact centre for the Council to receive calls from individuals and refer into Adult, Health and Housing as required. All referrals are recorded on a central system and fed through to the relevant officer within the Council. In October 2015, this equated to over 3,700 calls to the service with 2,370 getting through, of which the majority formed a referral to a service.

It was highlighted that currently there is no link with Local Area Coordination and this does not form part of the referral service. There was the perception that by working in partnership with Local Area Coordinators, there could be material outcomes.

An interview was held with the Customer Services Manager at Derby Direct to understand current and future working with the service and any perceived impact as a result of Local Area Coordination and subsequently to test assumptions.

3.17 Derbyshire County Council

Derby City Council was providing support to Derbyshire County Council in the implementation of their own Local Area Coordination service. A Group Manager of the Prevention and Personalisation Team within Adult Social Care at Derbyshire County Council, who was leading the set-up, was engaged to establish any material impact.



4. Stage 2: Mapping Outcomes

4.1 Identifying Inputs

The key financial and non-financial inputs from April 2016 – March 2019 are as follows.

| Stakeholder | Input (April 2016 – March 2019) | Value |
|---------------------------------------|---|---------------|
| Individuals accessing Level 1 support | Time | £- |
| Individuals accessing Level 2 support | Time | £- |
| Southern Derbyshire CCG | Funding through Better Care Fund (6 out of the 10 posts funded) | £1,040,541.19 |
| Derby City Council | Funding through Adult Social Care (4 out of 10 posts funded) | £693,694.13 |
| | Use of Library Facilities (£5,200 pa) | £15,756.52 |
| Transition 2 | Use of Transition 2 Facilities using cost of £20 per room once a week for one Local Area Coordinator | £3,151.30 |
| Derby Homes | In kind donations of community room use for Local Area Coordinators in two wards. Derby Homes unable to quantify and therefore uses day cost for Library Service for two local area Coordinators once a week (at £20 per day per room). | £6,302.61 |
| | Total | £1,759,445.75 |

The service is funded through the national Better Care Fund, by the CCG and by Adult Social Care. This analysis has followed the convention not to give a financial value to the time spent by the beneficiaries receiving the services. The expenditure forecast over the three years equates to £1.76m. In addition, it is recognised there are in kind donations from Derby Homes providing rooms and expenses for two Coordinators. Derby Homes were unable to quantify in kind contributions and, as such, the cost of the Library facilities (equating to a day rate of £20) has been used to represent potential cost should a fixed base be found elsewhere instead.

4.2 Outputs

The outputs for Local Area Coordination are forecast based on the numbers supported to date by each Local Area Coordinator. This primarily uses the monthly reports from each Local Area Coordinator to provide an up-to-date picture of the number of individuals supported month on month. This data has been collected over a shorter timescale but is more reflective of the most recent numbers.

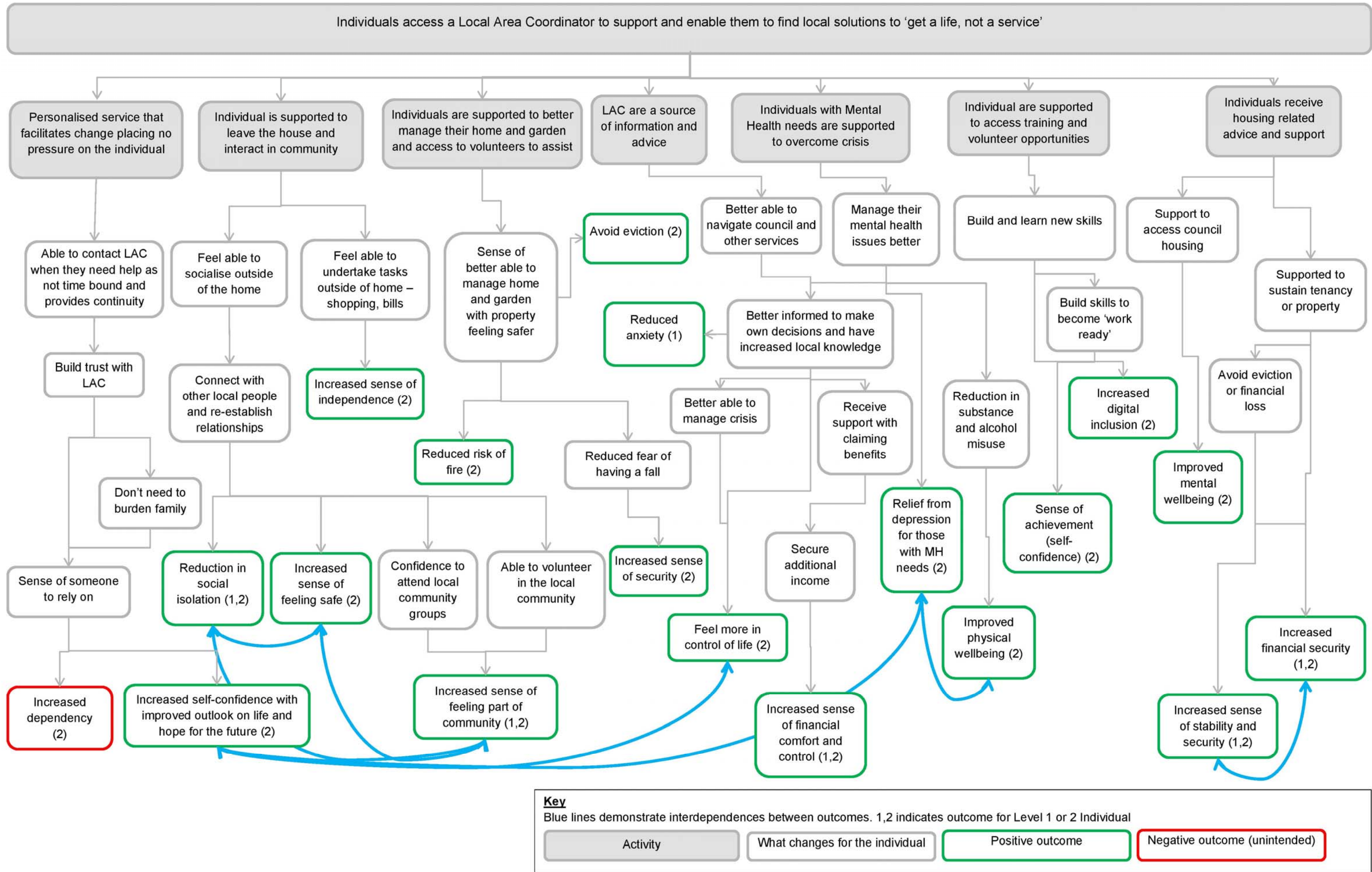
The assumptions on numbers supported per month shows an average of 4.0 Level 2 individuals supported per month. However, there were variances between different wards (from 2 per month to 5.7) and therefore these have been weighted appropriately. There was a view that the recording of Level 1 individuals differed between wards and was not always captured as robustly. Although this may be the case, it was seen from the data that where more Level 1s were reported, there was typically a lower level of Level 2s supported. As such the data used those recorded to avoid over claiming with an average 57% to 43% split between Level 1 and Level 2 respectively. These averages concur with previous evaluations and evidence where the split was typically 60% Level 1 and 40% Level 2. The variances, however, did range from 73% for Level 1 down to 36%. For the eighth, ninth and tenth Local Area Coordinators that started more recently in September 2015, no data is yet available. As a result, these three wards use overall averages (5.3 Level 1 individuals and 4.0 Level 2 individuals) to calculate number of individuals supported.

It should be noted that Level 1 currently includes individuals and community groups. Within the analysis, outcomes evident only for individuals receiving Level 1 takes 54% of the total Level 1 individuals based on past data as to the split between community and individuals receiving Level 1 support. The community groups and members receiving support are captured under the 'Local Community' stakeholder.

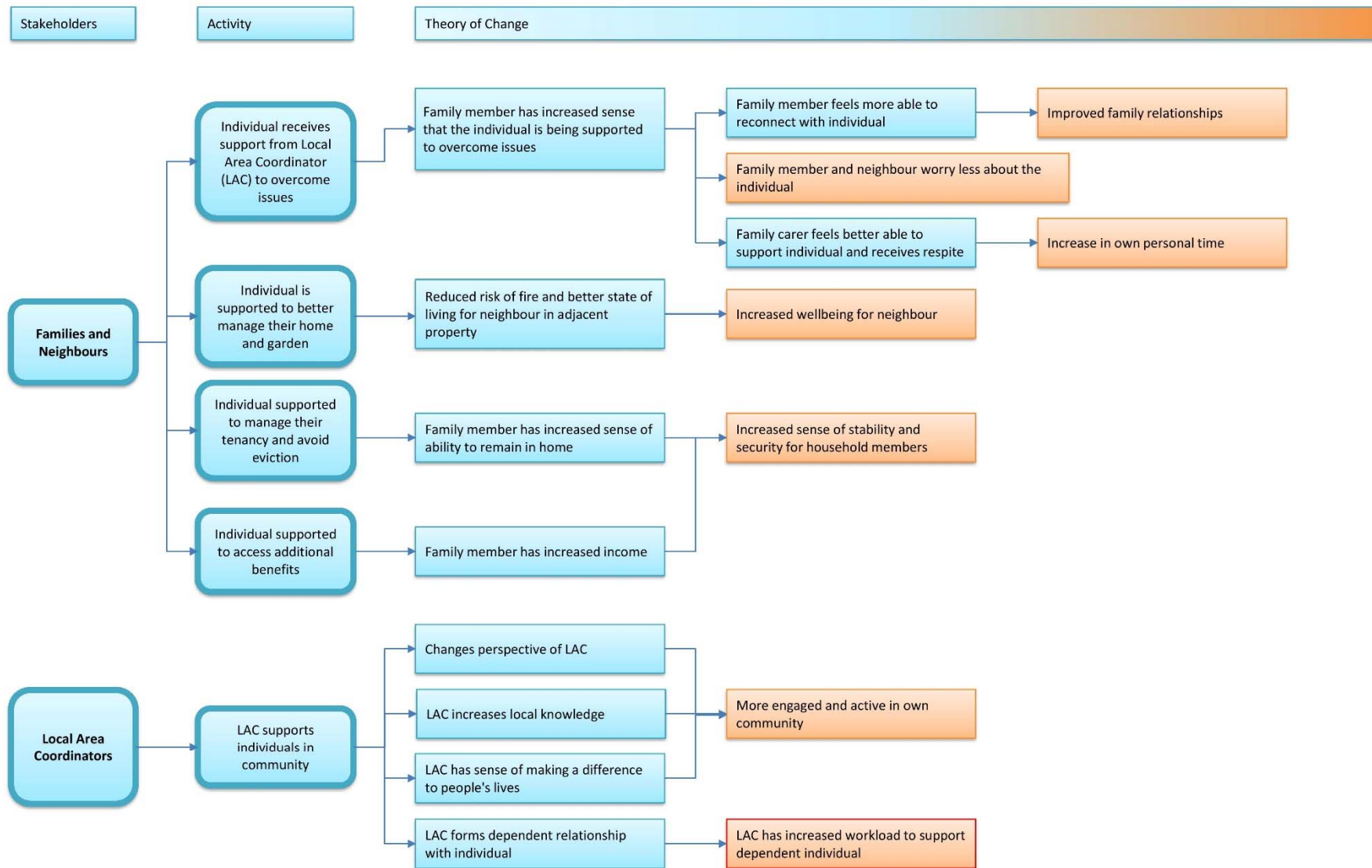
In total, it is forecast that over the three-year period, the 10 Local Area Coordinators support 1,907 Level 1 Individuals and 1,364 Level 2 Individuals. The quantities are tested further in the sensitivity analysis.

4.3 Outcomes

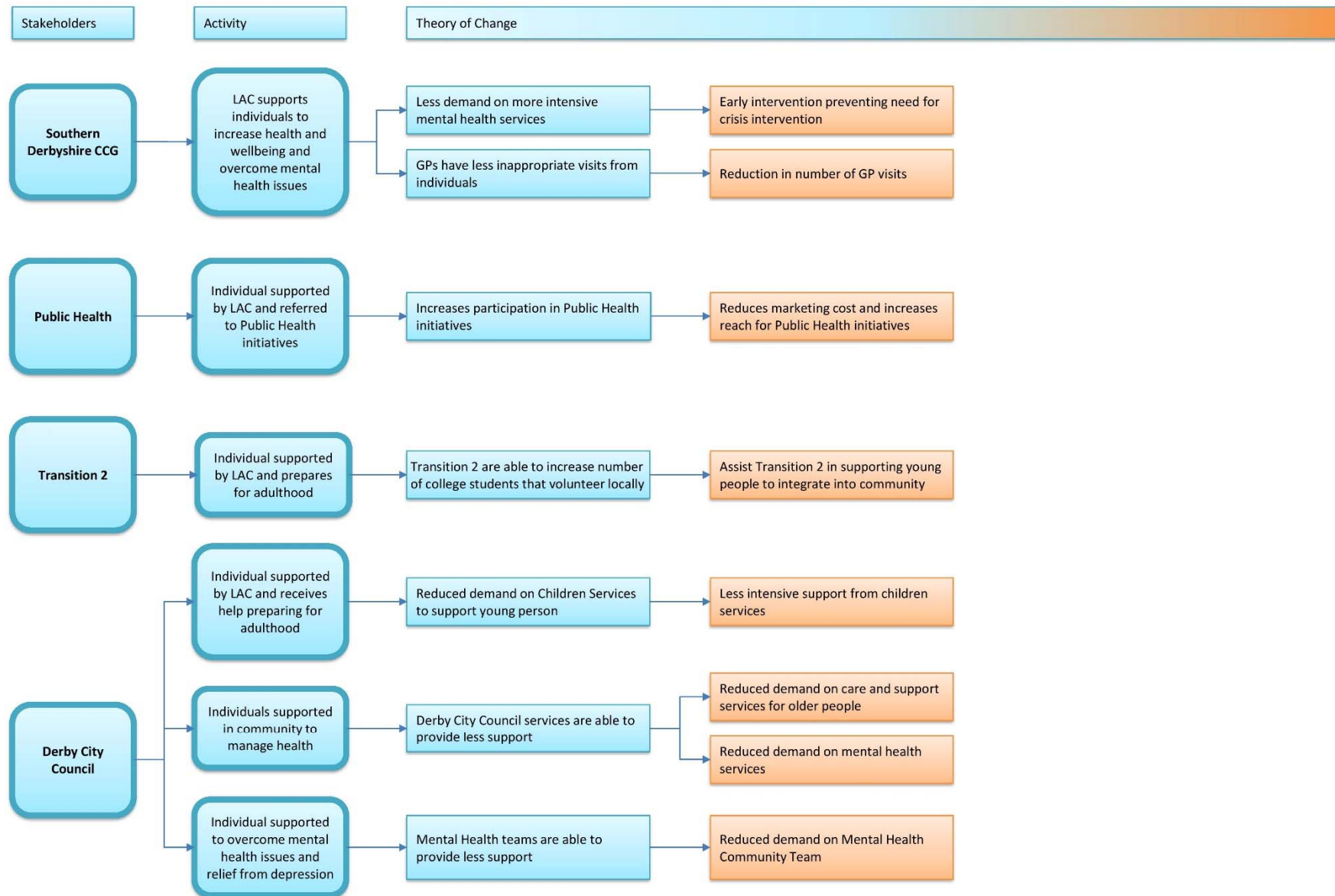
A theory of change for individuals together with the theory of change for all stakeholders is demonstrated below. The outcomes that have been excluded are also enclosed in Appendix 1 Audit Trial.



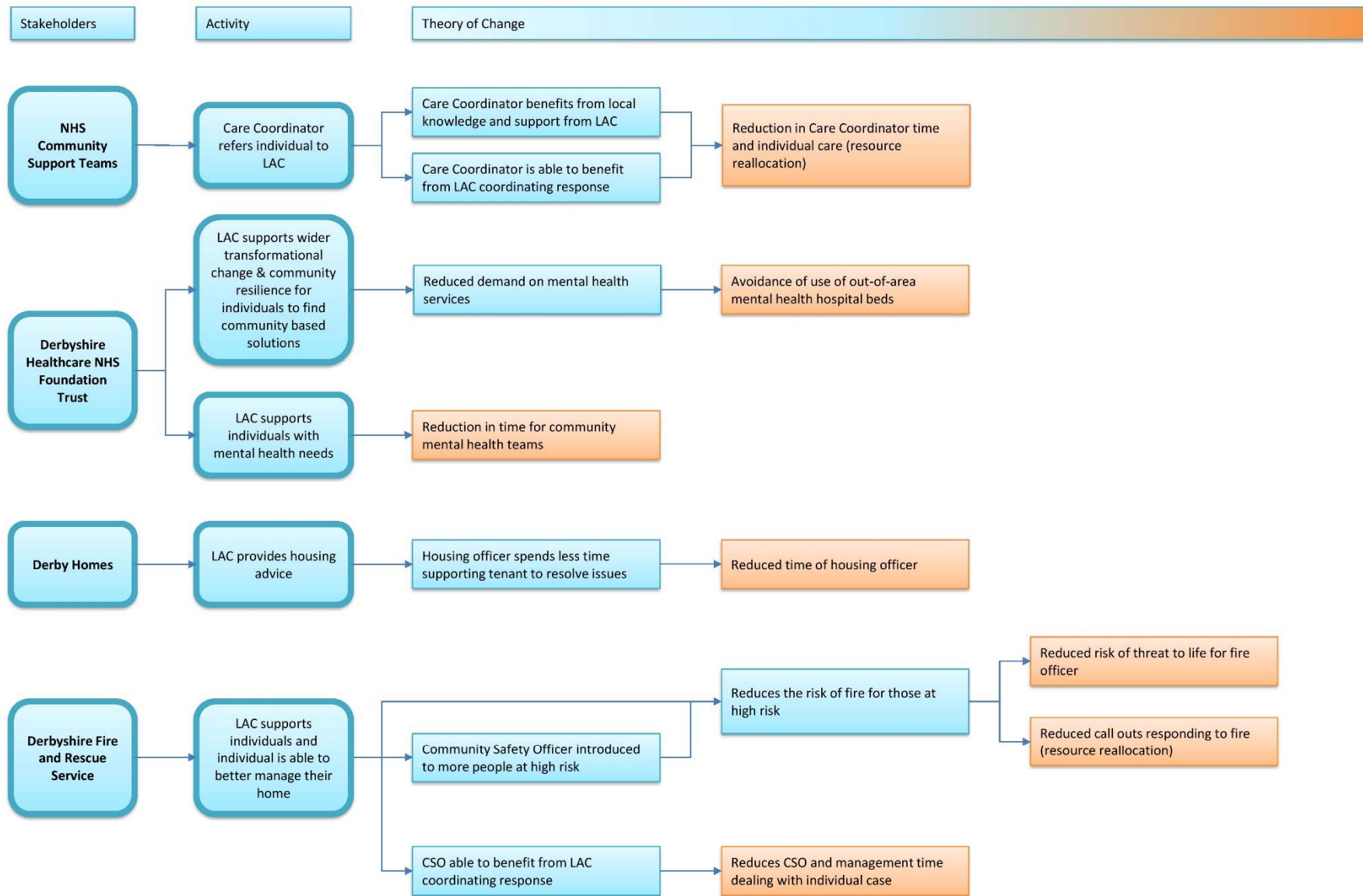
Derby City Council Theory of Change for Other Stakeholders



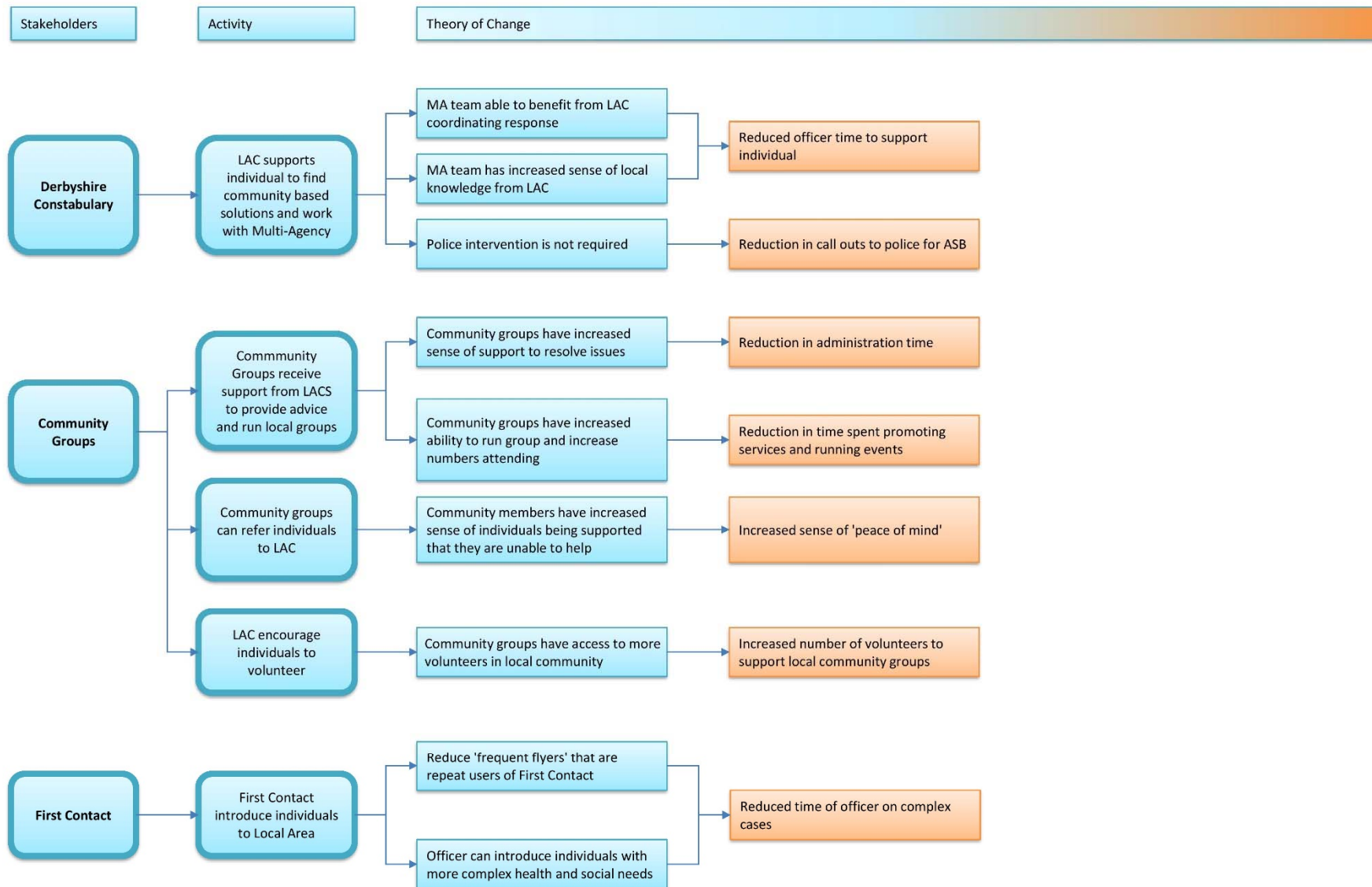
Derby City Council Theory of Change for Other Stakeholders



Derby City Council Theory of Change for Other Stakeholders



Derby City Council Theory of Change for Other Stakeholders



Individuals receiving Level 1 Support

There was less opportunity to engage with individuals receiving Level 1 support provided due to the nature of the support in that it is often only one interaction and short term advice or information to resolve a particular issue. In addition, Level 1 individuals comprise both active community members or organisations that require general advice and information and individuals who need more support to socialise or learn about the community. A focus group was arranged with Level 1 individuals but only active community members that had received support attended giving a less reflective view of impact.

For the 5 members present at the focus group, the ability to access the Local Area Coordinator as and when required with no appointment, to access advice and information was most valuable. This reduced administration time for community members and avoided frustration. This is also reflected in the surveys for Level 1 individuals with 85% reporting a reduction in anxiety as result of the ability to access on the spot information and advice. This was considered to be for individuals with the impact for community members considered within the stakeholder Community and Voluntary Groups. External research also demonstrates the value of accessing low level support through advice and information. A report analysing the Social Return on Investment of Citizens Advice Direct, 'a national telephone and web based advice service that offers free, independent advice to the citizens of Scotland'⁹, showed that customers were 'more positive about the future' as a result of using the service. It highlighted that customers felt 'relieved' to have support to resolve an issue with a reduction in anxiety and that they would get stressed otherwise.

The remaining outcomes for Level 1 individuals were captured through the surveys and used expected outcomes for Level 1 individuals together with consideration for the interviews held with Level 2 individuals to establish those that should be measured. It is recognised that there is a greater risk with this stakeholder of not accurately reflecting the outcomes due to the small number engaged and methodology of closed questions. To help to partially mitigate this risk, Level 2

⁹ Social Return on Investment of Citizens Advice Direct, Social Value Lab, August 2014

individuals were used as a proxy together with a review of external research to support the outcomes forecast.

Although Level 2 individuals receive more intensive and longer term support as a result of their needs, the initial nature of the support and interaction is comparable for Level 1 and Level 2 individuals. The aim of the service at both levels of service is to empower individuals and support them to find community based solutions. In some cases, the initial support that Level 2 individuals receive including help to access benefits and information and advice is also provided to Level 1 individuals. In the interviews with Level 2 individuals together with the interviews with the Local Area Coordinators, outcomes were identified as a result of different activities that Level 2 individuals received to identify those that would be also be relevant for Level 1 individuals.

Whilst it is recognised that the relationship with Level 2 individuals is more high level due to the complex nature of their needs, the initial nature of the information and advice is comparable to that received by Level 1 individuals and can be used as a proxy to support those outcomes identified. The impact on Level 2 individuals would be more significant over time as the advice would in most cases involve more follow up and involvement by the Local Area Coordinator, but the sense of increased security of tenancy and financial income reported as a result of the information received would be felt by some degree for Level 1 individuals. This is also supported by the report from Citizen Advice Direct, which highlighted that service users experienced increased disposable income and security of tenancy depending on the advice received from Citizen Advice Direct. This is reflected in the responses from the surveys for Level 1 individuals which asked questions in relation to these expected outcomes and was reiterated by other stakeholders interviewed. Level 2 individuals also spoke of their increased sense of security from receiving housing advice and increase in financial security from debt advice.

Furthermore, the outcomes for Level 1 individuals considered a previous Social Return on Investment Report on Local Area Coordination for Thurrock Council. Whilst engagement with Level 1 individuals also proved challenging in this analysis, a focus group with a small number of Level 1 individuals identified they experienced reduced

sense of anxiety and frustration together with increased security of tenancy and increased financial income as a result of the information and advice they were given.

Two of the key outcomes reported by Level 2 individuals were social isolation and feeling part of the community. It was expected that Level 1 individuals would also experience these outcomes as a result of engaging with Local Area Coordinators. Local Area Coordinators provide Level 1 individuals with information on local community groups and opportunities to get involved—this can include raising awareness of what is available to them locally and introducing them to local social groups that are of interest. With Level 2 individuals, the nature of the support would be longer term; for example, with the Local Area Coordinator attending a few groups with them until they become comfortable. Therefore, it was expected that Level 1 individuals experienced these outcomes, although to a lesser extent. This is reflected in the survey questions, with 77% reporting feeling less isolated and 54% feeling more part of the community.

In terms of outcomes, knowing what is happening locally and feeling part of the community were considered as part of the same theory of change, as knowing what is happening locally would increase the sense of feeling part of the community or decrease social isolation. Two of the Level 1 individuals surveyed felt they knew more about the local community but did not consider they felt part of it but had decreased their social isolation instead.

An additional outcome that was reported by other stakeholders and at the Level 1 community focus group was for the ability to then access volunteer opportunities. Local Area Coordinators are able to provide information on local volunteering opportunities and connect them with local organisations looking for volunteers. One Level 1 individual surveyed had been supported to access volunteer opportunities and, although this led to feeling part of the community, the value of the volunteering was also considered as a separate outcome.

The outcomes and assumptions for Level 1 individuals are tested further in the sensitivity analysis and form part of the recommendation with regards to improving the account of value through increased engagement of this stakeholder.

The table below summarises the percentage experiencing each outcome and extent of change. The extent of change was established by asking how much they agreed with each statement on a 5-point scale from completely disagree through to completely agree. Those that either slightly agreed (considered to be 50% change) or completely agreed (considered to be 100% change) were counted as experiencing the change with the percentage of each then used to establish average extent of change.

| Outcome | Percentage Experienced | Average Extent of Change |
|--------------------------------------|------------------------|--------------------------|
| Feel Less Anxious | 85% | 68% |
| Feel Less Isolated | 77% | 80% |
| Know what is happening locally | 69% | 88% |
| More part of the community | 54% | 78% |
| Less worried about debt and finances | 15% | 75% |
| Know more about council services | 46% | 75% |
| Feel more secure with housing | 38% | 80% |

Individuals receiving Level 2 support

One to one interviews were undertaken to establish the material changes for individuals and the extent of those changes. This was supported by the recorded data from each Local Area Coordinator. Where appropriate, Local Area Coordinators also use the 'Derby Flower' to record the progress made by individuals against core expected outcomes (see Appendix 7). This measures an individual's progress on a scale of 1 to 5 from the first interaction to the last across the following measures:

- Informed
- Life Control
- People Support
- Local Knowledge
- Part of the Community
- Health Control

- Confidence
- Share Gifts

This assisted in measuring the extent of change and the interviews provided a way to reinforce the outcomes that were captured through the Derby Flower together with establishing any further unintended and intended positive and negative changes. When reviewing the extent of change, there were sometimes significant variances between those recorded through Derby Flowers and those in the interviews, with the interviews representing higher values. Originally, the average of the two were taken; however, it was felt that as the interviews were retrospective and the Derby Flower completed during the process, the Derby Flower values were more reflective and have been utilised. The table below summarises the key outcomes with the extent of change together with the quantity. Quantities are taken from interviews and case studies recorded by Local Area Coordinators.

| Outcome | Percentage Experienced | Percentage Extent of Change |
|--|------------------------|-----------------------------|
| Individuals build trust with the Local Area Coordinator leading to increased self-confidence with improved outlook on life and hope for the future | 49% | 55% |
| Individual builds a close relationship leading to increased dependency | 5% | 55% |
| Individual connects with local people, reducing their social isolation | 66% | 36% |
| Individual re-establishes relationships with neighbours and has increased sense of feeling safe | 6% | 73% |
| Individual attends local community groups with increased sense of feeling part of the community | 57% | 25% |
| Individual is able to undertake tasks themselves increasing their sense of independence | 11% | 60% |
| Individual is supported to clear their property with a reduced risk of fire | 11% | 100% |
| Individual is able to make better informed decisions and manage in crisis leading to | 9% | 28% |

| | | |
|---|-----|------|
| increased sense of feeling more in control of life | | |
| Individual is able to access support to claim benefit increasing sense of financial comfort and control | 15% | 40% |
| Increased sense of relief from depression | 13% | 40% |
| Individuals are supported to retain their property leading to increased sense of financial security and stability | 9% | 100% |

The key outcomes experienced and reported by the greatest number of individuals are the sense of someone to rely on, decreased social isolation and feeling part of the community. These are aims of the service and this is reflected in those that experience them.

The decreased social isolation is as a result of Local Area Coordinators connecting the individual with other people in the community and introducing them to local groups. For many individuals, it was about first working with the Coordinator to gain the confidence to leave the home to socialise locally. This could happen by the Local Area Coordinator attending a club with them for support or introducing them to other local people before they were then able to attend or meet on their own.

The increased sense of feeling part of the community was as a result of being introduced to and encouraged to interact with local community groups. This enabled the individuals to have more local knowledge as they were informed by the Local Area Coordinator and become involved in local activities.

The reduction in social isolation and increased sense of feeling part of the community could be viewed as part of the same theory of change; however, it was reported differently by individuals. Social isolation reduction was as a result of re-connecting with friends, or new friends that they had met, whereas feeling part of the community was more for those going to activities regularly or volunteering and giving back.

In the interviews, individuals described how they did not know where to turn for help prior to Local Area Coordination. The Coordinator provided encouragement and listened to their issues, working together at the individuals' pace to find solutions and

help them achieve their goals. Individuals spoke about their sense of someone to rely on repeatedly as giving them hope, describing it as ‘sunshine in the window’, a ‘catalyst’ or ‘safety net’. The increased confidence and outlook on life was a result of having someone to rely on who was non-judgemental and let them work at their own pace.

A Social Return on Investment Analysis on Catalysts for Community Action and Investment demonstrated that community development work across four communities in England delivered similar key positive outcomes to the beneficiaries. The community development work represented ‘enabling, facilitating and building capacity for a community to address its own needs’ and ‘help people to contribute their time and talent to a wide range of activities’¹⁰—comparable with Local Area Coordination. The outcomes only reported those that were common between all four communities and reported that as a result of intervention—providing encouragement and support and linking in with community groups—beneficiaries reported having a reduced sense of isolation and increased sense of belonging to the neighbourhood. This was ultimately described as providing the participants with a sense of trust and belonging locally, support relationships, resilience and self-esteem and positive functioning.

The sense of improved outlook on the future is also reported by Citizen Advice Direct, as individuals are shown ‘there is a way out’ although it recognises that it ‘starts’ to help solve their issue as this is a less intensive service providing information and advice only (rather than continued support) when compared with Local Area Coordination¹¹.

The sense of empowerment and resilience, trust and belonging and supportive relationships appear to be common across community development work in external research. Another such example are three community projects in Kirklees—one of which specially targets a range of individuals experiencing social isolation and leads to the above reported outcomes for the beneficiaries. The project includes group

¹⁰ Catalysts for Community Action and Investment: A Social Return on Investment analysis of community development work based on a common outcomes framework, October 2010

¹¹ Social Return on Investment of Citizens Advice Direct, Social Value Lab, August 2014

activities and connecting people to their local community¹². These outcomes were also seen in the forecast SROI for Local Area Coordination in Thurrock.

All individuals spoke highly of the Local Area Coordinator, saying that they never provided any pressure, supported them to work at their own pace and were friendly. As the service is one to one and focussed on the individual, it was clear there was the potential for people to build a more personal relationship and become dependent on the Local Area Coordinator. This was apparent with a couple of individuals who could not bear the thought of being without them or likened them to a family member. This was reiterated by Local Area Coordinators who had experienced this on occasion. As such, this was included as a potential unintended negative for the service.

The sense of independence was also felt for a few individuals where they were able to undertake tasks themselves out in the community. This was as a result of the Local Area Coordinator empowering them to undertake tasks themselves by sitting with them while they made a telephone call through to helping them to then leave the home to access local shops and services. A couple of individuals also identified that, through the Local Area Coordinator supporting them to move home or find local people to connect with, they had reconnected with neighbours or moved elsewhere and made new connections, making them feel safer in their community as a result.

Through Local Area Coordinators 'walking alongside' the individual, interviewees reporting feeling more in control. This was through working with the individual to find solutions to their issues, from liaising with the council to making them aware of and enabling them to access local community support. This was reviewed as to whether it was part of the same theory of change in relation to someone to rely on, but not all individuals experienced both. To avoid double counting, the quantity for those experiencing increase in feeling in control does not count those that also felt an increase in someone to rely on. Other community based support models have also demonstrated that individuals can feel more empowered and in control as a result of 'supporting the capacity of the communities to respond to their own issues and

¹² Growing Social Capital: A social return on investment analysis of the impact of voluntary and community sector activities funded by grant aid, nef consulting, March 2012

priorities¹³ and providing 'customers with the knowledge, skills, tools and confidence to deal with their issue'¹⁴.

Individuals in both social rented and their own properties had been supported to resolve financial issues, which provided a sense of financial security and stability. This was through working with housing officers or resolving issues on a mortgage and helping to sell a home. The improvement in mental health from accessing council housing and reduced threat of eviction as reported by individuals were seen to be part of this theory of change rather than separate outcomes. This is supported by research conducted by Citizen Advice Direct that demonstrates support to resolve housing and financial problems leads to an increased sense of security of tenancy and increased financial security and disposable income respectively as a result¹⁵.

Hoarding was cited by a few individuals indirectly as they had received support to declutter. For many, it was the start of a journey and they were still working through their issues but had increased sense of relief from being supported to manage it. This would have an impact on the individuals in terms of mental wellbeing and risk of fire; however, the mental wellbeing was viewed to be part of the theory of change for other outcomes experienced in terms of relief from depression for those that had mental health needs and feeling more in control. In addition, it was cited that this could help prevent eviction, but there was no evidence from the interviews in relation to this so it was not viewed as a material impact. External research on hoarding demonstrates that individuals are at a much greater risk of a fire starting as a result of increased clutter in the home with 70% of hoarders at significant risk of a fire starting¹⁶.

As highlighted in Section 1: Involving Stakeholders, Local Area Coordinators define individuals into primary category groups and therefore the interviewees reflected a range of ages and categories to be more representative. The key outcomes of sense of someone to rely on, reduction in social isolation and increased sense of feeling part of

¹³ Meeting the Shared Challenge, Understanding a Community Led Approach to Health Improvement, Jane Dailly and Alan Barr 2008

¹⁴ Social Return on Investment of Citizens Advice Direct, Social Value Lab, August 2014

¹⁵ Social Return on Investment of Citizens Advice Direct, Social Value Lab, August 2014

¹⁶[http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c51357f=templates\\$fn=hsab-frameset.htm\\$3.0](http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c51357f=templates$fn=hsab-frameset.htm$3.0)

the community were reported by a range of individuals in the interviews from older people to those with mental health needs or physical disabilities. The case studies from Local Area Coordinators also demonstrated common outcomes across different categories to support this assumption. As a result, the analysis does not subcategorise the Level 2 individuals further. This was also tested with Local Area Coordinators and reviewed at the focus group of individuals who represented a range of different categories.

External SROI on Community Development also recognise the nature of community development work is 'extremely varied' and as a result only included common themes across four geographical areas that were working with a range of different people. It supports the assumption in this analysis that the key outcomes of feeling more in control, feeling part of the community, reduced isolation and sense of someone to rely on are outcomes that can be experienced by a range of individuals with varying need.

Many of the individuals interviewed had mental health needs as this represented the greatest percentage of individuals supported. For these individuals, it was identified that there was a specific outcome in relation to relief from depression that was not experienced by other Level 2 individuals. Individuals spoke about how Local Area Coordinators helped them to overcome and better manage their mental health needs from identifying and finding solutions to triggers to developing a support network around them. All of the individuals recognised that the impact of the support they had received would be felt longer term but cited that they were still learning to increase the management of their mental health further. The data from Local Area Coordinators demonstrated that 39% of individuals supported had mental health needs and this outcome is perceived to be experienced exclusively by those categorised as such.

The further review of subcategories of Level 2 individuals does, however, form a recommendation of further evaluation to revisit this and explore if there are variations in the outcomes for different primary categories, gender and age together with the extent of the change.

Family Members and Neighbours

It was identified by individuals and Local Area Coordinators during the interviews that family members and neighbours may also experience material changes. One family member was engaged who reported having more personal time as a result of volunteers supporting her husband and providing care. In addition, a neighbour who attended the interview spoke of her relief from worry as she knew the individual was receiving support from Local Area Coordination. This was reiterated by other individuals who felt their family members were 'happier' and 'less worried' as they were receiving support. This was expressed primarily as a sense of relief for family members rather than improvement in family relationships. Furthermore, those that have been supported to manage their home and garden better could also be of benefit to neighbours through a reduction in waste, improved appearance and reduced health and safety risk. In addition, family members benefit second hand from support for individuals; for example, avoiding eviction and claiming additional benefits where there is another household member present.

Local Area Coordinators

For Local Area Coordinators themselves, the majority highlighted that they were now more active in their own communities or had changed their perceptions towards others as a result of providing such a service. Local Area Coordinators described how they 'looked at things differently', were 'less judgemental' or 'didn't take things for granted' in their personal life. Overall, this different perception and attitude lead to Local Area Coordinators being more involved in their own communities. This included interacting with other residents that they may not have normally engaged with and checking on neighbours, through to attending more community events in their local area. In some instances, this even extended to family members also having increased awareness and involvement locally. Furthermore, there was also reference to feeling more empowered as the Local Area Coordinators' own understanding of how to navigate council services could assist them in their personal lives.

Some Local Area Coordinators had had similar roles previously in terms of supporting others, but it was felt that this role was unique in respect of the flexibility and

engagement with the community, which led to the increased awareness and involvement in their own community. This outcome was deemed to last beyond their time in the role, with a more permanent change in their personal life.

Dependency was also discussed as part of this, which all Local Area Coordinators recognised as a potential unintended negative outcome. Many of the Local Area Coordinators highlighted that this was a learning process that was improving the longer they were in the role and understood the warning signs. It was deemed as a material impact on a small number of cases where the dependency was such that individuals would either continually contact the Local Area Coordinator or demand more of their time longer term.

The one on one support provided to a range of individuals did result in instances where it could be mentally and physically exhausting for the Coordinator, particularly if there were any distractions in their personal life. However, all the Coordinators that acknowledged this challenge also spoke about the sense of achievement and ability to make a difference through their role—seeing ‘something come out of nothing’—which largely outweighed any negatives with regards to impact on their own personal wellbeing.

Although not material outcomes for this analysis, other challenges were raised by Local Area Coordinators and form part of the recommendations to optimise social value. These provide opportunities for improved ways of working that could ultimately increase the ability for Local Area Coordinators to spend more time supporting individuals in the community and are detailed below.

Issues with time spent travelling, recording data and IT were all raised by Local Area Coordinators. It was commented that travel time (and other time which is not direct contact with individuals) could be reduced and data recording managed more effectively with increased IT facilities including mobile phones and laptops together with access to Wi-Fi. It was deemed that the increased time not directly supporting individuals was not a material outcome for this forecast analysis. This was concluded as the current levels of this time would ultimately lead to fewer hours spent with individuals, reflected in quantities and that going forward this would not be a longer

term issue should the IT issues be resolved. Therefore, it rather highlights an opportunity for improvement to increase the resources of the Local Area Coordinators, enabling them to be more effective and spend more time supporting individuals.

It was recognised in the interviews that the nature of the job is such that it results in Local Area Coordinators working on their own in the community. In terms of Health and Safety, all Coordinators were operating within the Lone Working Policy of the Council. This had also helped to reduce instances where Local Area Coordinators were at risk as a result of aggressive behaviour from local people.

In terms of isolation, however, there was the acknowledgement that it can lead to isolation of the Local Area Coordinator themselves. This still recognised that working in the community was seen as a positive way of supporting individuals. Derby City Council have established support mechanisms to mitigate this with a buddy system, together with team meetings and planned supervisions with managers. It was commented that the buddy system in particular provided the opportunity to have ad hoc support and share ideas about individual cases that were particularly difficult.

There was a concern as to how supervision would work as the service expanded both with the capacity of Local Area Coordinators to support one another and the frequency of management support. The challenges in terms of IT and support were more evident for Coordinators that had less of a fixed base. The increase in opportunities for Local Area Coordinators to interact and support one another was also welcomed. At the focus group, it was also reiterated that in some instances other members of the Council made comments when Local Area Coordinators were seen in the Council Offices rather than out in the community. It was felt that again further education of the role and understanding by other departments that Local Area Coordinators need to make use of facilities and attend meetings within the Council Offices on occasion should be communicated.

The understanding of the role was an issue raised by Local Area Coordinators whereby introductions may be received that are not relevant or part of the remit of the service. Whilst this did not have a significant material impact on the Local Area Coordinators

in terms of time, it is a comment that was reflected by other stakeholders and should be explored in the recommendations to optimise social value. The concept of the role is still relatively new and evolving as stakeholders come to understand this different way of working. By increasing awareness, Local Area Coordinators can work most effectively providing support to those who are in greatest need for all encompassing support.

Southern Derbyshire Clinical Commissioning Group (CCG)

Both interviews identified that Local Area Coordination was viewed positively focussing on prevention and early intervention. Through the case studies and feedback received by Adult Social Care, it was making a significant impact to the individuals, resulting in a reduced likelihood of them accessing services in the future. It was recognised that the information to date was limited in terms of establishing the impact on services and the CCG, particularly given the scope and geographical spread of the CCG in relation to Local Area Coordination. However, on a micro level, there was impact for individuals that would translate into positive impact for CCGs. This was primarily through the reduction in visits to GPs as individuals were supported to manage their health issues and overcome isolation together with a reduction in individuals presenting themselves at crisis. This has been expressed in terms of resource reallocation as the intervention is not at a sufficient level to have any significant impact on the resources of local GP surgeries or mental health teams but rather the time can be used for other patients.

Both viewed the service as delivering more tangible outcomes longer term as the service developed and continued to build momentum. It was commented that there is a risk of the model becoming skewed, acting as another service which stakeholders refer into, rather than understanding the unique qualities of the community based approach. This different, less formal approach must be communicated clearly to avoid misconceptions from other stakeholders as to what the service can deliver and ensure expectations are also managed.

It was cited that there was also the potential for the service to support the wider culture change: shifting services to become more person focused. Whilst it was

recognised that Local Area Coordination contributed to this, the impact was viewed to be felt longer term, over the next 5 to 10 years. The service provides an example of a different way of working that can help to embed a new approach to delivering health and care services.

Derby City Council

Adult Social Care deliver and in part fund the service. It was identified that the key outcomes are for individuals providing community based solutions to enable them to 'get a life, not a service'. However, as a result of individuals being supported, there is expected to be less demand on Adult Social Care services. This is in terms of those needing care and support needs, primarily for older people and those with mental health needs, which represent the greatest impact. These are both viewed as material outcomes for Adult Social Care and, although not at a scale that would result in a shift of resources, it represents resource reallocation—freeing up time to assist other individuals that require services with Adult Social Care.

Focus groups and interviews were held with a number of representatives across the council to understand any material impact on different services as a result of Local Area Coordination. This included engagement with Public Health, Neighbourhood Management, Adult Learning and Children Services. As the provider of the service, Adult Social Care were engaged separately throughout the process.

All those interviewed recognised benefits to the individuals that had been supported by Local Area Coordination, although the majority of information had been received indirectly through communication by the service. These were viewed as material impacts for the individuals themselves rather than impacting any council services. The majority of interviewees had been involved with Local Area Coordination during the implementation; however, it was perceived that this involvement has since decreased as the service is now operational.

Adult Learning identified that in some instances, Local Area Coordinators were referring and promoting their programmes, increasing participants or assisting in hosting programmes. At present, it was viewed that this impact was not significant

but there was potential to build and expand on this further. This was not viewed as a material impact over the three years by the stakeholder as not significant currently and unable to quantify impact but increased monitoring and measurement of those individuals being reached that Adult Learning could not, would give a better understanding of any impact.

Neighbourhood Management services identified that Local Area Coordinators could provide the opportunity to support with some elements of their role. The remit of Neighbourhood Officers is much wider and therefore Local Area Coordinators could provide support on a select number of cases that were in relation to support services. However, it was identified that currently there is a need for further clarity over the remit of the role together with regular feedback to assess the impact on individual cases. There was a comment that it was felt the name of the service did not assist with understanding the role. Feedback would also help to inform the scope of Local Area Coordinators and where they can support Neighbourhood Officers. It was recognised that it was also dependent on the length of time the post has been established, as Local Area Coordination is more developed in some locations as it has been operational for longer. Furthermore, there were differences in wards as each Local Area Coordinator is individual and therefore it was felt sometimes inconsistencies could occur in the approach.

It was perceived that by providing clarity over the role to enhance the joined up approach, there could be benefits to other front line staff through the sharing of local knowledge, sourcing of volunteers and supporting communities most in need. However, it was recognised that better understanding of the role as to where Local Area Coordinators were focussed and their scope together with managing expectations was critical to enabling this. As such, it was deemed there were no material impacts forecast but represented an opportunity to build links with Neighbourhoods and other council services to potentially deliver impacts in the future.

Children and Young People Services was engaged to explore the potential in the future to support younger individuals. It was identified that this would be worth reviewing as to whether the model could be transferred down with recognition that

the support would be around both the young person and the involvement of family members. This would need to and assist in establishing any gaps in current service provision to identify where Local Area Coordinators would be best placed to support. Together with Transition 2, Children and Young People Services are able to provide services for young people that assist with preparation into adulthood and help them to integrate into the community. There were no material impacts perceived for Children and Young People Services over the three years as it was viewed that the service should first develop and optimise social value for existing individuals before working with young people.

When reviewing the concept of cultural change, it was felt that Local Area Coordination was still in its infancy and difficult to establish if this was shifting the approach of the council. There were also other organisations that were delivering community solutions that would contribute to this. Currently it was viewed that it was still a new service and was not well known in all areas, particularly as it was not operational across all 17 wards, thereby making it harder to quantify any impact on shifting cultural change.

Transition 2

On engaging with Transition 2, the outcome in preparing for adulthood was already being realised for some individuals that had made connections in the community as a result of Local Area Coordination. Transition 2 also commented that it provided the opportunity at a strategic level to have support and work closely with the service to identify joint working. Whilst it was recognised that the benefit is largely to the individual, the ability for the individual to have community interaction outside of Transition 2 supported their integration into the community and therefore was over and above the impact of any opportunities at the college.

Public Health

For Public Health, Local Area Coordination formed part of a wider agenda, working in partnership with CCGs to deliver preventative services. As part of the focus group with

Derby City Council departments, Public Health also recognised that the majority of the benefit is to the individual themselves, improving their health and wellbeing.

Public Health are currently developing a more centralised information sharing database by linking health and social care records. There is also the opportunity for Local Area Coordinators to feed into this information sharing database which would assist with understanding the support individuals are receiving and impact of service. However, it must be recognised that the information is not used in detail in advance by a Local Area Coordinator to inform them about the individual. The approach of Local Area Coordination is not to focus on past or current use of services but rather start with the individual and the goals they would like to achieve. Whilst this was not viewed as a material impact for Public Health, it does provide the opportunity to more effectively measure the impact of individuals being supported.

More recently, it was identified that Local Area Coordination was providing an opportunity to refer individuals to specific Public Health initiatives such as the Live Well Service. This supported Public Health in the promotion of their services to target individuals, particularly those harder to reach. It was not deemed a material impact as it was not viewed as significant with current levels of referrals. It is recommended that this is recorded more robustly going forward to understand the impact.

NHS Community Support Teams

It was identified that Care Coordinators cover a larger geographical area than Local Area Coordinators and therefore have less opportunity to build the same level of local knowledge. Local Area Coordinators are therefore able to be part of the team, helping to coordinate the response and provide enhanced local knowledge. In particular, Local Area Coordinators are able to assist individuals with issues that are more of a social nature rather than a health concern, particularly in relation to isolation. In addition, it provided the Care Coordinators with increased sense of support knowing that the Local Area Coordinator was there to refer into and discuss more complex cases, acting as a point of contact for those individuals which were not suitable for social care. It was considered that in certain cases, this would have a significant impact on the Care Coordinators' time as they would not need to spend as much effort in

researching local solutions. It was considered that this would be up to as much as a 50% reduction in time on a case and is represented as resource reallocation due to the scale of the intervention.

As with the CCG, increased feedback and information sharing were seen as opportunities for improvement to increase the joint working. The communication of specific cases, outcomes and examples of how a Local Area Coordinator has delivered positive solutions were seen as ways of increasing the understanding and scope of the role together with establishing opportunities to work together more closely with Care Coordinators.

At the focus group, it was highlighted that there had been instances where a Coordinator was less engaged and did not accept an introduction as they perceived it not to be within the remit of their role. This led to the Care Coordinator having less clarity and confidence in when to make an introduction, however, it was viewed that this was at the start of the post and was a far less frequent occurrence now the service was becoming more established.

Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust viewed the service positively, identifying it as a platform that was helping to build community resilience, which supported the aim for people with mental health needs to find more community based and sustainable solutions. It was recognised that this community based support was part of a wider transformational change within the organisation to shift services into the community and the emphasis to community support. This overall change had resulted in a reduction in the number of people treated out of area—being placed in a mental health hospital bed elsewhere in the country. It was viewed that Local Area Coordination contributed to this reduction in a small way, but it was harder to evidence the specific impact that Local Area Coordination was having due to the wider transformational change taking place. This has cost implications and also delays recovery for the individual, impacting their health and wellbeing.

In addition, a longer term aim over the next five years was with respect to a reduction in time for community mental health teams, either through reduction in referrals or decrease time with individuals. It was felt that Local Area Coordination will contribute to this longer term but there is no evidence currently of a reduction, although certain individuals may have been delayed in accessing the support. Community Mental Health Teams did view the service positively and were introducing individuals into the service, proving beneficial on a case by case basis. Longer term, it was cited that this would have a more significant impact and is considered material for the forecast period.

Whilst the impact of Local Area Coordination is difficult to quantify currently, in areas where the service was not active, other methods were being used to build community resilience which could support those with mental health needs to integrate into the community. Local Area Coordination effectively acted as a 'launch pad', helping to speed the process up and increase engagement with the community.

There was concern of a potential risk that the community resilience created from Local Area Coordination is artificially inflated and less sustainable, and it was highlighted that it must be ensured it is embedded and led by the community rather than Local Area Coordinators as a result. In addition, existing community groups must be optimised to ensure sustainable community support. The stakeholder welcomed opportunities to further build accountability in the community through meetings with community leaders to mitigate any risk. It was commented that the recruitment of Local Area Coordinators through community groups was one such example of this accountability and the opportunity to continue this type of engagement, together with the one to one engagement from Coordinators, could prove beneficial.

Councillors

All three councillors spoke positively about the service and the impact to individuals. It was viewed as a critical service in a landscape of increasing funding cuts that supported people in the community. Councillors cited Local Area Coordination to be a preventative service and one that helps to 'keep the community going' by connecting people, particularly in areas where residents were more transient. There was clear support for the continuation of the service from each Councillor with a recognition of the impact it was having on individuals. These were viewed as material impacts for the individuals themselves rather than an impact on the Councillors.

It was cited that Local Area Coordination supported Councillors in their role to help the local community—a key reason why the councillors 'went into local politics'. For one Councillor, this also represented a reduction in terms of time enabling them to support others in the community; however, this was not the case in all instances. More generally, for the Councillors it was the sense of having someone to rely on that they could refer into and that they knew would support the resident more fully providing a sense of comfort and relief. It was viewed these two outcomes were ultimately part of the same theory of change in supporting Councillors to fulfil their role in supporting the community. The reduction in time was not deemed material as it was not significant in the majority of cases but has been recognised as a potential outcome should the service increase in the future. Due to the level of referrals, it was deemed that the Councillors did not experience any material outcomes as the level to which it supported them to fulfil their role was minimal currently. However, it was still viewed as a key service for individuals in the community.

Furthermore, it was highlighted that Local Area Coordinators had the potential in the future to provide insights into the local community that would further enhance and inform the role of the Councillor. Increasing opportunities for formalised meetings at both an operational and strategic level were identified as ways to increase the impact of Local Area Coordination and provide valuable feedback to Councillors as to the impact. This could be achieved by meetings with Local Area Coordinators as well as more strategic meetings with Cabinet and Local Area Coordination managers. It was

also viewed that the service needed to be promoted more widely to build on the success and demonstrate to other stakeholders the value of the service.

Derby Homes

On engaging with Derby Homes, it was recognised that there was a synergy between Derby Homes and Local Area Coordination in the objectives to support local residents from reducing isolation and integrating people into the local community.

It was identified that Housing Officers were supported by Local Area Coordinators on specific and sometimes complex issues. This included helping residents to maintain their tenancy and communicating with officers on wider networks in the local community that could be of use. Furthermore, Local Area Coordinators specifically support officers in navigating health and social care services acting as a conduit. On establishing the impact this has on Derby Homes, it was viewed that currently this was in a small number of cases and therefore it was difficult to assess any impact this was having on Housing Officers' time. It was viewed that currently there was a positive impact on the time of Housing Officers as they needed to spend less time with that individual but it was not significant at the moment. However, it was felt that the impact on the individual was more significant as they could be supported with a range of other issues through their connection with a Local Area Coordinator.

With the demise of Housing Related Support (Support People Programme) in Derby, it was commented that there was a significant gap in service provision of which Local Area Coordinators were contributing to fill in a small part. There was a view that Local Area Coordinators would clearly save officers time going forward and this could be further enhanced by building on the relationship with Derby Homes.

Derby Homes offer, and are developing, their own services and there is an opportunity for Local Area Coordination to link more closely into the work they are doing. This could enable the Local Area Coordinator to utilise the services of Derby Homes and increase communication between the two services. The outcome of a reduction in complex evictions was discussed as a result of support from a Local Area Coordinator but it was viewed that as Derby Homes are already set up to deliver a range of services,

this was not a material impact and the difference Local Area Coordination has made has been less significant for them. Local Area Coordinators are working as part of a much larger team with Derby Homes having Intensive Housing Management Officers, Tenancy Sustainment team, Housing Officers and Mental Health Teams. However, it was cited that Local Area Coordination does push for a more holistic outcome and the advocacy services are strong, particularly in supporting issues with Health and Social Care.

For Community Investment in particular, it was noted that Derby Homes were already undertaking community investment activity prior to Local Area Coordination. In some instances, it was viewed that Derby Homes had supported in building local networks that Local Area Coordination could then utilise. This has included in kind donations through the Local Area Coordinators use of community buildings owned by Derby Homes together with petty cash. It was raised that as each Local Area Coordinator is individual, there had been differing levels of success in the various areas. Where a strong relationship had been built, Local Area Coordinators were able to influence Derby Homes initiatives recruiting volunteers and utilising their own community connections and knowledge.

Derbyshire Fire and Rescue

Local Area Coordinators are working with Community Safety Officers (CSOs) to support individuals in the community. It was identified that CSOs are faced with difficulties when engaging with individuals at a high risk of fire due to restrictions in the Law, which impacts how far they can intervene. Local Area Coordinators provide the opportunity to engage with the individual on a less formalised basis to help them to better manage their home and as a result reduce the risk of fire.

This benefited the Fire Service as it reduced the risk of fire for the individual, ultimately reducing the likelihood of the Fire Service having to respond in an emergency. Furthermore, it reduced the risk of a fire spreading should one start, making it more manageable.

In addition, it was commented that as the Community Safety Officer could refer into the service with the Local Area Coordinator leading the response, this saved both the time of the officer and the time of management as they did not need to intervene and provide guidance on these more complex cases. Local Area Coordinators were seen to be supporting and helping CSOs to fulfil their role.

The Fire Service works across the county and therefore the numbers involved with Local Area Coordinators was relatively small in comparison. However, it was viewed that in those cases that the Local Area Coordinator was involved (which was deemed to be about 1 in 5 complex cases currently in Derby City) there was a significant impact. Due to the scale of the intervention, the reduced call outs and officer time would result in resource re-allocation rather than a reduction in overall resources required by the Fire Service.

It was highlighted that there were opportunities for improvement through increased information sharing and referrals to enable the Fire Service to be aware of more high risk individuals. This involves both strategic and operational involvement with the increased education of Local Area Coordinators and Community Safety Officers to make best use of both services and roles to support individuals.

At the focus group, it was identified that increased joint working would enable the Fire Service to be aware of properties that were vacant, appeared high risk or assumed to be vacant that were in fact occupied to increase the knowledge for fire officers when attending a fire. This, together with the reduction in the number of properties at high risk of fire, could result in increased safety for fire officers when responding to an emergency as risks would be known and fires more manageable.

Derbyshire Constabulary

The Head of Public Protection was engaged to understand any material outcomes that Local Area Coordination had on the Police. This particular unit of the Police ensures a multi-agency approach to allow the sharing of information to assess how best to protect communities, support the most vulnerable and monitor those at risk of re-offending. In areas where Local Area Coordination is active, front line staff within the

force are working with the Local Area Coordinators as part of the multi-agency approach.

The aim of the unit was to continue to increase this joined up approach, and it was felt that Local Area Coordination played a role in increasing this partnership working and 'pulling agencies together'. There was a perception that, when a Local Area Coordinator was involved, they generally led the process, taking responsibility and then linking in with the other agencies.

The impact was viewed to be slight in terms of the overall force due to the current number of Local Area Coordinators operating in comparison to the coverage of the Police. However, it was viewed that where a Local Area Coordinator was involved, there was a material difference in the case individually. Whilst this would not impact the police in terms of resources, it was cited that without the Local Area Coordinator working on those more complicated cases, more time would have been spent by front line staff in coordinating a suitable response.

It was viewed that this could be built upon in the future with further promotion of Local Area Coordinators' work and strengthening their position longer term. The promotion and feedback from individual cases would also support the force in better understanding the impact Local Area Coordination has on the front line staff. This could be both through newsletters to stakeholders together with more formalised meetings as a platform to provide and develop Local Area Coordination. There was a willingness from the police to participate in such a forum to understand how it can be strengthened at a strategic level.

There is the potential through the support provided for Local Area Coordination to reduce instances of neighbour disputes and anti-social behaviour as reported by individuals. It was commented that anything which can reduce issues prior to police intervention is welcomed, particularly as the police service is one of only a few that is active 24/7 and, with the demise of other services, there has been increasing demand on the force. In this respect, Local Area Coordination represented a service that could divert people away from needing police intervention and therefore reducing some of the pressure on the Police (although this would be resource reallocation rather than

having a significant impact on the force due to the quantities and scale of Local Area Coordination compared with Derbyshire Police).

The information in relation to cases where this had been the case was limited and it was recognised that no specifics could be provided on the difference to the force at this time. It was viewed that this would be felt longer term as the individual would be supported to overcome the underlying issues resulting in the anti-social behaviour.

Community and Voluntary Groups

Community groups and local public services spoke positively about the impact of Local Area Coordination citing them as making a positive difference and acting as a 'catalyst' to help support the community.

For those referring into Local Area Coordination, including libraries, schools and more informal community groups, it provided a sense of relief knowing there was someone else 'to bounce ideas off' and discuss cases which were more complex. It enabled the community member to know that the Local Area Coordinator would support the individual and provide the local knowledge. This was expressed both as personal relief for the community member but it was also recognised that by working with Coordinators it reduced administration time either through spending less time with a specific individual or through providing a contact to the Council.

Community members felt able to approach Local Area Coordinators more easily to assist them with Council matters and help them to navigate Derby City Council. It was commented that some organisations were not always sure about whether an introduction was appropriate and would appreciate further feedback and examples to assist with this understanding.

Furthermore, it was identified that through the support of Local Area Coordinators, community groups could be maintained and grown as they helped to promote it to a wider audience. For example, a library highlighted how a coffee morning would not have been sustained without the Local Area Coordinator bringing in attendees and volunteers to help it continue. Another local faith group spoke of how Local Area

Coordinators were introducing them to individuals that could benefit from their volunteer work to help restore and maintain people's gardens and homes. It was felt that the establishment of this volunteer service would have taken much longer and finding and selecting local people to support without the help of Local Area Coordination.

In instances where attendees had been increased, this was not always felt longer term, with the Coordinator bringing individuals to an organisation who then did not continue to engage but for community groups in particular, participants had significantly increased. This meant that community groups could continue to run effectively and would avoid having to promote the service in other ways, of which there was limited capacity to do so.

As well as increased numbers to community groups, some members identified that it had increased the number of volunteers supporting. This was less so for other community organisations and voluntary sector groups but for small community meetings was evident. This increased the capacity of the community groups and helped them in the running from serving teas and coffees to helping to set up. Furthermore, it was cited by some that it increased interaction with other individuals as it provided the opportunity to engage with the volunteers. In many cases, the volunteers had learning difficulties and it increased awareness of community members, providing a friendly environment to build relationships with others in the community.

For voluntary organisations there was more concern over diminishing funding nationally and they felt there was less clarity over the value of Local Area Coordination and how it supported this sector. This analysis demonstrates how Local Area Coordination is complementing and supporting local community groups and it is recommended that this is explored further with the voluntary sector through increased strategic engagement and communication of impact to promote the benefits of the service. For some voluntary organisations, Local Area Coordination was viewed as 'just another service' that coordinated a response and therefore they felt they would not introduce individuals to Coordinators but rather go direct to the organisation that can provide the specific support needed. Again, this demonstrates

different views and understanding of the remit of the role. By increasing engagement with the community through forums, a platform could be created to identify how Local Area Coordination operates and can complement the voluntary sector. This would increase the understanding with the voluntary sector that Local Area Coordination is not 'just a referral service', demonstrating the benefits being delivered to individuals to improve their health and wellbeing and better identify opportunities for joint working.

First Contact

First Contact identified that they referred individuals to Local Area Coordination on occasion. When they receive a referral into their service, they ask 20 questions to establish where best to refer them onto and, if they are unable to find a solution subsequent to this, Local Area Coordination provides an additional source to introduce onto. However, it was commented that it was not always clear as to when they could refer into the service as previous introductions had been returned. It was felt that this differed from ward to ward and the lack of consistency made it difficult to establish what would be a suitable introduction. As such, First Contact are not currently using the service as much as they could. Case examples were identified as one way to provide greater clarity over the type of introductions that could be made to assist First Contact. There was also a need for greater understanding of how introductions and outcomes are captured for accountability purposes so First Contact had sight of the end outcome.

In terms of impact, it was viewed to be only around 1% of referrals and therefore no significant impact was felt currently. However, should further clarity over the role be provided, it was felt that this would increase although due to the geographical scope of First Contact compared with Local Area Coordination as it stands this would be slight. The service was seen as a useful resource and beneficial but by building on the work to date and providing greater awareness over the scope of the role, First Contact would utilise the service more.

First Contact commented that a large percentage of enquiries were health and the service does experience some 'frequent flyers' with complex cases. If Local Area

Coordinators were able to support these individuals this would represent a time saving and is where the service could be most valuable. As a result, it was deemed that there was a material impact over the three years for First Contact with a reduction in officer time due to Local Area Coordinators supporting on complex cases and the increase in introductions moving forward.

Derby Direct

To date, there had been limited engagement between Derby Direct and Local Area Coordination. The stakeholder was engaged to identify potential outcomes should this relationship be developed going forward.

There was the perception that by working in partnership with Local Area Coordinators, introductions could be made to Local Area Coordination and diverted away from other mainstream services. This was discussed with the stakeholder but recognised that it would have impact for individuals and Derby City Council rather than Derby Direct themselves.

In addition, the opportunity to co-locate Local Area Coordinators at Derby Direct on a rotational basis was also highlighted, which could enable individuals calling to receive more support in the first instance without the need to refer on to other services. Co-location would also encourage the sharing of knowledge and raise the awareness of Local Area Coordination amongst Derby Direct staff.

Again, this would represent material benefits for individual primarily rather than Derby Direct. The ability to share knowledge could positively impact Derby Direct staff, but this would be dependent on how the strategic relationship was developed and the potential for co-location. Ultimately, the individual would benefit from the increased knowledge of the staff and therefore it was deemed that Derby Direct would not experience any material outcomes.

Whilst not a material outcome for Derby Direct, it was recognised that there could be opportunities for Derby Direct staff to assist in data collection as they record all individuals who come through the service and capture initial details before referring

onto Local Area Coordination. The recording of all residents using Derby Direct also provides insight into the numbers currently requiring support and could be tracked longer term to identify any decrease in volume, or decrease in referrals to mainstream services, as a result of Local Area Coordination. This would result in a positive impact on Adult Social Care and better quantification of impact.

It is recommended that these opportunities are reviewed further to assess the feasibility and understand any risks that it may pose for Local Area Coordination together with how these could be mitigated. A trial phase could be undertaken with an action learning approach taking feedback from individuals, Derby Direct and Local Area Coordinators to establish effectiveness.

The concept of co-location could strengthen the relationship between Derby Direct and Local Area Coordination, providing a more effective service for those that contact Derby Direct; however, any joint working must ensure that it still upholds the principles of Local Area Coordination. The service is designed to not act as a formal service and be community based with a focus on the individual, thereby taking a different approach to Derby Direct. However, the feasibility of co-location on a regular rotational basis—for example, two Coordinators for one day a week—would result in each Coordinator only being based at the office once a month reducing impact on Local Area Coordinators time in community. Equally, it would need to be carefully promoted to the individuals themselves so they did not view Local Area Coordinators as part of Derby Direct. This could be developed through Local Area Coordinators not specifically advertising their presence but rather support in taking calls and Derby Direct staff putting relevant calls through to them if they think the individual would benefit.

Derbyshire County Council

Derbyshire County Council identified that the support and experience that Derby City Council had been able to provide during the implementation of Local Area Coordination in the county had been invaluable. Derbyshire County Council acknowledged that this had reduced the timescales and management time in setting up the service. However, as this was at implementation stage and less evident in

ongoing support, it has been deemed there are no material outcomes for the County Council over the three years being forecast. Although there are no material outcomes perceived, it highlights the importance of a network for Local Area Coordination to share best practice and have access to tools and templates. For Derbyshire County Council, the added value was in the proximity of Derby City Council increasing the ease at which this knowledge base could be accessed. On a national scale, it demonstrates the importance of sharing experiences within the network and potential for 'partnering' with neighbouring boroughs to support one another at a more local level with the development of the service.



5. Stage 3: Evidencing Outcomes and Giving them a Value

Each stakeholder experiencing material outcomes is discussed in turn, detailing indicators and data collection methods together with quantities, financial proxies and duration. Focus groups were held with different stakeholders to test assumptions and values. The source of each financial proxy is detailed and referenced accordingly.

For individuals, the quantities taken from the monitoring sheet completed by Local Area Coordinators are shown as percentages where relevant and are weighted accordingly to forecast numbers experiencing the outcome. Where data is not collected currently, estimates have been forecast from the interviews and stories calculating how many experienced the outcome together with the use of government statistics where indicated.

The duration of outcomes was explored with all stakeholders. This uses the convention in SROI to account for outcomes from the time period after the activity, even if they occur during the activity. All of the stakeholders engaged, including individuals, cited that the outcomes were expected to last longer term. Local Area Coordinators also spoke of cases where they had seen individuals since in the community who were continuing to engage and experience outcomes past their involvement with the service. To quantify this in years, other external research and SROI reports were reviewed, which identified that health interventions last for between three to four years¹⁷. Recognising the level of support individuals need, the duration was deemed to be 3 years to avoid over claiming. For those outcomes that were directly related to the Local Area Coordinator whilst they were delivering the service, the duration was for one year only. This approach was taken across all outcomes and tested through sensitivity analysis and further review with a range of stakeholders.

¹⁷ Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014

5.1 Individuals accessing Level 1 Support

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for material outcomes for individuals accessing Level 1 support.

Due to the lack of engagement with Level 1 Individuals, the financial proxies were tested with other stakeholders and compared against Level 2 where relevant to give a comparison as the impact on Level 1 individuals recognising for most outcomes the value would be lower.

Feeling less anxious was the most frequent outcome for Level 1 individuals with 85% reporting this in the surveys. This is reflective of the information and advice received to resolve a particular problem which relieves stress and anxiety as a result. Therefore, the financial proxy used was counselling sessions to experience the same relief from stress and anxiety. An alternative financial proxy was considered using the HACT wellbeing value for being able to obtain advice locally at £1,977 (£3,931 for those aged over 50). However, the survey and feedback from other stakeholders was clear that it was the relief from anxiety and worry as a result of getting the advice that was of importance for the stakeholder and therefore the counselling sessions were deemed to be more reflective. This is tested with the sensitivity analysis.

Social isolation was also expected to be a key outcome with Level 1s looking for support to socialise more as it is with Level 2 individuals. The surveys demonstrated 77% experienced this outcome which demonstrates the importance of this outcome for Level 1 as well as Level 2. The value used is the average household expenditure on recreation and culture as it recognises that Level 1 individuals would be going out more and spending money on social activities. The cost uses 80% of the value to demonstrate the extent of change from the surveys. The value is lower than the value for Level 2 individuals however to reflect the difference in the impact of the social isolation on the individuals.

The sustainment of tenancy uses a value to reflect providing homelessness support. An alternative proxy was considered from HACT wellbeing values for being able to

pay for housing at £7,388. However, this was viewed as not being as reflective due to the less intensive nature of Level 1 support and it was more short term to resolve a possible eviction rather than the individual feeling as though they were on top of their housing finances and able to pay longer term. This is tested in the sensitivity analysis.

A number of financial proxies were reviewed for benefit and debt advice leading to increased financial security. Originally the HACT wellbeing value for financial security was considered but this was viewed to not be reflective as this was not a significant outcome for Level 1 and therefore the cost of a debt advice session was used instead with 68% of the value to demonstrate extent of change. Whilst there is a risk that this under claims the financial security that is achieved as a result, it was viewed that this was more appropriate, using the quantity as all those receiving debt advice at any scale.

The quantity assumes that all outcomes are only for individuals accessing Level 1 support as it was estimated by Adult Social Care that 46% comprise active community members that are just looking for general advice and information i.e. would not need support to overcome isolation and be part of the community. As such, all outcomes assume 54% before then applying the percentage experiencing the outcome as recorded in the surveys.

Level 1 Individuals

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|--|--|--|-----------|----------|---|
| Individual connects with local people, reducing their social isolation | Number of individuals reporting a decrease in social isolation (slightly agree or completely agree) Source: Level 1 Surveys and Monitoring Spreadsheet | 793 - 54% individuals of which 77% reported decrease | Average household expenditure 2013 on recreation and culture valued at £63.90 x 52 weeks in the year totalling £3,322.80 ¹⁸ . | £2,658.24 | 3 | 80% of value to demonstrate average extent of change. Quantity from surveys and factoring in 50% are individuals and the remaining were active community members. |
| Individuals attend local community groups with increased sense of feeling part of the community | Number of individuals reporting increased sense of feeling part of the community (slightly agree or completely agree) Source: Level 1 Surveys and Monitoring Spreadsheet | 556 – 54% individuals of which 54% felt part of community | Active citizenship (Quality of Life Index for Community Life Value) ¹⁹ . | £809.13 | 3 | 78% of value to demonstrate average extent of change. Uses active citizenship to demonstrate increase in feeling part of the community. |
| Increased sense of feeling part of the community, giving something back to the community, through volunteering | Number of individuals introduced to volunteering opportunities Source: Level 1 Surveys and Monitoring Spreadsheet | 82 – 54% individuals of which 8% supported to volunteer | Average wellbeing value for individual living outside of London 'regularly volunteering' ²⁰ | £2,307.00 | 3 | Wellbeing cost for volunteering used. 100% extent of change experienced for one individual feeling more part of the community and measure the output of volunteering. |
| Provided with information and advice reducing feeling of anxiousness | Number of individuals provided with advice and information that report feeling less anxious (slightly agree or completely agree) Source: Level 1 Surveys and Monitoring Spreadsheet | 875 – 54% individuals of which 85% reported feeling less anxious | Average cost of counselling sessions (£70) with six sessions to relieve stress ²¹ . | £285.60 | 1 | 68% of value to demonstrate average extent of change. Uses cost of average 6 counselling sessions to relieve stress and worry. |

¹⁸ Source: ONS Household Expenditure 2013, http://www.ons.gov.uk/ons/publications/re-reference-tables.html?newquery=*&newoffset=25&pageSize=25&edition=tcm%3A77-370146

¹⁹ Source: Quality of Life Index Indicator for Community Life Value (Active Citizenship), <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

²⁰ Source: Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org

²¹ Source: NHS Stress Anxiety and Depression, <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|--|--|---------|----------|---|
| Sustainment of tenancy with increased sense of stability and security | Number of individuals supported to maintain their tenancy that were at risk of eviction and report feeling more secure with housing (slightly agree or completely agree) Source: Level 1 Surveys and Monitoring Spreadsheet | 391 – 54% individuals of which 38% felt more secure with housing | Homelessness advice and support that leads to successful prevention (£699) ²² . | £559.20 | 1 | Also considered wellbeing cost for able to pay for housing. Tested in sensitivity analysis. Advice used to recognise that the level of support for each individual would vary. 80% of value used for average extent of change from surveys. |
| Less worried about debt and finances | Number of individuals reporting feeling less worried about finances (slightly agree or completely agree) Source: Level 1 Surveys and Monitoring Spreadsheet | 154 – 54% individuals of which 15% felt less worried about debt | Cost per client for face to face debt advice ²³ | £194.25 | 1 | 75% of value to demonstrate average extent of change with cost of debt advice to achieve sense of relief from debt and finances. |

²² Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

²³ Source: Health and Social Care Costs (page 58), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Individuals accessing Level 2 support

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for material outcomes for individuals accessing Level 2 support.

Quantities are taken from the interviews and case studies together with Derby Flowers completed to provide a more accurate picture as to the numbers experiencing each outcome.

The 'Value Game' was played with Level 2 Individuals at the focus group to support in establishing the value of outcomes. In addition, a focus group was held with nine of the interviewees to review assumptions and financial proxies. This included all members writing a 'wish list' as to what items they would like in order and then placing the said outcome within the list. The financial proxies also consider the extent of change experienced through the use of the Derby Flower and the interviews where individuals were asked on a scale of 1 to 5 to report how they felt before and after the intervention. Where there is a greater disparity between the average extent of change for individuals from the interviews and the Derby Flower, it was considered that the average of the two be used. However, it was deemed that the Derby Flower which was completed at the time rather than retrospectively should provide a more accurate indication of the extent of change and this is utilised to avoid over claiming. The details of the Value Game and Derby Flower are included in Appendix 6 and 7.

Individuals at the interviews and focus groups identified that the sense of someone to rely on and increased social interaction were the key outcomes which the majority would not trade. At the interviews, a couple of interviewees considered trading for a holiday but they commented that it would not be sustainable in the same way i.e. they would have social interaction and relaxation for one week only rather than the longer term impact of the outcomes achieved through Local Area Coordination. Two interviewees did state they would trade the reduced feeling of social isolation for a visitor to the home for 12 hours once a week and both lived alone. As a result, the value for a visitor to the home for 12 hours a week at £88 was used to value this

outcome. The value uses 36% as the extent of change from the Derby Flower for 'People Support'.

For those that reported being more independent as a result, the value uses household expenditure on recreation and culture as people were leaving the house more to undertake tasks including shopping.

The value in relation to having someone to rely on with increased self-confidence and outlook on life used the value of supportive relationships at £15,500 per person per year. At the interviews and when playing the value game, the majority of individuals were not willing to exchange this outcome for any material object. The extent of change uses the average change reported in the interviews. This is the average of those that reported sense of someone to rely on (48%), confidence (48%) and outlook on life (70%) in the interviews. The Derby Flower also reported confidence at 49%. This equated to 55% and a value of £8,576.67. This was also used to represent the potential unintended negative of dependency and is tested further in sensitivity analysis.

Relief from depression was valued using the QALY value for significant depression. The HACT wellbeing value was also considered for relief from depression and anxiety at £36,827, however, it was viewed that this could cause overclaiming as the relief from depression and anxiety as a whole would also form part of other outcomes being valued. The quantities only use those that reported relief from significant depression and uses 40% of the value as reported in the interviews with regards to the extent of change.

HACT wellbeing values were used to describe 'feeling more in control' and those that reported feeling safer with 'wellbeing for good neighbourhood'. Both use the extent of change experienced at 28% and 73% respectively.

From the case studies and interviews, it was identified that 11% had experienced issues with house clutter and hoarding. The outcome was valued to be the reduced risk of threat to life from fire as it was viewed that the other outcomes would form part of the theory of change for feeling more in control and sense of someone to rely on.

The financial proxy uses the average consequence of fire which totals £3,536 excluding cost to criminal justice system, police, prison and non-detected arson. In terms of quantities, the number uses 70% of the 11% were at risk of a fire starting as supported by external evidence with the assumption that 50% actually result in a fire. While there is limited data (as noted in external literature on the matter) on the impact of hoarding on the increased risk of fire, injury and death in the home, Croner reported that 70% of hoarders were at significant risk of a fire starting²⁴. This has therefore been used to assume the quantities and is tested in sensitivity analysis further.

Other values including stability from support to maintain a home and feeling part of the community use values used for Level 1 Individuals with consideration for the extent of change as detailed in the table below.

The data collection source for all indicators is the monitoring spreadsheet, Derby Flowers and interviews with individuals.

²⁴[http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c51357f=templates\\$fn=hsab-frameset.htm\\$3.0](http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c51357f=templates$fn=hsab-frameset.htm$3.0)

Level 2 Individuals

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|--|---------------------------------------|--|------------|----------|--|
| Individuals build trust with the Local Area Coordinator leading to increased self-confidence with improved outlook on life and hope for the future | Number of individuals reporting a change in self-confidence and outlook on future on a scale of 1 to 5 | 187 – 49% of individuals of which 28% | Supportive relationships (Increase in annual value attributed in change from seeing friends and relatives once or twice a week to seeing friends and relatives on most days) ²⁵ . | £8,576.67 | 3 | Value game played with stakeholders and tested at focus group. Uses average of confidence, outlook on life and someone to rely on from interviews (55%). In the interviews, individuals did refer to family members and others that were around but they did not want to burden them and therefore the quantity uses 28% of those reporting the outcome from external evidence that 28% of people with mental health and older people are alone. |
| Individual builds a close relationship leading to increased dependency | Number of individuals identified by Local Area Coordinators as dependent | 68 – 5% of individuals | Supportive relationships (Increase in annual value attributed in change from seeing friends and relatives once or twice a week to seeing friends and relatives on most days). | -£8,576.67 | 1 | Value game played with stakeholders and tested at focus group. Uses average of confidence, outlook on life and someone to rely on from interviews (55%). Quantity taken from interviews with Local Area Coordinators and is tested further in sensitivity analysis. |
| Individual connects with local people, reducing their social isolation | Number of individuals reporting a change in their social isolation with an increase on a scale of 1 to 5 | 900 – 66% of individuals | Visitor to the home for 12 hours a week. £88 per week x 52 weeks of the year = £4,576 ²⁶ . | £1,647.36 | 3 | Uses average 36% extent of change. Tested with stakeholders at focus group and through sensitivity analysis. |
| Individual re-establishes relationships with neighbours and has increased sense of feeling safe | Number of individuals reporting feeling safer in community | 82 – 6% of individuals | Wellbeing for Good Neighbourhood. Uses 73% of cost to demonstrate extent of change ²⁷ . | £1,499.42 | 1 | Uses the wellbeing value for living in a good neighbourhood with 73% extent of change as reported by stakeholders in interviews. |

²⁵ Source: CDF Final Report May 2011 SROI Source: BHPS data 1197-2003 as analysed by Nattavudh Powdthavee (2008)

²⁶ Source: Health and Social Care Costs (page 59), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

²⁷ Source: Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org

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| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|---|--|-----------|----------|---|
| Individual attends local community groups with increased sense of feeling part of the community | Number of individuals that are actively engaged with a local neighbourhood group | 777 – 57% of individuals | Active citizenship (Quality of Life Index for Community Life Value). Uses average of 25% to demonstrate extent of change ²⁸ . | £259.34 | 3 | Uses 25% from Derby Flower for extent of change and feeling part of the community. Active Citizenship used to represent feeling part of the community. |
| Individual is able to undertake tasks themselves increasing their sense of independence | Number of individuals reporting a change in their independence with an increase on a scale of 1 to 5 | 150 – 11% independent that did not experience also feeling more in control | Average household expenditure 2013 for all age households on recreation and culture. Uses 60% to demonstrate average extent of change ²⁹ . | £1,993.68 | 3 | Quantity only includes those that did not also experience feeling more in control to avoid double counting. 60% average change as reported in interviews. |
| Individual is supported to clear their property with a reduced risk of fire | Number of individuals supported to clear house | 53 – 11% of individuals identified as hoarders with 70% at high risk of fire of which 50% have a fire | Average consequence cost of fire totals £3,536 ³⁰ | £2,837.00 | 3 | Financial proxy uses average cost of fatalities per fire at £1,116 and average cost per injuries per fire at £1,721 only and excludes cost to criminal justice system, police, prison and non-detected arson. Quantities uses 70% of those hoarding as per external statistics as to those at risk of fire with the assumption 50% have a fire. |
| Individual is able to make better informed decisions and manage in crisis leading to increased sense of feeling more in control of life | Number of individuals reporting change in feeling in control. | 123 – 9% of individuals reporting feeling in control that did not report increase in someone to rely on | Feeling more in control of life. Value game played with stakeholders. Uses 28% of value used to represent extent of change from Derby Flower ³¹ . | £3,487.12 | 3 | To avoid double counting it excludes those that also reported increase in someone to rely on and confidence. Uses 28% of the value to demonstrate extent of change and wellbeing for 'feeling in control'. |

²⁸ Source: Quality of Life Index Indicator for Community Life Value (Active Citizenship), <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

²⁹ Source: ONS Household Expenditure 2013, http://www.ons.gov.uk/ons/publications/re-reference-tables.html?newquery=*&newoffset=25&pageSize=25&edition=tcm%3A77-370146

³⁰ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

³¹ Source: Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|---|--------------------------|---|-----------|----------|--|
| Individual is able to access support to claim benefit increasing sense of financial comfort and control | Number of individuals accessing benefits through Local Area Coordinator | 286 – 15% of individuals | Cost per client for face to face debt advice ³² . | £259.00 | 1 | Uses cost of debt advice to avoid overclaiming although recognise that the level of information and support from a Local Area Coordinator may be higher. As such the extent of change at 40% is not used and the value is considered at 100% of the value. |
| Increased sense of relief from depression | Number of individuals reporting increased sense of relief from depression | 177 – 13% of individuals | QALY for significant depression at £9,680 x 40% as the average change in relief from depression ³³ . | £3,872.00 | 3 | 13% of individuals from case studies and interviews reported relief from depression recognising their recovery was ongoing. 40% of value used to demonstrate extent of change. |
| Individuals are supported to retain their property leading to increased sense of financial security and stability | Number of individuals supported to maintain home | 123 – 9% of individuals | Homelessness advice and support that leads to successful prevention ³⁴ . | £699.00 | 1 | Also considered wellbeing cost for able to pay for housing as per Level 1. Tested in sensitivity analysis. Advice used to recognise that the level of support for each individual would vary. 100% of value used as a result. |

³² Source: Health and Social Care Costs (page 58), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

³³ Source: QALY Reduction in Depression, <http://www.globalvaluexchange.org/valuations/qaly-valuations-for-a-reduction-in-depression/>

³⁴ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

Family Members and Neighbours

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Family Members and Neighbours. Please note this stakeholder was removed from the final calculation to avoid over claiming as explained in the materiality section due to lack of engagement with this group.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|---|--|---|---------|----------|---|
| Family members worry less about individual | Introductions from Family Members and Neighbours | 232 – 17% of individuals | Average cost of counselling sessions (£70) with six sessions to relieve stress. ³⁵ | £420.00 | 3 | The relief from worry uses value of stress therapy to relieve anxiety. Quantity is those from interviews reporting sense of relief for family members. |
| Neighbours in adjacent properties have increased sense of wellbeing | Number of individuals supported to better manage their home | 300 – 22% individuals supported to improve home and garden | Average cost of counselling sessions (£70) with six sessions to relieve stress. ³⁵ | £420.00 | 1 | Quantity uses same as individuals that received support to better manage their home and reduce hoarding as assume all have neighbours that are impacted. The relief from worry uses value of stress therapy to relieve anxiety. |
| Increased sense of financial stability and security | Number of individuals supported with housing advice that are at risk of eviction and access to claim benefits | 21 – 9% of individuals supported to access housing of which 17% had family | Homelessness advice and support that leads to successful prevention ³⁶ . | £699.00 | 1 | Use value and quantity for individual of which 17% reported impact for family member. |

³⁵ Source: NHS Stress Anxiety and Depression, <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

³⁶ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

Local Area Coordinators

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Local Area Coordinators.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|---|--|---|-----------|----------|--|
| Local Area Coordinator more engaged with their own local community | Number of Local Area Coordinators reporting increased engagement in own community Source: Interviews with Coordinators | 7 – 70% of Local Area Coordinators reported change | Quality of Life Index Indicator for Community Life Value (Active Citizenship) ³⁷ | £1,037.34 | 3 | Active citizenship to represent those that were more involved in community as a result. 5 out of the 7 (70%) Local Area Coordinators interviewed identified this as an outcome. |
| Local Area Coordinator has increased workload to support dependent individual | Number of individuals that are considered to be dependent on the service Source: Monitoring Spreadsheet | 68 – 5% of individuals receiving Level 2 support. Tested with stakeholder. | Uses one day of Local Area Coordinators time | -£209 | 1 | Recognises the additional time spent for Local Area Coordinator to overcome dependency issues. This was tested with stakeholder and there were differences in level and views on dependency. Tested further with sensitivity analysis. Assumption of 5% individuals at level 2 becoming dependent and tested with stakeholder. |

³⁷ Quality of Life Index Indicator for Community Life Value (Active Citizenship), <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

Southern Derbyshire CCG

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Southern Derbyshire.

Local Area Coordinators currently use the Derby flower to measure change across a range of categories. Currently, the assessment includes the change in 'health control' and in 'life control'. Together with the health categorisation of individuals, for example, mental health, this provides an indication as to the percentage of those that have reduced reliance on health services. It was recognised in the interviews with the CCG that there is a need for better quantification as to the impact on health services. This could be by developing the Derby Flower further to establish the outcomes in relation to being in control of their health i.e. does this result in a reduction in GP visits or other support services. This would support in the quantification of impact but also through increased promotion help in raising awareness of the service to other stakeholders and increased understanding of the role.

To understand the extent of reduction in GP visits as a result of feeling more in control of health, external research was used to inform the financial proxy. As noted by care Coordinators, often Local Area Coordinators are supporting those with more social issues that are approaching GP surgeries. As such external research looked at the connection with social isolation and visits to the GP. Although many cite that there is a clear connection between the two with interventions reducing this, it was also recognised that there is limited research on the scale of this intervention. Cohen et al. conducted research into loneliness and utilisation of health services for a group of older people. The group was a representative sample of all older people (rather than those requiring support as with Local Area Coordination) but showed that where there was an intervention over the 12 months, GP visits were 6.83 per person per year and for the control group this increased to 10.84 per person per year³⁸. As a result, this was used to express the change in number of consultations (4.01) being multiplied by the cost of a GP consultation (£41). The quantity uses all those that reported any improvement in feeling in control of health but the financial proxy then uses the

³⁸ The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults, Cohen et al, 2006

average extent of change of 35% to reflect that it would be to differing levels. There may be some instances where feeling more in control of health would lead to increased GP visits as people are more empowered, however, this was viewed to be in a minority of cases and not reflective of the majority. This is supported by the case studies which demonstrate decreases in attendance to GPs.

The average number of consultations for an average person is 6 per year³⁹ although this increases with age, over doubling for those over 80. It was therefore viewed that the above assumptions were also reasonable with regards to reduction and level of visits before and after when considering all individuals reporting increase in health control.

³⁹ <http://www.pulsetoday.co.uk/your-practice/practice-topics/pay/average-gp-practice-receives-136-per-patient-annually-less-than-a-sky-tv-subscription/20009191.article>

Southern Derbyshire CCG

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Southern Derbyshire CCG.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|---|---|---|-----------|----------|--|
| Early intervention preventing need for crisis intervention (resource reallocation) | Number of individuals with mental health needs reporting feeling more in control of life Source: Interviews and case studies | 82 – 6% reported avoiding crisis from interviews and case studies | Cost per case for crisis resolution team for adults with mental health problems (£29,971) ⁴⁰ | £8,391.88 | 3 | Financial proxy is 28% of value to demonstrate average extent of change for feeling more in control of life for those with mental health needs. Consider use of those feeling more in control of life with mental health issues or those reporting relief from depression but viewed that 6% from interviews and case studies that avoided crisis was more reflective. Tested in sensitivity analysis. |
| Reduction in number of visits to the GP (resource reallocation) | Number of individuals reporting feeling more in control of health Source: Monitoring Spreadsheet | 1091 – 80% of individuals reported feeling more in control of health from Derby Flowers | Average unit cost of patient contact with general practitioner lasting 11.7 minutes excluding direct costs (£41 per consultation) ⁴¹ | £57.54 | 3 | Financial proxy is 35% of value to demonstrate average extent of change for feeling more in control of health for individuals. Quantity uses all those categorised as having mental health needs and value represent those with a range of needs from anxiety and depression. |

⁴⁰ Health and Social Care Costs 2014 (pages 219 and 221), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

⁴¹ Health and Social Care Costs 2014 (pages 119), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Derby City Council

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Derby City Council.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|---|---|---|-----------|----------|---|
| Reduction in demand on care and support services for older people | Number of older people supported reporting more in control of health Source: Monitoring Spreadsheet | 228 – 25% of individuals that are older people of which 67% reported increase in health control | Average gross weekly cost of day care or day service for adults and older people over a year (£92 x 52 weeks = £4,784) ⁴² | £1,674.40 | 3 | Financial proxy is 35% of value to demonstrate average extent of change for feeling more in control of health for older people. Alternative cost considered community care package for older person at £382 per week but day care services better reflected social support through service as older people may still have certain health needs as they age. Tested in sensitivity analysis. |
| Reduced demand on mental health services for those suffering from depression | Number of individuals with mental health needs reporting relief from depression Source: Monitoring Spreadsheet | 177 – 13% of individuals reporting relief from depression in interviews and case studies | Average cost of service provision (local authority) for adult suffering from depression and or anxiety per person per year. (£977+£4,522) ⁴² | £1,924.65 | 3 | Financial proxy is 35% of value to demonstrate average extent of change for feeling more in control of health for those with mental health and therefore reduction in cost of service provision. Quantity uses all those that reported relief from depression. |
| Reduced demand on Mental Health community teams | Included within the financial proxy above and not included as a separate outcome to avoid overclaiming. | | | | | |

⁴² Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

Transition 2

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Transition 2.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|---|------------------------------|---|---------|----------|--|
| Assist Transition 2 in support young people to integrate into community through volunteering locally | Number of individuals supported to volunteer attending Transition 2 Source: Transition 2 records | 8 individuals each year = 24 | Volunteer time for 1 hour each week (using minimum wage of £7.20) ⁴³ . | £374.40 | 1 | Transition 2 would have had to provide a volunteer to take young people out into the community to achieve same impact and therefore cost uses one hour of volunteer time per week based on young person volunteering once per week. Quantity advised by stakeholder (no. volunteering in the community). |

⁴³ Source: GOV UK, <https://www.gov.uk/national-minimum-wage-rates>

NHS Community Support Teams

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for NHS Community Support Teams.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|---|---|--|---------|----------|--|
| Decrease in Care Coordinator time dealing with complex case (resource reallocation) | Number of introductions made by CC to LAC Source: Monitoring Spreadsheet | 218 – 16% of introductions from Care Coordinators | Care Coordinator Time using average unit cost per hour (£21) for clinical support worker based on a saving of one day (7 hours) per case (resource reallocation) ⁴⁴ | £147.00 | 1 | Tested with stakeholder. Quantity uses number of introductions currently from Care Coordinators. Cost uses assumption of saving one day per case from stakeholder engagement. Further tested with stakeholders and recognised that this does vary depending on the nature of the case but was deemed reflective. Tested in sensitivity analysis. |

⁴⁴ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

Derbyshire Healthcare NHS Foundation Trust

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Derbyshire Healthcare NHS Foundation Trust.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|---|---|--|-------------|----------|--|
| Avoidance of use of mental health beds out of area | Reduction in number of out of area mental health beds utilised Source: Foundation Trust Data | 1 | Average cost for trusts using mental health beds out of area ⁴⁵ | £626,086.96 | 3 | Financial proxy uses average cost increase in 2013/14 for use of out of area beds and therefore a quantity of 1. |
| Reduced demand on mental health community teams | Number of individuals reporting relief from depression Source: Monitoring Spreadsheet | 177 – 13% reported relief from depression | Cost per contact with community mental health team assume reduction of one contact per month over the year ⁴⁶ | £1,536.00 | 3 | Financial proxy assumes reduction of contacts with community mental health team as advised by stakeholder and mental health service managers. It assumes a reduction of one contact per month over the year. |

⁴⁵ Source: Community Care Rise in Mental Health Patients sent out of area for beds, <http://www.communitycare.co.uk/2014/05/06/rise-mental-health-patients-sent-hundreds-miles-care-nhs-overwhelmed-demand/>

⁴⁶ Source: Health and Social Care Costs 2014 (page 218), <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Derby Homes

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Derby Homes.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|--|--|--------|----------|---|
| Local Area Coordinator support housing officers reducing officer time | Number of individuals supported with housing advice that are Derby homes tenants Source: Monitoring Spreadsheet | 532 – 39% of Level 2 individuals were Derby Home Tenants | Housing Officer time at 2 hours per case. Average salary from Derby Homes (between £17,161 and £21,159 per annum). | £20.10 | 1 | The quantity uses the number of individuals supported by Local Area Coordinators that are Derby Homes Tenants. Time of housing officer uses average salary and 2 hours per case. Tested with stakeholder. |

Derbyshire Fire and Rescue

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Derbyshire Fire and Rescue.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|--|--|-----------|----------|--|
| Individuals are at a reduced risk of fire starting reducing call outs | No. of individuals receiving support to better manage their home identified as high risk Source: Monitoring spreadsheet and CSO assessments | 53 – 11% of individuals with 70% at high risk of fire of which 50% have a fire | Average unit cost per fire to fire service ⁴⁷ | £3,659.00 | 3 | The quantity estimates the number of individuals that have been supported with hoarding using case studies and interviews together with statistical evidence of a 70% chance of a fire starting in a high risk home. There is limited data (as noted in external literature on the matter) on the impact of hoarding on the increased risk of fire, injury and death in the home but Croner reported that 70% of hoarders were at significant risk of a fire starting ⁴⁸ . Assumes 50% have a fire. |
| Local Area Coordinator support CSO reducing officer time and visits | No. of cases referred to LAC by CSO Source: Monitoring spreadsheet | 41 – 3% of introductions from fire service | Average unit cost for fire safety labour per hour (£18) ⁴⁷ . Assume 5 hours per case. Management time at one hour per case (£30). | £120.00 | 1 | Quantity uses the number of introductions CSOs have made to the service. The five hours saved for CSOs was estimated by the Station Manager. This uses average costs for fire safety labour. Management time estimated at £30 per hour. Tested with stakeholder. |
| Reduced risk of threat to life for fire officers | Number of high risk fires reduced that led to reduced risk of threat to life for fire officers | The reduced threat to life for fire officers themselves was not deemed to be a material impact due to insufficient evidence and impact due to scale of intervention and number of fires that could have occurred which would have resulted in death to a fire officer. | | | | |

⁴⁷ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

⁴⁸ [http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c5135?f=templates\\$fn=hsab-frameset.htm\\$3.0](http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c5135?f=templates$fn=hsab-frameset.htm$3.0)

Derbyshire Constabulary

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Derbyshire Constabulary.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|--|--|---|---|---------|----------|--|
| Reduction in time spent by officer coordinating response to support individual (resource reallocation) | Number of cases referred by police where Local Area Coordinator has resolved issue Source: Monitoring Spreadsheet | 41 – 3% of introductions from Derbyshire Police | Unit cost of Police Officer, Inspector and Above cost per hour (£60) ⁴⁹ . Assumes 4 hours of officer time saved per case. Tested with stakeholder. | £240.00 | 1 | Tested with stakeholder and assumes a saving of 4 hours of officer time per case when Local Area Coordinators are introduced through the multi-agency unit and lead the support. |
| Reduction in neighbourhood disputes and anti-social behaviour call outs | Number of cases were neighbourhood disputes and anti-social behaviour was resolved by Local Area Coordinator | Not deemed material: insufficient evidence on extent of impact and amount attributable to Local Area Coordination for this outcome. | | | | |

⁴⁹ Source: New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database

Local Community Groups

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for Local Community Groups.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|--|---|-----------|----------|--|
| Access to advice and information reducing administration time | Number of community groups citing decrease in administration time as a result Source: Monitoring Spreadsheet | 219 – Number of community members forecast to access advice and information at Level 1 | Volunteer time for one hour. ⁵⁰ | £7.20 | 1 | Reduction of one-hour administration time valued at minimum wage for volunteer as a result of accessing information and advice from Local Area Coordinator. |
| Reduction in time spent promoting services | Number of groups supported by LACs who report reduction in time promoting services Source: Monitoring Spreadsheet | 25 – assumes 10 groups per Local Area Coordinator over the three years supported. | Volunteer time for 12.6 hours (average time people volunteer for formally) to support community group (using minimum wage) each month ⁵¹ | £1,088.64 | 1 | Represent average volunteer time at minimum wage to represent impact for local community groups in helping to run and promote service. |
| Community members have increased sense of 'peace of mind' | Number of introductions made by community groups to LAC Source: Monitoring Spreadsheet | 68 – number of introductions forecast from community members (5%) | Average cost of counselling sessions (£70) with six sessions to relieve stress. ⁵² | £420.00 | 1 | Uses average cost of counselling sessions to describe relief from stress and worry as a result. Only felt for one year as once introduced would not be felt longer term. |

⁵⁰ Source: GOV.UK Minimum Wage Rates, <https://www.gov.uk/government/news/new-national-minimum-wage-rates-announced>

⁵¹ Source: GOV.UK Minimum Wage Rates, <https://www.gov.uk/government/news/new-national-minimum-wage-rates-announced>

⁵² Source: NHS Stress Anxiety and Depression, <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

First Contact

The table below summarises the indicators, data collection source, quantities, financial proxies and duration for any material outcomes for First Contact.

| Outcome | Indicator and Data Collection | Quantity for Analysis | Financial Proxy | Value | Duration | Comment |
|---|--|---|--|-------|----------|--|
| Reduction in frequent users of First Contact, reducing time of officer on complex cases | Number of introductions made by First Contact to Local Area Coordination Source: Local Area Coordination Monitoring Spreadsheet | 43 – 3% of Level 2 Individuals based on current introductions with increase of 5% of three years. | Cost of officer time saved equating to one hour at National Minimum Wage (£7.20) ⁵³ . | £7.20 | 1 | It was identified that enhancing the relationship with Local Area Coordination could lead to a reduction in officer time particularly on complex cases and those involving frequent users of First Contact to find sustainable solutions in the community. This was equated to one hour of officer time per case introduced with an assumption that the number of introductions would increase by 5% over the three years. This was tested with the stakeholder. |

⁵³ Source: GOV UK, <https://www.gov.uk/national-minimum-wage-rates>



6. Stage 4: Establishing Impact

6.1 Deadweight, Attribution, Drop Off and Displacement

In the interviews, stakeholders were asked what would have happened anyway if they had not had the support of the Local Area Coordinator. The responses varied from some citing that they 'may not be here' or 'can't imagine' whilst others felt the large majority was down to Local Area Coordinators. For these individuals, they recognised that in part some of the outcomes would have happened anyway but it would have taken longer to achieve them. This was further tested at the focus groups with individuals, whereby participants demonstrated how much was as a result of Local Area Coordination pictorially. The responses ranged from 0% would have happened anyway up to 30%. On further discussion, it was felt that 20% was a reasonable assumption for the analysis and reflective of the experiences of individuals.

In addition, external reports identify the deadweight for similar interventions to be around 15%⁵⁴-18%⁵⁵ and the Thurrock analysis used deadweight at 13%. Therefore 20% was deemed to be a reasonable assumption for those outcomes directly attributable to Local Area Coordination. This was further tested with a range of other stakeholders through the focus groups held.

The deadweight for Level 1 individuals is perceived to be higher as they have less intensive needs. Due to the limited engagement with these individuals, local and government statistics have been used to calculate deadweight with attribution calculated from the surveys at 58% as to whether an issue was resolved completed or partially through Local Area Coordination.

Attribution proved difficult to quantify as the individuals have different experiences. In addition, there is limited information as to the involvement of other agencies from the monitoring spreadsheet captured by Local Area Coordination. Only 8% of introductions were self-introductions, however, this does not establish whether that agency continues to be involved with the individual after the introduction. Again

⁵⁴ Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014

⁵⁵ Health Deadweight (Neighbourhood Renewal Fund), Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

this was asked in the interviews with individuals and the focus group. On review with the focus group, the attribution was revised down to 30% as individuals recognised that although other people may have been involved, the majority was attributable to the Local Area Coordinator.

In contrast, the attribution used in the Thurrock analysis was higher, however, the extent of change (how extensive the improvement is) for each outcome was also higher. For Derby, there appears to be greater attribution to Local Area Coordination with a reduced impact on other stakeholders and decreased extent of change. One possible explanation is that this demonstrates the value of the service to individuals with Local Area Coordination leading the response but highlights the importance of also working with agencies to further enhance the extent of change realised.

The deadweight, attribution, drop off and displacement assumptions are summarised in the table below.

| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|---------------------|--|------------|--|-------------|--|----------|--|--------------|---------------------------|
| Level 1 Individuals | Individual connects with local people, reducing their social isolation | 22% | 22% of people never feel lonely | 58% | 58% from surveys as to whether the issue was partially or completely resolved by LAC | 50% | Continue to attend social groups themselves | 0% | No displacement perceived |
| | Individuals attend local community groups with increased sense of feeling part of the community | 65% | 34.8% not connected to community ⁵⁶ | 58% | 58% from surveys as to whether the issue was partially or completely resolved by LAC | 50% | Dependent on Level 1 individual continuing to volunteer | 0% | No displacement perceived |
| | Increased sense of feeling part of the community, giving something back to the community, through volunteering | 20% | Number of people at risk of social exclusion that volunteer ⁵⁷ | 58% | 58% from surveys as to whether the issue was partially or completely resolved by LAC | 50% | Integration into community would become dependent on Level 1 individual continuing | 0% | No displacement perceived |
| | Provided with information and advice reducing feeling of anxiousness | 23% | HCA attribution for community support based in neighbourhood ⁵⁸ | 58% | 58% from surveys as to whether the issue was partially or completely resolved by LAC | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| | Sustainment of tenancy with increased sense of stability and security | 66% | 66% achieve positive outcome when faced with homelessness | 58% | 58% from surveys as to whether the issue was | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |

⁵⁶ National Survey of Wellbeing, ONS, <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/index.html>

⁵⁷ TimeBank Website, <http://timebank.org.uk/key-facts>, accessed June 2015

⁵⁸ Community (Other) Displacement, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

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| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|---------------------|--|------------|--|-------------|--|----------|--|--------------|---------------------------|
| | | | and supported to remain in home in Derby ⁵⁹ | | partially or completely resolved by LAC | | | | |
| | Less worried about debt and finances | 33% | 66% of people don't resolve problem 12 months down line without intervention ⁶⁰ | 58% | 58% from surveys as to whether the issue was partially or completely resolved by LAC | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Level 2 Individuals | Individuals build trust with the Local Area Coordinator leading to increased self-confidence with improved outlook on life and hope for the future | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |
| | Individual builds a close relationship leading to increased dependency | 20% | Deadweight as reported by individuals in terms of support | 0% | Directly as a result of the relationship with the Local Area Coordinator. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| | Individual connects with local people, reducing their social isolation | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |

⁵⁹ Total Reported Cases of Homelessness Prevention and Relief by Outcome and Local Authority, 2013/14, DCLG

⁶⁰ Unit Costs of Health and Social Care 2014, PSSRU, Compiled by Lesley Curtis, <http://www.pssru.ac.uk/project-pages/unit-costs/2014/>

| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|---------------------|---|------------|---|-------------|--|----------|--|--------------|---------------------------|
| | Individual re-establishes relationships with neighbours and has increased sense of feeling safe | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |
| Level 2 Individuals | Individual attends local community groups with increased sense of feeling part of the community | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |
| | Individual is able to undertake tasks themselves increasing their sense of independence | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |
| | Individual is supported to clear their property with a reduced risk of fire | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |
| | Individual is able to make better informed decisions and manage in crisis leading to increased sense of feeling more in control of life | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 50% | Dependent on individuals continuing past support of Local Area Coordinator | 0% | No displacement perceived |

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| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|-------------------------------|---|------------|---|-------------|--|----------|---|--------------|---------------------------|
| | Individual is able to access support to claim benefit increasing sense of financial comfort and control | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Level 2 Individuals | Increased sense of relief from depression | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 70% | Average chance of relapse after one, two or three previous episodes ⁶¹ | 0% | No displacement perceived |
| | Individuals are supported to retain their property leading to increased sense of financial security and stability | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Family Members and Neighbours | Family members worry less about individual | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 24% | Quality of life deterioration ⁶² | 0% | No displacement perceived |

⁶¹ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

⁶² Age UK Later Life in the United Kingdom April 2015

| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|-------------------------|--|------------|--|-------------|---|----------|---|--------------|---------------------------|
| | Neighbours in adjacent properties have increased sense of wellbeing | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| | Increased sense of financial stability and security | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Local Area Coordinators | Local Area Coordinator more engaged with their own local community | 25% | Estimated from interviews when assessing deadweight with stakeholder | 0% | No attribution as a direct result of intervention | 25% | Community involvement then continues as a result of the relationships built | 0% | No displacement perceived |
| | Local Area Coordinator has increased workload to support dependent individual | 0% | Would not have happened without intervention | 0% | No attribution as a direct result of intervention | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Southern Derbyshire CCG | Early intervention preventing need for crisis intervention (resource reallocation) | 92% | 8.3% were crisis contacts in 2012/13 ⁶³ | 30% | Attribution as reported by individuals. Tested with stakeholders and in sensitivity analysis. | 70% | Average chance of relapse after one, two or three previous episodes ⁶⁴ | 0% | No displacement perceived |

⁶³ Key Facts and Trends in Mental Health, 2014, Mental Health Network NHS Confederation, <http://www.nhsconfed.org/resources/2014/01/key-facts-and-trends-in-mental-health---2014-update>

⁶⁴ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

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| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|--------------------|--|------------|---|-------------|--|----------|--|--------------|---------------------------|
| | Reduction in number of visits to the GP (resource reallocation) | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. Tested with stakeholders and sensitivity analysis. | 24% | Quality of life deterioration ⁶⁵ | 0% | No displacement perceived |
| Derby City Council | Reduction in demand on care and support services for older people | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. | 24% | Quality of life deterioration ⁶⁶ | 0% | No displacement perceived |
| | Reduced demand on mental health services for those suffering from depression and/or anxiety | 20% | Deadweight as reported by individuals in terms of support | 50% | Attribution as reported by individuals at 30%. Increased to 50% to account for impact within mental health teams as advised by stakeholder | 50% | Average chance of relapse after one, two or three previous episodes ⁶⁷ . Assume 50% as less intensive needs than with crisis prevention | 0% | No displacement perceived |
| Transition 2 | Assist Transition 2 in support young people to integrate into community through volunteering locally | 50% | 50% as advised by stakeholder as 50% also occurs through existing relationships with other agencies and volunteers helping young people | 0% | Captured within deadweight as advised by stakeholder | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |

⁶⁵ Age UK Later Life in the United Kingdom April 2015

⁶⁶ Age UK Later Life in the United Kingdom April 2015

⁶⁷ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|--|---|------------|---|-------------|--|----------|--|--------------|---------------------------|
| NHS Community Support Teams | Decrease in Care Coordinator time dealing with complex case (resource reallocation) | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. LAC lead response. | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Derbyshire Healthcare NHS Foundation Trust | Avoidance of use of mental health beds out of area | 80% | As advised by stakeholder. | 95% | As advised by stakeholder. | 70% | Average chance of relapse after one, two or three previous episodes ⁶⁷ | 0% | No displacement perceived |
| | Reduced demand on mental health community teams | 80% | As advised by stakeholder. | 95% | As advised by stakeholder. | 50% | Average chance of relapse after one, two or three previous episodes ⁶⁸ . Assume 50% as less intensive needs than with crisis prevention | 0% | No displacement perceived |
| Derby Homes | Local Area Coordinator support housing officers reducing officer time | 75% | Tested with stakeholder and recognises in majority of cases other support services in Derby Homes would be utilised | 30% | Attribution as reported by individuals. LAC lead response for CSOs | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Derbyshire Fire and Rescue | Individuals are at a reduced risk of fire starting reducing call outs | 80% | Fire Service identified 1 in five complex cases where LAC supports and reduces risks of call outs | 50% | Working in partnership with Community Support Officer | 50% | Potential for relapse and | 0% | No displacement perceived |

⁶⁸ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

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| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|---------------------------------------|--|------------|--|-------------|---|----------|---|--------------|---------------------------|
| | Local Area Coordinator support CSO reducing officer time and visits | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals. LAC lead response for CSOs | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Derbyshire Constabulary | Reduction in time spent by officer coordinating response to support individual (resource reallocation) | 20% | Uses deadweight identified by individuals as majority of cases involved, the impact would not have happened without Local Area Coordinator. Tested with stakeholder. | 60% | Recognises that it is a multi-agency approach and others can be involved. Tested with stakeholder | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| Community and voluntary organisations | Access to advice and information reducing administration time | 20% | Deadweight as reported by individuals in terms of support | 30% | Attribution as reported by individuals | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| | Reduction in time spent promoting services | 26% | Percentage that normally volunteer regularly nationally ⁶⁹ | 30% | Attribution as reported by individuals | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |
| | Community members have increased sense of 'peace of mind' | 69% | Advised by community members from focus group | 30% | Attribution as reported by individuals | 0% | Only felt for as long as intervention present | 0% | No displacement perceived |

⁶⁹ TimeBank Website, <http://timebank.org.uk/key-facts>, accessed June 2015

| Stakeholder | Outcome | Deadweight | Data Source and Comment | Attribution | Data Source and Comment | Drop Off | Data Source and Comment | Displacement | Data Source and Comment |
|---------------|---|------------|---|-------------|--|----------|---|--------------|---|
| First Contact | Reduction in frequent users of First Contact, reducing time of officer on complex cases | 90% | The cases would currently be referred onto other services. Tested with stakeholder. | 0% | Direct result of Local Area Coordination and already captured in deadweight. | 0% | Only felt for as long as intervention present | 10% | Potential for displacement onto other services although majority would be empowered to be self-sufficient and find long term solutions. |

6.2 Calculating the Impact

Using the deadweight, attribution and drop off, the impact for each outcome is calculated using the below formula:

Impact = (Quantity of outcome x financial proxy) * (1 – deadweight percentage) * (1 – attribution percentage)

Drop off is considered for subsequent years as per the below:

Impact for year x = impact for year (x – 1) * (1 – drop off percentage)

The total impact is calculated to be £3,707,425.77 for year 1.

7. Stage 5: Social Return Calculation

7.1 Calculating the Impact

The social return can now be calculated using the impact and drop off calculated.

First the net present value (NPV) must be calculated by adding up the costs and benefits paid or received for each outcome over the length of the outcome.

In order that these costs and benefits are comparable, a process called discounting is used. Discounting recognises that people generally prefer to receive money today rather than tomorrow because there is a risk or an opportunity cost, known as the 'time value of money'. For the public sector, the basic rate recommended in HM Treasury's Green Book is 3.5 per cent and used in this analysis.

Net Present Value = (Present value of benefits) – (Value of Investments)

Present Value (PV) is calculated as per the below:

$$\begin{array}{r}
 \text{PV} \\
 = \\
 \text{Value of} \\
 \text{impact in} \\
 \text{yr. 1} \\
 \hline
 (1+r) \\
 + \\
 \text{Value of} \\
 \text{impact in} \\
 \text{yr. 2} \\
 \hline
 (1+r)^2 \\
 + \\
 \text{Value of} \\
 \text{impact in yr.} \\
 \text{3} \\
 \hline
 (1+r)^3 \\
 + \\
 \text{Value of} \\
 \text{impact in yr.} \\
 \text{4} \\
 \hline
 (1+r)^4 \\
 + \\
 \text{Value of} \\
 \text{impact in yr.} \\
 \text{5} \\
 \hline
 (1+r)^5
 \end{array}$$

r = discount rate = 3.5%

Using the above formulas, the net present value was calculated at £4,708,800.49.

NPV = £6,468,246.24 - £1,759,445.75

From this the SROI ratio can be calculated:

SROI = Present Value / Value of Inputs = £6,468,246.24 / £1,759,445.75 = £3.68

Therefore, it is estimated that for every £1 invested approximately £3.68 is generated in social value.

This is the first analysis for this project and it is understood that variations in deadweight, attribution, drop off and displacement will impact on the social value generated. It is recommended that further consultation with stakeholders, following this report, takes place to assess the reliability of the data and assumptions.

7.2 Sensitivity and Materiality Testing

The sensitivity analysis assesses the more significant impacts together with assumptions made to ensure the social value is reflective, transparent and does not over claim.

On assessing the significance of each impact, it was identified that the following outcomes were deemed not to be of a magnitude that were significant to the overall context:

- Provided with information and advice reducing feeling of anxiousness (Level 1 individuals)
- Sustainment of tenancy with increased sense of stability and security (Level 1 individuals)
- Less worried about debt and finances (Level 1 individuals)
- Local Area Coordinators being more engaged with their own local community
- Local Area Coordinators have increased workload to support dependent individual
- Decrease in Care Coordinator time dealing with complex case (resource reallocation)
- Local Area Coordinator support CSO reducing officer time and visits
- Reduction in time spent by officer coordinating response to support individual (resource reallocation) for Derbyshire Constabulary
- Reduction in frequent users of First Contact and increase number of introductions, reducing time of officer on complex cases;

Certain outcomes were retained following review as they were deemed important to stakeholders and therefore still significant:

- Provided with information and advice reducing feeling of anxiousness (Level 1 individuals)
- Sustainment of tenancy with increased sense of stability and security (Level 1 individuals)
- Local Area Coordinators being more engaged with their own community
- Local Area Coordinators have increased workload to support dependent individual
- Decrease in Care Coordinator time dealing with complex case (resource reallocation)
- Local Area Coordinator support CSO reducing officer time and visits
- Reduction in time spent by officer coordinating response to support individual (resource reallocation) for Derbyshire Constabulary

For NHS Community Support Teams, Derbyshire Fire and Rescue and Derbyshire Constabulary, the outcomes were considered significant to the stakeholder as both had commented that while the overall scale was small, the impact on individual cases was significant and important for the stakeholder.

There is no one outcome that can reduce the ratio to £1:£1 although certain outcomes reduce the SROI ratio significantly.

The most significant outcomes are as follows:

- Individual builds trust with Local Area Coordinator with a sense of someone to rely on leading to increased self-confidence and improved outlook on life (Level 2);
- Decrease in social isolation (Level 1 and Level 2)

Together these outcomes account for 61.97% of the total value. This is tested further in sensitivity analysis by reducing the quantities and removing the impact to assess difference on ratio. Although they clearly make a significant contribution

to the overall SROI Ratio, they are the key outcomes reported by individuals and other stakeholders as to the most important outcomes. The building of the relationship with an individual is core to the approach of Local Area Coordination and decreasing social isolation is a critical aim.

From the sensitivity analysis table on the following page, the social value forecast can be estimated to be between £3.00 and up to £4.52 for every £1 invested. The lowest ratio was £2.42 increasing attribution from 30% to 60%. The assumptions used in the value map estimate the social value is £3.68.

Therefore, it can be said that Local Area Coordination services deliver between approximately £3.50 and up to £4 for every £1 invested.

Sensitivity Table Summary

| Stakeholder | Outcome | Sensitivity Testing | SROI Ratio | Difference (£) | % variance |
|------------------------------|--|---|------------|----------------|------------|
| Level 1 Individuals | Provided with information and advice reducing feeling of anxiousness | Use alternative proxy for wellbeing of obtaining advice locally at £1,977 | £ 3.84 | £ 0.16 | 4% |
| | Sustainment of tenancy with increased sense of stability and security | Use alternative proxy for wellbeing for being able to pay for housing at £7,388 | £ 3.84 | £ 0.16 | 4% |
| | Individual connects with local people, reducing their social isolation | Removal of outcome from analysis | £ 3.03 | -£ 0.65 | -18% |
| | | Reduction in quantity by 50% | £ 3.35 | -£ 0.33 | -9% |
| | All outcomes | Removal of all outcomes | £ 2.84 | -£ 0.84 | -23% |
| Level 2 Individuals | Individual connects with local people, reducing their social isolation | Removal of outcome from analysis | £ 2.89 | -£ 0.79 | -21% |
| | | Reduction in quantity by 50% | £ 3.28 | -£ 0.40 | -11% |
| | Individuals build trust with the Local Area Coordinator leading to increased self-confidence with improved outlook on life and hope for the future | Removal of outcome from analysis | £ 2.83 | -£ 0.85 | -23% |
| | | Reduction in quantity by 50% | £ 3.25 | -£ 0.43 | -12% |
| | Individual builds a close relationship leading to increased dependency | Use Derby Flower confidence (49%) and people support (36%) averages for extent of change | £ 3.54 | -£ 0.14 | -4% |
| | Individual is supported to clear their property with a reduced risk of fire | Assume 10% become dependent | £ 3.42 | -£ 0.26 | -7% |
| | Individual is able to make better informed decisions and manage in crisis leading to increased sense of feeling more in control of life | Assume all 70% at risk of having a fire turns into a fire | £ 3.77 | £ 0.09 | 2% |
| | Individual is supported to retain their property leading to increased sense of financial security and stability | Removal of feeling more in control of life and assume part of the theory of change for improved outlook on life | £ 3.45 | -£ 0.23 | -6% |
| | Use alternative proxy for wellbeing for being able to pay for housing at £7,388 | £ 3.93 | £ 0.25 | 7% | |
| Level 1 and 2 Individuals | Individual attends local community groups with increased sense of feeling part of the community | Change financial proxy to wellbeing for belonging to neighbourhood (HACT £3,919) | £ 4.14 | £ 0.46 | 13% |
| | Individual connects with local people, reducing their social isolation | Change financial proxy to wellbeing for member of a social group (HACT £1,850) | £ 2.92 | -£ 0.76 | -21% |

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| Stakeholder | Outcome | Sensitivity Testing | SROI Ratio | Difference (£) | % variance |
|-----------------------------|--|---|------------|----------------|------------|
| | Individual connects with local people, reducing their social isolation and individual attends local community groups with increased sense of feeling part of the community | Change financial proxy to wellbeing for belonging to neighbourhood (HACT £3,919) and change financial proxy to wellbeing for member of a social group (HACT £1,850) | £ 3.39 | -£ 0.29 | -8% |
| Family Members | All outcomes | Include in analysis | £ 3.79 | £ 0.11 | 3% |
| Local Area Coordinators | Local Area Coordinators have increased workload to support dependent individual | Increase quantity to 10% | £ 3.67 | -£ 0.01 | 0% |
| | | Increase financial proxy to 1 week of Local Area Coordinator time | £ 3.64 | -£ 0.04 | -1% |
| Southern Derbyshire CCG | Early intervention preventing need for crisis intervention (resource reallocation) | Increase quantity to those reporting relief from depression (13%) | £ 3.71 | £ 0.03 | 1% |
| | Reduction in number of visits to GP (resource allocation) | Decrease quantity by 50% | £ 3.65 | -£ 0.03 | -1% |
| Derby City Council | Reduction in demand on care and support services for older people | Uses alternative financial proxy for community care package at £382 per week (35% of value). | £ 4.52 | £ 0.84 | 23% |
| NHS Community Support Teams | Decrease in Care Coordinator time dealing with complex case (resource reallocation) | Decrease time per case by 50% | £ 3.67 | -£ 0.01 | 0% |
| Derbyshire Constabulary | Reduction in time spent by officer coordinating response to support individual (resource reallocation) | Decreased attribution to 30% in line with attribution reported by individuals. | £ 3.68 | £ - | 0% |
| All relevant stakeholders | All relevant outcomes | Increase deadweight to 50% | £ 2.61 | -£ 1.07 | -29% |
| | | Increase attribution to 60% | £ 2.42 | -£ 1.26 | -34% |
| | | Reduce duration from 3 to 2 years | £ 3.16 | -£ 0.52 | -14% |
| | | Increase duration from 3 to 4 years | £ 3.94 | £ 0.26 | 7% |

7.3 Limitations

There are limitations to this analysis, in respect of it being a forecast analysis, together with the first assessment of social value. The summary makes recommendations to improve the account of value should a further analysis take place but it is important to recognise the key challenges and limitations including:

The following limitations are acknowledged as part of this analysis:

- The outcomes monitoring spreadsheet does not record outcomes for all individuals supported. Where it is recorded, the Derby Flower has been used which enables the extent of change to be captured and creates a baseline. However, when the Derby Flower has not been used, there is limited or no data in the outcome monitoring spreadsheet as to the impact on the individual. As a result, there is a greater reliance on the outcomes in the interviews and the case studies which has reduced the sample size and confidence level in the quantities;
- Assumptions are in some instances based on the data recorded by Local Area Coordinators, however, it is recognised that not all individuals are currently captured or all information for the individuals recorded, for example, the age or primary category of their need;
- It was not possible to engage with family members impacted by an individual receiving support and therefore the outcomes for this stakeholder
- are from the individuals and Local Area Coordinators and their experiences to date. One neighbour did attend an interview and another two interviews had a family member present but they were receiving part of the support too (and therefore considered more as individuals themselves). As a result, the outcomes for family members are currently removed from the final calculation to avoid overclaiming and forms part of the recommendations to increase engagement;
- Level 1 comprise both community groups accessing advice and individuals that need low level support. There were challenges in engaging Level 1 individuals as the support is more light touch and therefore by nature there is not a longer term relationship with the individual. This is a strength of the

service but creates challenges in understanding outcomes for this group. A survey was developed to capture outcomes from Level 1 to inform the analysis although the sample size was very small. Whilst quantities can be established through the outcome monitoring spreadsheet, there is no evidence as the outcomes experienced by Level 1s as the Derby Flower is not used in these instances due to it being short term support. Level 2 individuals are used as a proxy to mitigate risk in part together with cross referencing with other stakeholders and a review of other research on comparable services. This forms part of the recommendations on engaging with Level 1 individuals;

- This first forecast only considers two sub groups for individuals receiving the support—Level 1 and Level 2 individuals. Whilst the interviews identified common themes across all Level 2 individuals, there is potential to further divide this group into different ages and categories which may result in different quantities of people experiencing change and to different extents.

7.4 Making the Case for Expansion of Local Area Coordination

The analysis clearly shows that with the continuation of the ten Local Area Coordinators, social benefits are realised for the individuals together with other stakeholders. This forecast analysis is assessed on this basis and all assumptions are based on this.

Guidance and learning from Local Area Coordination in Australia states there should be one Local Area Coordinator for every 10,000 to 12,000 population. For Councils in England, often one Local Area Coordinator per ward is used and for Derby City Council, this equates to 13,000 and 16,000 people per Coordinator. On the basis of one per ward, the Council would require 17 Local Area Coordinators to provide the service across Derby City Council and would be a minimum to cover the entire population. The following table demonstrates that there is potential for enhanced social value delivered by increasing the number of local area Coordinators to all wards. This only accounts for impact in increasing numbers and does not consider additional impact due to wider geographical spread and economies of scale for other stakeholders. It demonstrates a 16% increase in the social value as a result of expansion of the service.

| | 10 Local Area Coordinators | 17 Local Area Coordinators |
|-------------------------|----------------------------|----------------------------|
| Total Inputs | £1,759,445.75 | £2,566,709.84 |
| Total Supported Level 1 | 1907 | 3241 |
| Total Supported Level 2 | 1364 | 2319 |
| SROI Ratio | £3.68 | £4.28 |



8. Stage 6: Reporting, Using and Embedding

This forecast analysis demonstrates that Local Area Coordination is delivering significant social value with up to £4 of value for every £1 invested. Further expansion of the service to 17 Local Area Coordinators across all wards would see this value increase further with an increased number of individuals receiving the support.

The service supports the Joined Up Care Programme and the Council's duties under Care Act by empowering individuals and improving health and wellbeing outcomes through community solutions. Furthermore, it supports the wider transformational change for the NHS as set out in the Five Year Forward View to ensure a sustainable health service by focusing on prevention, person centred and flexible care through local and joined up support⁷⁰.

Southern Derbyshire CCG highlighted the effectiveness of such a model and the danger that it could be skewed acting as another service with stakeholders referring in rather than understanding the unique

This is the first analysis to better understand and value the impact of the service and demonstrate that Local Area Coordination is having a significant impact in local communities. Through the recommendations and increased understanding and promotion of the service, it highlights how Local Area Coordination can further support, complement and become embedded in the community working with the voluntary sector and a range of statutory organisations to enhance the local offer and build community resilience, ultimately improving the health and wellbeing of residents.

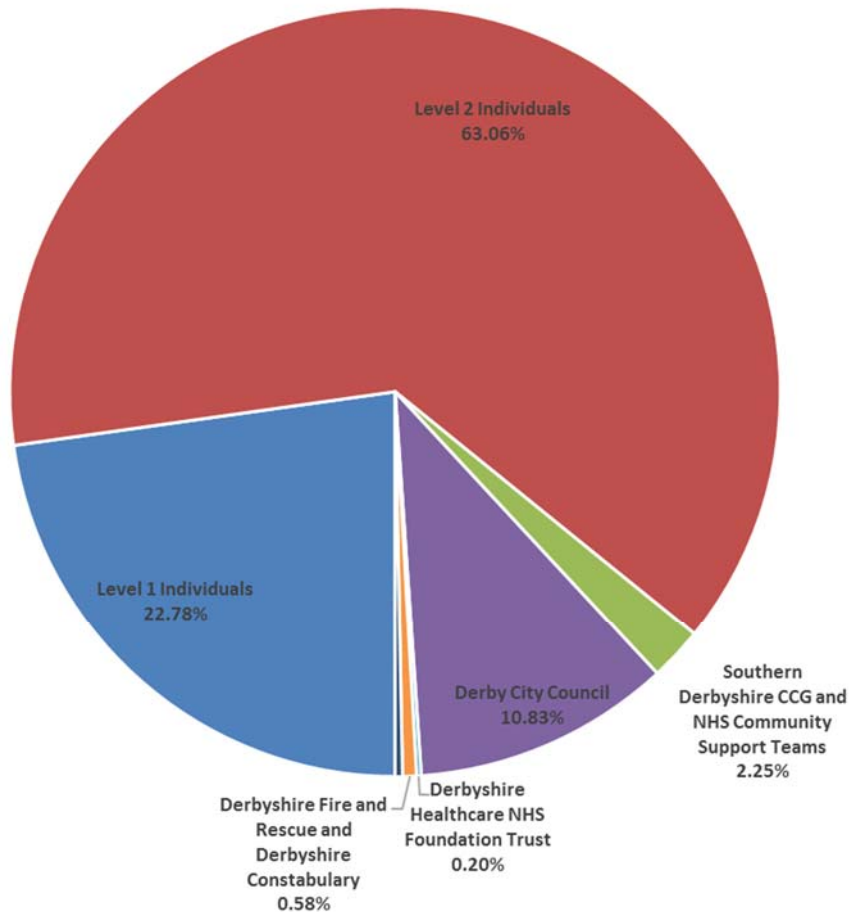
⁷⁰ The NHS Five Year Forward View, <https://www.england.nhs.uk/ourwork/futurehhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

The social value and key outcomes are reflective of the SROI forecast analysis for Local Area Coordination in Thurrock, which demonstrates that overall the principles of the service are being applied successfully in two separate areas with similar overall headline outcomes. However, there are differences in the outcomes and impact for other stakeholders together with quantities and assumptions. It should also be noted that the recording of data differs in Derby and Thurrock and, therefore, although the analysis is comparable, it cannot be viewed without consideration of the limitations and assumptions made in each. By sharing best practice between the two areas, there is the opportunity to establish differences in social value to optimise impact further.

The social value distribution diagram below demonstrates how the social value that is forecast is apportioned to each stakeholder. It shows that the majority of the social value and impact is for Level 1 and Level 2 Individuals. This highlights that Local Area Coordination is delivering significant benefit to individuals in the community by increasing their overall health and wellbeing—a priority for a number of the stakeholders engaged. This is more extensive for Level 2 individuals at 63%, despite the lower number supported, as the impact is greater for each due to the more in depth support.

In addition, it demonstrates that other stakeholders are also positively impacted themselves and there is opportunity for this to be enhanced further through continued engagement and increased joint working as reported in the recommendations. The wider community also benefits from Local Area Coordination with community groups forming to address need and benefiting from the promotion through Coordinators. 2.5% of the social value is directly for Health Organisations and 10.8% for Derby City Council. Public services as a whole including Derbyshire Fire and Rescue and Derbyshire Constabulary accounted for 13.9% of the social value.

Social Value Distribution



From the stakeholder engagement and the analysis completed, this report also makes recommendations and highlights opportunities for improvement, some of which build on the evaluative work in 2013 by Derby University and subsequent recommendations. The recommendations detail both how to optimise social value and how to better capture impact for future evaluative work. The recommendations were also reviewed with relevant stakeholders to ensure they were reflective of their feedback.

A common theme from a few of the stakeholders that work alongside or introduce individuals to Local Area Coordination was lack of understanding and clarity over the role. This included the concept of 'introducing' rather than 'referring' and the understanding as to the remit of the role. There were a small number of cases cited

by stakeholders and Local Area Coordinators themselves, where it was viewed that the introduction was inappropriate as a result of this. Therefore, in terms of optimising value, it is recommended that opportunities to engage further with stakeholders and educate them on the role of Local Area Coordination would increase appropriate introductions and numbers supported. It is suggested that this could be achieved through workshops together with promotional literature specifically for those that may introduce to the service. In addition, there is potential to set up an interim steering group short term specifically for Local Area Coordination, with key stakeholders, to discuss any challenges further and build on the joint work to date. For this to be most effective, this should be led and developed by managers within workstream 1 of the Joined Up Care Programme who lead on Local Area Coordination. Increasing evidence of impact and feedback, together with promoting case studies demonstrating partnership working, would further enhance the understanding of Local Area Coordination.

Southern Derbyshire Clinical Commissioning Group highlighted the effectiveness of such a model and the danger that it could be skewed acting as another service with stakeholders referring into rather than understanding the unique qualities of the community based approach. This reflects the above recommendations to ensure clarity of the role but should also be ensured at a strategic level that the service remains true to the principles of Local Area Coordination and any expansion uses the guidance on numbers to be supported by each Coordinator. This would reduce programme stretch and should be closely monitored at a senior level.

The potential for dependency is a key unintended negative for the service and needs to be ensured it is monitored to mitigate as far as possible. It is recognised that, due to the one to one support and the more personal approach, dependency is more likely when compared with some more traditional services. Ensuring Local Area Coordinators recognise and have support from management for those cases that may become dependent can help to mitigate this in part. Local Area Coordinators spoke of concern with regards to the expansion of the service and the impact this would have on management support, together with highlighting the benefit of more ad hoc support from fellow colleagues. As such, recommendations are made to explore how Local Area Coordinators can be supported in the

community, as the job itself can be isolating, and this could help to also mitigate instances of dependency.

A variety of ways to ensure communication between Coordinators would enhance the sharing of knowledge and support where cases are more complex. This could include sharing of community space between adjacent wards to enable Local Area Coordinators to work alongside each other on occasion. Furthermore, this could provide the opportunity to speak with individuals that are developing a dependency with another Local Area Coordinator to avoid the individual viewing the relationship as just one to one and more like a friendship. In addition, making use of other community leaders to provide support to the Local Area Coordinator could also enhance opportunities for the Coordinator to be supported when out in the community. This would enhance the concept of community engagement, gaining support from local religious or community leaders.

Online forums would enable Local Area Coordinators to share information when they are out in the community without feeling as though they are burdening their 'buddy' by calling them—who may be unable to answer. There is potential for this to expand beyond Derby into the wider LAC network to share advice and information, which is already being developed, although Local Area Coordinators spoke of the need to also have a local platform.

The wider network and sharing best practice is also demonstrated through the support Derby City Council has provided to Derbyshire County Council. Whilst Derbyshire County Council experienced no material outcomes, as the majority of the implementation work will be completed before the period being forecast, it shows how working across the wider network of Local Area Coordination can assist with set up and provide support for new authorities. In particular, Derbyshire County Council spoke of the benefits of having Derby City Council in close proximity and the ability to meet and learn from their service. At a national level for Local Area Coordination, it is recommended that the use of 'partnering up' is considered where new authorities are setting up a service and a local authority that is already delivering the service supports them together with the wider network. Geographically, of course, this may not always be feasible but there is an added

advantage when they have local support from another authority within close proximity.

A number of stakeholders highlighted providing increased feedback in the community and increasing accountability. It is recommended that the development of more strategic community engagement through quarterly or bi-annual meetings could enhance accountability in the community to councillors, community groups, and the voluntary sector as well as increased promotion of the service. This would support further embedment of community resilience and ensure the principles of Local Area Coordination complement and are being led by the community.

This would also enhance the engagement with voluntary groups and support in building further links providing increased clarity on how Local Area Coordination can work positively and support the voluntary sector.

8.1 Recommendations to optimise value

The following recommendations are made to further optimise the social value created through these services:

- Establish platforms to engage both strategically and operationally with stakeholders with consideration for attending existing meetings, hosting workshops and, in the short term, establishing strategic review meetings specifically for Local Area Coordination. Use these opportunities to facilitate more effective joint working, review of any challenges and issues and provide feedback. This would also encourage a more consistent approach across wards identifying any areas of concern. This must be delivered and embedded at leadership level to provide opportunities to build a shared vision for the service and help to drive the wider cultural change and reform of 'traditional' services;
- Develop external promotional literature specifically targeted at stakeholders introducing into the service to increase understanding and awareness of remit of role. Identify the best communication channels for different stakeholders to communicate this information at a strategic and operational level;
- Improve IT facilities to enable effective remote working during in travel time in between appointments including the use of Wi-Fi, laptops and mobile phones;
- Include agenda item at all Local Area Coordinator team meetings to discuss introductions that were not suitable or relevant to ensure consistency across the service and enable strategic building of relationships with stakeholders through the leadership team to address such issues;
- Explore practicalities to increase opportunities for Local Area Coordinators to engage with one another on a more regular basis and review perceptions of others when they work in offices. For example, this could consider the use of Derby Direct with two Local Area Coordinators being based with the team for one day a week on a rotational basis providing the opportunity for more ad hoc support and a fixed location from which to work. This would also enable Local Area Coordinators to engage and work more closely with Derby Direct and raise awareness of the role, identifying new introductions through the referrals received by Derby Direct;

- There is also the opportunity for Local Area Coordinators to share bases in adjacent wards. Consider the development of a secure online forum for Local Area Coordinators to post comments and chat online so that they can discuss issues when working remotely—which is already being developed nationally. Local Area Coordinators could also link in with local community leaders for peer support embedding the Local Area Coordination principles;
- Establish community engagement forums at a more strategic level with Councillors and Community Leaders to improve accountability and promotion of the service. These meetings should be held through both existing meetings on a more formal basis, for example, neighbourhood meetings and through more informal 'gatherings' in the community, for example, coffee mornings, to provide a suitable platform to engage and proactively work with the community;
- In addition, these informal gatherings provide the opportunity to invite and re-engage with Level 1 and Level 2 individuals to better understand the longer term impact of those previously supported and increase the account of value;
- As a large percentage of individuals were recorded to be Derby Homes Tenants, build strategic relationship with Derby Homes to link the two services further. This can be achieved through formalised meetings to provide feedback and identify better joined up working with consideration for Derby Homes forming part of the induction for Local Area Coordinators;
- Use the Joined Up Care Programme to increase awareness and promotion of Local Area Coordination within the health sector ensuring all staff are utilising the service effectively and understand the scope of the role, supporting the strategic shift in delivering Health and Social Care;
- For more traditional voluntary groups, provide more examples of introductions to increase promotion, again with consideration for the use of an external stakeholder leaflet. This will increase awareness of the service and assist in ensuring appropriate introductions;
- Explore scope to expand service to young people by understanding gaps in service provision and opportunities for piloting. It is recommended that this is a longer term goal once the service has been optimised in its current form;
- Develop strategic relationship with Derby Direct and explore opportunities to work in partnership with consideration for co-location of staff;

- Explore scope to engage more closely with Derbyshire Fire and Rescue and Derbyshire Constabulary at a strategic level providing case study examples and identifying additional opportunities for joint working;
- Inform and encourage all Local Area Coordinators to refer and work with Community Safety Officers to ensure the Fire Service is notified of all cases that include an individual at high risk of fire.

8.2 Recommendations for further evaluation

These recommendations are made to better capture the impact and inform future evaluations to compare against this forecast analysis:

- Cross reference with Derby Direct post intervention to establish those that were referred to a traditional service within Adult Social Care originally. Consider the utilisation of Derby Direct to support in data collection together with the ability to understand the wider volume of Derby residents accessing other services outside of Local Area Coordination to assist in the measurement of impact;
- Record those that have avoided formal services as a result of intervention to better quantify impact with consideration for the wider evaluation work taking place across the LAC Network with respect to this;
- Derby Homes to quantify input and in kind financial contributions to the service;
- Increase recording of health outcomes to better understand impact to CCG and NHS Community Support Teams with consideration for building on the Derby Flower. This should include understanding why the outcome has occurred from reduction in substance misuse through to increased social interaction;
- Identify opportunities for increased information sharing across NHS Community Support Teams and Local Area Coordinators with consideration for a secure online information sharing platform linking in with wider health and social care recording;
- Review outcomes and extent of change for different age groups and categorisations individually i.e. reviewing if the impact is different for an older person compared to a younger person with learning disabilities. This would include capturing all issues for the individual rather than just defining them under one category in the outcome monitoring spreadsheet;
- Identify family members that are being supported and those that are indirectly impacted as well to better capture outcomes for this stakeholder;
- Capture number of individuals volunteering with community groups to better understand the increased support to community groups;

- Capture number of new community groups established or those maintained as a result of support by Local Area Coordinators to better understand impact focussing on outcomes for the community. This could include consideration for cross referencing with wider resident and community surveys to assess the overall impact in the community and how that impact is achieved;
- Cross reference and feed into the wider health and social care central database being developed to better understand the impact of Local Area Coordination, enabling post review of services being accessed previously and frequency of reliance;
- Record referrals and take up of Public Health initiatives through Local Area Coordination to better quantify impact to Public Health and capture the resulting outcomes and how this supports determinants of health;
- Provide feedback on individual cases referred by Neighbourhood officers to enable the better understanding and quantification of impact together with clarity over the scope and role of Local Area Coordinators;
- Increase recording of introductions to Local Area Coordination with First Contact;
- Increase information sharing and capture of introductions into and by Community Safety Officers and Police to better understand the impact to the Fire and Police Service respectively. Understand the chain of events resulting in referral to Fire and Police to better inform how Local Area Coordination can prevent this;
- Develop one monitoring spreadsheet for all Local Area Coordinators to input data into thereby increasing consistency of recording ensuring it is appropriate and proportionate. Draw on best practice and recording methods as developed through the wider LAC Network Evaluation Working Group;
- Agree data to be collected when the Derby Flower is not used to ensure outcomes are being captured;
- Integrate the monthly reporting forms into the monitoring spreadsheet to assist with quantitative data analysis together with a separate case study each month from each Local Area Coordinator for qualitative analysis that can be used to further promote the service. Increase recording of partnership working with statutory bodies and community groups in case studies to better define attribution.

8.3 Reviewing and Reporting

This report has been reviewed in full by Adult Social Care and in part by other stakeholders throughout as indicated to verify the assumptions and judgements made. The value map has been reviewed with all stakeholders to ensure it is reflective and representative.

The audiences for the report are:

- Derby City Council—to understand internally the value of the service and inform evaluation to identify where the greatest impact is to then shape the service to optimise the social value achieved;
- Southern Derbyshire CCG—to demonstrate the value of the investment in Local Area Coordination to support future investment and expansion of the service;
- Partners and Local Community—to demonstrate to existing partners the value of the service and their contribution. To use to engage with other organisations and the community to support the development of new partnerships, highlighting the value of working together to achieve positive outcomes for individuals.

Appendix 1: Audit Trail

Stakeholders Included in the Analysis

| Stakeholders | Reason for Inclusion | Quantity forecast | Engaged |
|--|---|--|---|
| Individuals accessing Level 1 support | Key beneficiary of service who are perceived to gain the most benefit from the delivery of the service. | 1907 (of which 54% are individuals and 46% active community members) | 151 and 245 individuals already received support at Level 1 and recorded by Local Area Coordinator in monitoring spreadsheet to inform quantities forecast together with monthly reporting sheets. Focus group held with five community members who have accessed general information at Level 1. 13 surveys completed by Level 1 individuals to capture outcomes and extent of change. |
| Individuals accessing Level 2 support | Key beneficiary of service who are perceived to gain the most benefit from the delivery of the service. | 1364 | 20 one to one interviews conducted with Level 2 Individuals together with a review of 33 case studies from Local Area Coordinators. Further 20 individuals with 'Derby Flowers' recorded to measure extent of change for each outcome. 231 and 105 individuals already received support at Level 2 and recorded by Local Area Coordinator in monitoring spreadsheet together with monthly reporting sheets to inform quantities forecast. |
| Families and neighbours of Individuals | Secondary beneficiary of service as a result of individuals being supported. | 232 family members and 300 neighbours forecast to be impacted | Not possible to engage directly with this stakeholder and therefore assumptions are based on those reported by individuals in the interviews together with experiences detailed by Local Area Coordinators. The final calculation does not include the outcomes experienced for families due to the lack of engagement to avoid over claiming. |

Social Value of Local Area Coordination in Derby

Kingfishers (Project Management) Ltd

| | | | |
|--|--|---|--|
| Southern Derbyshire CCG | Southern Derbyshire Clinical Commissioning Group (CCG) part fund Local Area Coordination in partnership with Adult Social Care and as such were recognised as a key stakeholder to be engaged. | 1091 individuals forecast feeling more in control of health | Interviews with the Director and the Head of Joint Commissioning were conducted to establish any material impacts on the CCG as a result of the increased health and wellbeing of individuals. The Director of Joint Commissioning attended a focus group to test assumptions. |
| Derby City Council | Funding Local Area Coordination with Southern Derbyshire CCG with Adult Social Care managing the service. | 228 older people and 389 people with mental health needs. | Focus groups and interviews held with different representatives from across the council to establish material change and test assumptions. This included meeting with Children Services, Adult Learning, Neighbourhoods, and Adult Social Care (including Mental Health Teams). |
| Transition 2 | Work with Local Area Coordinators and college students benefit from service | 24 individuals | One to one interview with Transition 2 |
| Local Area Coordinators | Local Area Coordinators are delivering the service to the individuals. | 10 Local Area Coordinators | At the time of the interviews, Derby had 7 Local Area Coordinators and was in the process of recruiting a further 3. All 7 were interviewed across 7 wards. In addition, a focus group was held with the 7 Local Area Coordinators and 2 of the newly recruited members to test assumptions in the analysis. |
| NHS Community Support Team | Care Coordinators work in partnership with Local Area Coordinators and represent a significant number of introductions made to date. | 218 introductions from care Coordinators | Four Care Coordinators were engaged with one through an initial telephone conversation and a further three through a focus group. |
| Derbyshire Healthcare NHS Foundation Trust | Perceived to have material impacts. | 177 individuals | Chief Executive engaged through interview to establish material impact. |
| Derby Homes | Local Area Coordinators support a number of individuals that are Derby Homes' Tenants and therefore Derby Homes were a key stakeholder. In addition, Derby Homes provide support in kind through the use of community rooms for certain Local Area Coordinators. | 532 individuals forecast to be Derby Home tenants | The Head of Housing Management and Housing Options together with Community Investment at Derby Homes were engaged to understand any material changes. Assumptions tested with Head of Housing Management. |
| Derbyshire Fire and Rescue | Community Support Officers work in partnership with and make introductions to Local Area Coordinators. In addition, through Local Area Coordinators providing support, individuals can become less at risk from a fire starting. | 105 individuals forecast as high risk from fire. 41 introductions into Local Area | The Station Manager for Prevention and Inclusion was engaged together with a Community Safety Officer and Community Safety Officer Manager through a focus group to test assumptions. |

| | | | |
|-------------------------|---|--|---|
| | | Coordination from Fire and Rescue | |
| Derbyshire Constabulary | Multi-agency unit work in partnership with and makes introductions to Local Area Coordinators. Perceived impact on officer time and force in responding to Anti-Social Behaviour. | 41 introductions into Local Area Coordination from Police | The Head of Public Protection was engaged to understand any material outcomes that Local Area Coordination had on the Police as a result of providing support to individuals. |
| Local Community Groups | Local Area Coordination supports and works with community, therefore a key stakeholder. | 218 community members | Local Community groups and voluntary groups engaged through focus groups (7) and one to one interviews (4). |
| First Contact | First Contact introduce individuals into the service on occasion and it was seen as a strategic relationship that could be enhance further. | 43 introductions into Local Area Coordination from First Contact | 1 Project Officer engaged at Frist Contact who had knowledge at both an operational and strategic level as to the impact. |

It is recognised that the stakeholder engagement for Level 1 and Level 2 represent small sample sizes in terms of the number of surveys and the quantity of interviews held in relation to the numbers forecast to experience change over the three-year period. The small sample sizes were mitigated through supporting data collected by the Local Area Coordinators on engaging with Level 1 and Level 2 individuals since the service commenced together with external research and the SROI report completed for Local Area Coordination in Thurrock as discussed. Each Local Area Coordinator retains a spreadsheet of all introductions which, together with key contact information, detail: Date of first contact, method, source, Level 1 or Level 2, latest contact, age, gender, ethnicity, category and type of residency. In addition, Local Area Coordinators have started using a Monthly Reporting Sheet to record the number of Level 1 and Level 2 individuals providing summary of cases and time spent each month.

For Level 2 individuals, case studies are also completed on a monthly basis and the use of the Derby Flower (Appendix 7) records the extent of change against key outcomes. The numbers supported from the monthly reports was used to forecast number of individuals with an average of 5.3 Level 1 individuals and 4.0 Level 2 individuals supported per month as detailed in outputs in Section 2: Mapping Outcomes. The quantities established from case studies, interviews and data collected from Local Area Coordinators are demonstrated in Section 3: Evidencing Outcomes and Giving them a Value. The table below demonstrates the quantities of some of the data collected from the Local Area Coordinator spreadsheets together with an example Monthly Reporting Sheet.

Numbers of Level 1 and 2 individuals supported from Monitoring Spreadsheet

| Ward | Total records | No. where level recorded | | No. where category recorded | Of those whose category was recorded | | | | | | | | | | No. of those where residence recorded | Of those whose residence was recorded | | | | | | | | | |
|--------------|---------------|--------------------------|---------------------|-----------------------------|--------------------------------------|------------|--------------|------------|---------------------|------------|---------------------|------------|-----------|------------|---------------------------------------|---------------------------------------|------------|---------------------------|------------|----------------|------------|-------------------|-----------|------------------|-----------|
| | | Level 1 Individuals | Level 2 Individuals | | Mental health | | Older People | | Learning disability | | Physical disability | | Other | | | Derby homes | | Other housing association | | Owner occupied | | Privately renting | | Shared ownership | |
| | | | | | No | % | No | % | No | % | No | % | No | % | | No | % | No. | % | No. | % | No. | % | No. | % |
| 1 | 89 | 28 | 30 | 46 | 27 | 59% | 9 | 20% | 5 | 11% | 0 | 0% | 5 | 11% | 8 | 4 | 50% | 3 | 38% | 1 | 13% | 0 | 0% | 0 | 0% |
| 2 | 116 | 36 | 56 | 110 | 29 | 26% | 37 | 34% | 13 | 12% | 15 | 14% | 16 | 15% | 95 | 29 | 31% | 11 | 12% | 46 | 48% | 4 | 4% | 5 | 5% |
| 3 | 97 | 37 | 72 | 94 | 26 | 28% | 18 | 19% | 19 | 20% | 22 | 23% | 9 | 10% | 99 | 20 | 20% | 36 | 36% | 35 | 35% | 7 | 7% | 1 | 1% |
| 4 | 39 | 11 | 25 | 36 | 21 | 58% | 9 | 25% | 2 | 6% | 0 | 0% | 4 | 11% | 24 | 11 | 46% | 5 | 21% | 7 | 29% | 1 | 4% | 0 | 0% |
| 5 | 47 | 19 | 22 | 47 | 19 | 40% | 6 | 13% | 6 | 13% | 12 | 26% | 4 | 9% | 29 | 10 | 34% | 6 | 21% | 10 | 34% | 3 | 10% | 0 | 0% |
| 6 | 55 | 20 | 26 | 39 | 7 | 18% | 15 | 38% | 8 | 21% | 6 | 15% | 3 | 8% | 36 | 19 | 53% | 7 | 19% | 10 | 28% | 0 | 0% | 0 | 0% |
| Total | 443 | 151 | 231 | 372 | 129 | 38% | 94 | 25% | 53 | 14% | 55 | 13% | 41 | 10% | 291 | 93 | 39% | 68 | 24% | 109 | 31% | 15 | 4% | 6 | 1% |

Numbers of Level 1 and 2 individuals supported from Monthly Reports

| Ward | Total | Level 1 Individuals | Level 2 Individuals |
|--------------|------------|---------------------|---------------------|
| 1 | 111 | 101 | 10 |
| 2 | 42 | 22 | 20 |
| 3 | 27 | 10 | 17 |
| 4 | 54 | 47 | 7 |
| 5 | 25 | 9 | 16 |
| 6 | 67 | 49 | 18 |
| 7 | 24 | 7 | 17 |
| Total | 350 | 245 | 105 |

Template Monthly Reporting Form

Local Area Coordination Monthly Reporting Form

| New level 1 relationships | Total level 1 relationships | New level 2 relationships | Total level 2 relationships |
|--|--|----------------------------------|------------------------------------|
| | | | |
| 1. Issues to be addressed with new Level 2 relationships | | | |
| Overcoming Isolation | Access to health | Community Connection | Being Heard |
| | | | |
| Service link | Housing | Finance | Carer Support |
| | | | |
| One story or example of change either for an individual or group. | | | |
| | | | |
| 2. Time (hours) spent working on various aspects of the job role per week. | | | |
| Level one – Info, advice etc | Level Two – meeting new introductions, supporting current individuals | Paperwork | Community capacity building |
| | | | |
| 3. Intensity of Contact (<i>Time spent with people being supported at Level 2 per month</i>). | | Level 2 relationships | |
| 1hr | | | |
| 2 – 3hrs | | | |
| 5 – 10hrs | | | |
| 10+hrs | | | |
| Additional information – gaps, opportunities. | | | |
| | | | |

Stakeholders Not Included in the Analysis

The table below shows the stakeholders that were excluded from the analysis at Stage 1 and 2 during the identification of stakeholder and mapping of outcomes.

| Stakeholder | Reason for Exclusion |
|---------------------------|---|
| Public Health | No material outcomes forecast as benefits largely for individual. On engaging with Public Health, the support with promoting public health initiatives was not deemed material due to insufficient evidence to demonstrate impact and amount attributable to Local Area Coordination with regards to the number being referred to public health initiatives. It was reported by Local Area Coordination that this was starting to increase in some areas now but was not of a scale that was significant. |
| Councillors | No material outcomes forecast as benefits largely for individual. On engaging with three councillors, it was viewed the potential reduction in Councillor time was not material as it was not significant in the majority of cases but has been recognised as a potential outcome should the service increase in the future. Due to the level of introductions, it was deemed that the Councillors did not experience any material outcomes as the level to which is supported them to fulfil their role was minimal currently. However, it was still viewed as a key service for individuals in the community. |
| Derby Direct | No material outcomes forecast. On engaging with this stakeholder, it was identified that better joined up working moving forward could increase introductions to Local Area Coordinators and divert referrals away from mainstream services but this was not a material impact for Derby Direct. In addition, Derby Direct staff could benefit from the local knowledge of Local Area Coordinators if co-location was feasible longer term but this could not be quantified and would be subject to the growth of the relationship with Derby Direct. Furthermore, the impact would primarily be for the individuals benefiting from an enhance service rather than Derby Direct themselves. As such, no material outcomes are forecast for Derby Direct but recommendations have been made as to potential outcomes that could be realised with joint working. |
| Derbyshire County Council | No material outcomes forecast. The only outcome perceived is a reduction in officer time but would primarily be at the implementation stage of Local Area Coordination which had already taken place and less significant in ongoing support over the three-year period being forecast. As such, this outcome has been excluded from the analysis. |

Outcomes Not Included in the Analysis

The table below shows the outcomes which were removed from the analysis at Stage 1 and 2 during the identification of stakeholder and mapping of outcomes.

| Stakeholder | Outcome | Reason for Exclusion |
|---------------------------|---|---|
| Derby City Council | Reduced demand on placements and longer term support | Potential for this to be experienced in the future should engagement with young people increase but it is the view of this analysis and stakeholder involved to develop the service and ensure it is fully embedded before exploring potential to work with younger people, therefore would not have significant impact in three years forecast. |
| | Embedding cultural change within the council to shift resources to community based solutions | Not deemed material as all stakeholders within the council engaged that this was much longer term and would not be evident over the next three years. There were mixed views as to the impact Local Area Coordination was having on embedding culture change as it was felt that there were also other examples of organisations taking community based approach and was part of a wider agenda. Others viewed it as a key service in terms of demonstrating a new approach but the impact would be seen longer term. |
| | Local Area Coordinators engage individuals and refer into Adult Learning classes increasing reach of programmes | Not deemed material as not of a scale that is significant and insufficient evidence to demonstrate impact and amount attributable to Local Area Coordination with regards to the number being referred to Adult Learning programmes. It was reported by Adult Learning that this was starting to increase in some areas now but was not of a scale that was significant. |
| Derby Homes | Increased number of successful housing resolutions | Not deemed material due to the current level of impact and the high level of deadweight as Derby Homes provide a range of other support services to enable people to sustain their tenancy. |
| Derbyshire County Council | Reduced officer time to implement Local Area Coordination in Derbyshire County Council | Not deemed material as this impact would primarily be at the implementation stage of Local Area Coordination which had already taken place and less significant in ongoing support over the three-year period being forecast. As such, this outcome has been excluded from the analysis. |

Appendix 2: References

The references are included throughout the document as footnotes. The below provides a summary of key research reports used to inform the analysis.

- A Guide to Social Return on Investment, SROI Network, January 2012
- Supplementary Guidance on Materiality, The SROI Network, November 2011
- Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org
- People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015
- Review of the Local Area Coordination Program, Western Australia, Dr Philip Deschamp et al., March 2003
- Social Return on Investment of Citizens Advice Direct, Social Value Lab, August 2014
- Catalysts for Community Action and Investment: A Social Return on Investment analysis of community development work based on a common outcomes framework, October 2010
- Growing Social Capital: A social return on investment analysis of the impact of voluntary and community sector activities funded by grant aid, nef consulting, March 2012
- Derby Evaluation of Local Area Coordination, University of Derby, 2013
- Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014
- Catalysts for Community Action and Investment, Jonathan Schifferes, NEF Consulting, May 2011, <http://www.cdf.org.uk/wp-content/uploads/2011/12/SROI-Report-FINAL.pdf>
- Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>
- Office for National Statistics, <http://www.ons.gov.uk>, accessed June 2015
- Public NHS Costs Services Expenditure Personal Services as at 31st March 2014, <http://www.hscic.gov.uk/catalogue/PUB14909>
- Unit Costs of Health and Social Care 2014, <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

- New Economy Manchester Unit Cost Database V1.4, New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database;

Appendix 3: Interview Proforma for Individuals

| Interview Proforma | |
|--|--|
| Client Name | |
| Date of Interview | |
| Time of Interview | |
| Local Area Coordinator | |
| Age | |
| Category | |
| Dictaphone Number | |
| <p>Q1. Are you able to tell me your story and what has changed for you personally as a result of receiving support from Local Area Coordination? What is different for you now that you have used the service?</p> | |
| | |
| <p>Q2. Has all the change been positive or has anything changed that you weren't expecting?</p> | |
| | |
| <p>Q3. Thinking about these changes, can you put them in order of priority of how important they are to you? What is the most important?</p> | |
| | |

4. What difference will each of these changes make to you? *Use the scale of 1-5 for each outcome.*

| Outcome | Before service | After service |
|---------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Q5. For each of the outcomes, has anything changed in your life as a result that we could show to demonstrate this change has happened? **Value Game:** *If you could trade your (insert outcome) for one year only (i.e. continue as you were without our services for another year) for one of the following, would you, and which one?*

| Outcome | Above | Below |
|---------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Q6. How else could you have got the same feeling? What would have happened if you had not been able to use our service?

Q7. How long do you think these feelings and changes you described will last – for example as long as you receive our service or longer? Will you need more support in the future?

Q8. Was anyone else involved in making these changes happen? If so, who were they and how much?

Q9. Has you using our service made a difference to anyone else e.g. family members, neighbours, carers? Has anyone else experienced any change?

Yes

No

Q10. Would we be able to contact them to ask them the difference it has made to them?

Name

Phone number

Email

Q11. How often do you partake in social activities with other people?

Less than once a year

Weekly

Less than monthly

Daily

Monthly

| | | | |
|---|--|--|----|
| Q12. Would you like to socialise more in the community? | | | |
| Yes | | Not sure | No |
| Q13. As a result of using our services, have you used health services less? | | | |
| Yes – fewer stays in hospital (being admitted) | | No difference | |
| Yes – fewer visits to A&E | | No – more visits to doctor | |
| Yes – fewer visits to doctor | | No – more visits to hospital | |
| Q14. How often do you receive care and support from either family members/neighbours? | | | |
| Less than once a year | | Weekly | |
| Less than monthly | | Daily | |
| Monthly | | | |
| Q15. How often do you receive care and support from carers? | | | |
| Less than once a year | | Weekly | |
| Less than monthly | | Daily | |
| Monthly | | | |
| Q16. Has your care and support reduced since using Local Area Coordination? | | | |
| Significantly reduced | | Slightly increased | |
| Slightly reduced | | Significantly Increased | |
| No difference | | Not Sure | |
| Q17. Has your care and support reduced since using Local Area Coordination? | | | |
| Significantly reduced | | Slightly increased | |
| Slightly reduced | | Significantly Increased | |
| No difference | | Not Sure | |
| Q18. Has your fear of crime been reduced since using Local Area Coordination? | | | |
| Significantly reduced | | Slightly increased | |
| Slightly reduced | | Significantly Increased | |
| No difference | | Not Sure | |
| Q19. Has your risk of fire at home been reduced since using Local Area Coordination? | | | |
| Significantly reduced | | Slightly increased | |
| Slightly reduced | | Significantly Increased | |
| No difference | | Not Sure | |
| Q20. Can I ask your current living arrangement? | | | |
| Live alone | | Live with children (how many and if under 10?) | |
| Live with partner | | Live with parents/guardians | |
| Live in Supported Housing | | Other: | |
| Q21. Can I ask if you own your own home? | | | |
| Yes | | No – renting from Derby Homes/HA | |
| No – renting privately | | Other: | |
| Q22. Would you be willing to participate in a focus group in November 2015? | | | |
| Yes | | No – other date: | No |
| Q23. Is there anything else you would like to add? Any other comments? | | | |
| | | | |

Appendix 4: Survey for Level 1 Individuals

The Survey for Level 1 Individuals is shown on the following page.

We would kindly ask you to complete a few short questions about your experience with your Local Area Coordinator today. This will help us to improve and evaluate the service so we can continue to support local residents. Please note the survey is anonymous and will be used to inform research on the impact of Local Area Coordination being conducted by an external organisation. Please place the completed survey in the envelope provided and give back to the Local Area Coordinator.

About you

Age (please tick the relevant category)

18 - 25 26 – 40 41 - 64 Over 65

Which Ward do you live in?

Abbey Alvaston Arboretum Darley Derwent
 Normanton Sinfin Other (please specify)

About the service you received today

Is this the first time you have used Local Area Coordination?

Yes No, but I have not used recently No, I use the service often

What type of support were you looking for today? (Please tick the relevant boxes that apply)

| | |
|---|--|
| Information about local community groups <input type="checkbox"/> | Information about volunteering <input type="checkbox"/> |
| Help to resolve a housing problem <input type="checkbox"/> | Help to socialise more in the community <input type="checkbox"/> |
| Help to resolve a personal problem <input type="checkbox"/> | Help to access council services <input type="checkbox"/> |
| Help with debt and finances <input type="checkbox"/> | General information and advice <input type="checkbox"/> |

How far would you agree with the following statements as a result of using our service today?

| | Completely disagree | Slightly disagree | No difference | Slightly agree | Completely agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I feel less anxious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel less isolated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know more about what is happening in my local area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel more part of my community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel less worried about debt and finances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know more about council services I can access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel more secure with my housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Has your, or will your, issue be completely resolved with the help you received today?

Yes, completely Yes, partially Not Sure No, not at all

Are you likely to use the service again in the future?

Yes No Not Sure

Thank you for taking the time to complete this survey. This information will be used by Kingfishers (Project Management) Ltd, independent consultants, registered as a Data Controller with the Information Commissioner's Office (Registration Number ZA108305).

Appendix 5: Questions for other Stakeholders

The purpose of the interview will be to first review what changes for individuals accessing the service, and secondly to establish if you/your organisation experience any material outcomes.

The discussion should last no longer than 1 hour and will include the following questions:

- What do you think changes for individuals accessing Local Area Coordination?
- How long do you think these changes will last?
- What other ways might the change have come about?
- Is there anyone else that you think experiences a change as a result of the services?
- Who are they and what is that change?
- Has anything changed for you personally as a result of the service?
- Has all the change been positive?
- What could we show someone (for each change) that would prove that these changes have taken place?
- How much of a difference will each of these changes make to you?
- How long do you think these changes will last?
- What other ways might the change have come about?
- Was anyone else involved in making these changes happen? If so, who were they and how much would you say was down to them?

Appendix 6: Items for Value Game

These items were chosen for individuals interviewed to 'trade' the outcome of social isolation and improved outlook on life for one year and reflect expenditure and priorities perceived for this stakeholder.

| Item | Value | Source |
|---|-----------|---|
| Burglar Alarm for one year | £673 | Service Magic: http://www.servicemagic.co.uk/resources/cost-guides/home-burglar-alarm-costs-and-prices/ |
| Trip to the cinema each week for one year | £1,024 | Odeon Cinema. Cost for Senior (£8.75) and Adult (£10.95) |
| Gas and electric paid for one year | £1,339 | ONS Household Expenditure 2013. |
| Cleaner once a week for one year | £1,365 | Busy Hand Cleaner for 2.5 hours once a week. http://www.busyhandscleaners.co.uk/Pages/Prices.aspx |
| Meal out with family/friends once a week for one year | £3,120 | Average meal out for two people costs £55. http://www.theguardian.com/lifeandstyle/wordofmouth/2013/apr/17/restaurant-prices-rise-eat-well-less |
| Visitor to your home to talk to, play games etc. for 12 hours a week for one year | £4,576 | Health and Social Care Costs 2014 (Befriending Service). http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php |
| Luxury two-week cruise holiday to destination of your choice with a relative/friend | £4,598 | Mediterranean Cruise June – July 2015 http://www.cunard.co.uk |
| Mortgage or rent paid for a year | £6,966 | ONS Household Expenditure 2013. |
| Family holiday to Florida for two weeks | £4,967 | http://book.virginholidays.co.uk/book/?portal:componentId=7847&portal:type=action&portal:isSecure=false&portal:portletMode=view&execution=e1s1&eventId=search |
| Additional 1 hour of home care per day. | £5,532.80 | Public NHS Costs Services Expenditure Personal Services as at 31st March 2014 |

Appendix 7: Derby Flower

Answer the questions below about your life as it is now. Using a scale of 1 – 5 where 1 is a definite 'Yes' and 5 is a definite 'No'.

Do you feel in control of your life?

Do you have the information you need to help make the decisions in your life?

Do you have people around you who can help make decisions?

Do you feel able to share your gifts/skills with others in the community?

Do you know what there is in your local community that might be useful to you?

Do you feel confident about the future?

Do you feel in control of your health and wellbeing?

Do you feel part of your local community?

Your Life, Your Choice





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