



The Local Area Coordination Approach and Network

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Background...

- Originated in Western Australia in the 1980s
- Adopted by 11 local authorities and health partners in England and Wales since 2010.
- Led by Community Catalysts in England and Wales since 2018



How does it work?

- Local Area Coordinators - employed by councils recruited with communities.
- Alongside populations of around 10,000 people.
- Present and approachable, taking introductions
- What's strong and a vision of a good life
- No assessment, no criteria, no time restraints - practical support
- Local, neighbourly, natural connections with services as a backup
- Cross system commitment, investment and leadership

Impact in a nutshell

1. **People and families** – helps people achieve multiple outcomes / better lives
2. **Communities** – supports inclusive, strong and welcoming communities
3. **Service system** – provides learning for system change, co-production, reduces and diverts costs (£4 return for every £1 invested)

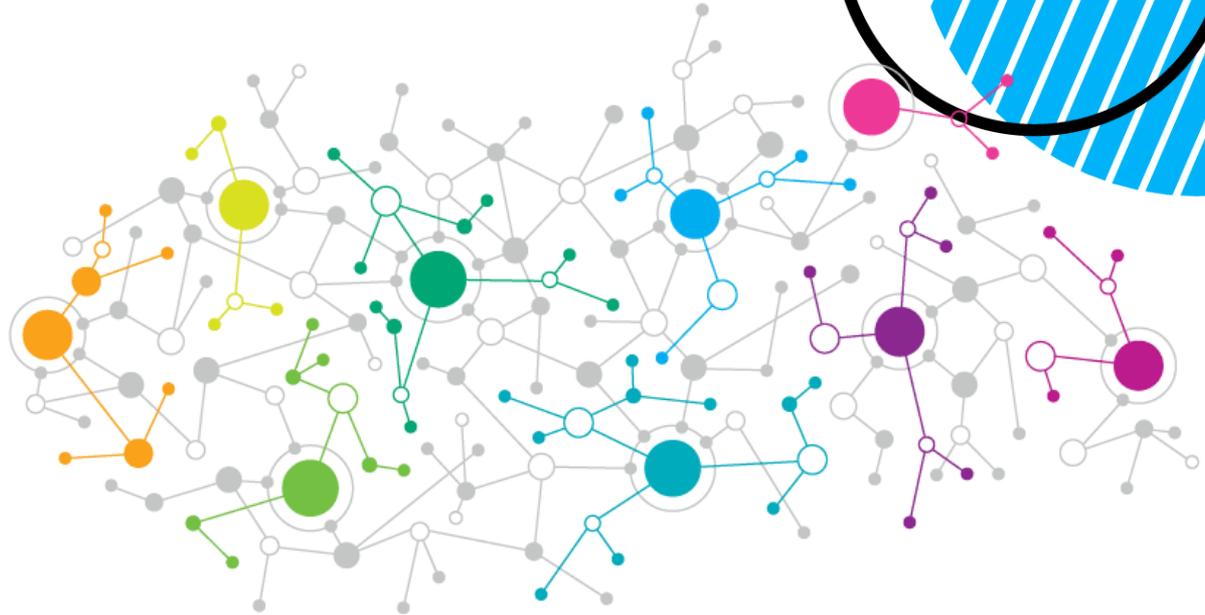
Based on evidence from 14 evaluations

How does it intersect with ABCD?

- Shared underpinning beliefs.
- Starts with individuals and families, supporting them in to the heart of the community
- Supports inclusive community development
- City of York - https://media.nesta.org.uk/documents/Asset_Based_Community_Development.pdf

Collaborating for change: The LACN

- City of York
- Kirklees
- Leicestershire
- Derby City
- Waltham Forest
- Haringey
- Havering
- Luton
- Thurrock
- Wiltshire
- Swansea

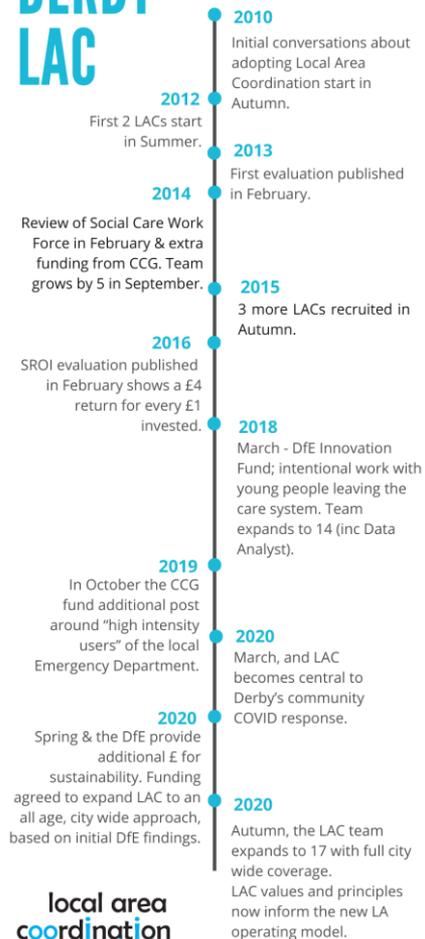


Local Area Coordination in Derby. A ten year journey

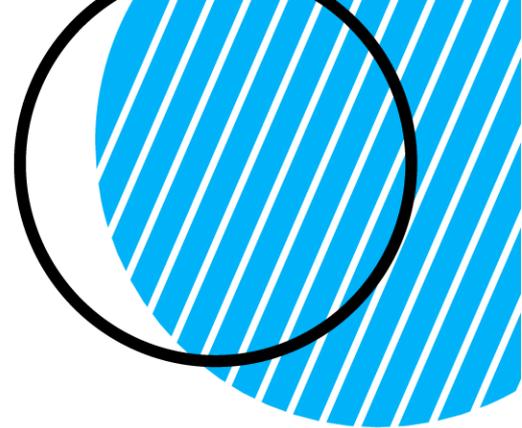
KEY MILESTONES IN DERBY LAC



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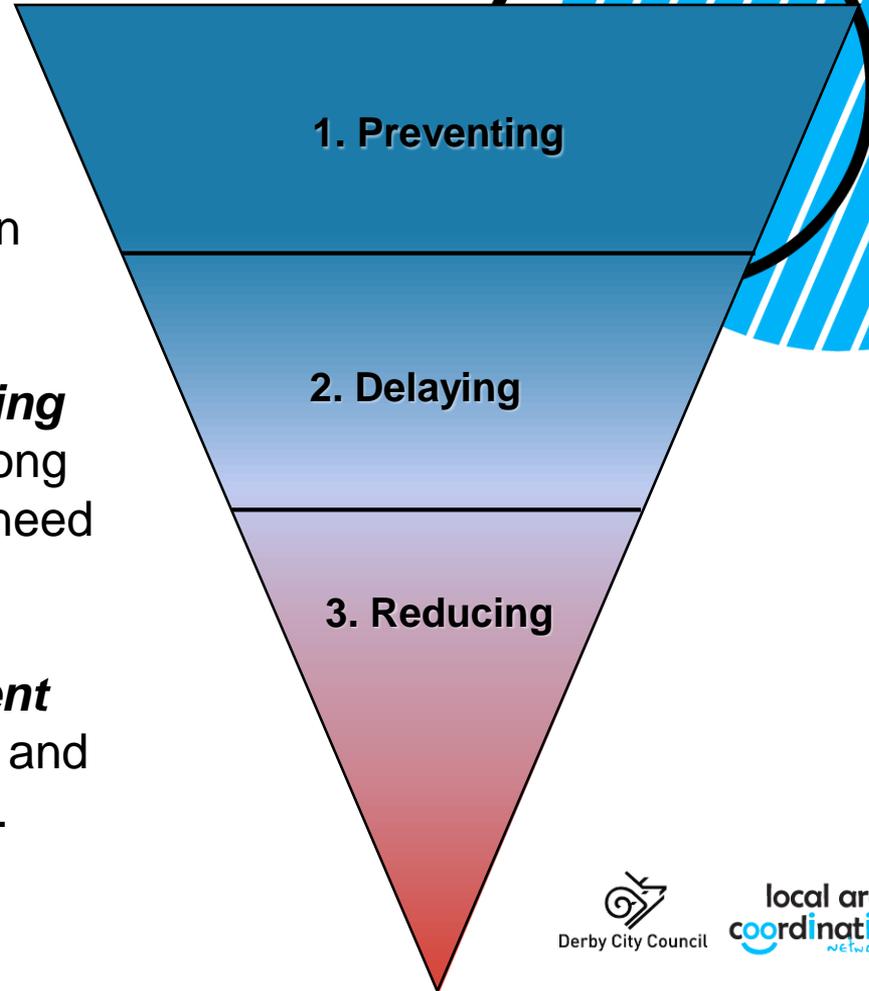
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Why LAC?

Identifying ***people not yet known*** to services to build resilience and remain part of their community.

Supporting ***people at risk of becoming dependent*** on services to remain strong in their own community diverting the need for “formal service” responses.

Supporting ***people already dependent on services*** become less dependent and more resilient in their own community.



Introductions and demographics

- **2400** people supported since 2012.
- **765** resident supported per year.
- **37%** of introductions to the team via Council departments
- **30%** of introductions via Primary & Secondary health services.
- **19%** of introductions via self, family friends and neighbours

Key demographics

- All age approach **55% aged 31-64.**
- **29%** aged 65+

Challenges people faced upon Intro

- More than 75% wanted to overcome isolation
- 45% wanted to be 'heard' and have their needs understood by services
- 35% had financial problems
- 25% had health/medical problems and need to access healthcare

During Covid Times

- Derby COVID Community Response Hub
- Embedding the LAC approach– “What can you do for yourself?”
- Demonstrating the breadth and depth of connections.
- Agility – Approach based on values and principles as opposed to KPI’s
- Start with individuals and families then build out.

Person calling hub	A traditional service response	Local Area Coordination response and actual outcomes
Betty, 86, telephoned the hub requesting a befriending service.	Signpost to befriending service (if one available) and tell Betty to call back if things get worse.	Kathryn supported Betty to become a befriender herself and is now in regular contact with 5 of her neighbours
Brian telephoned Adult Social Care requesting a formal support package to help with his shopping.	Signpost Brian to front door for Adult social care assessment to take place many weeks later. The assessment would likely lead to a non-eligibility outcome.	Brian and Kathryn had a conversation and he was connected to a neighbour, Michael, who visits twice a week to fetch his shopping and checks on him to see if he is ok. They have become good friends Prevented need for Adult Social care assessment and support.
Sarah calls up struggling with mental health concerns.	Signpost Sarah to a mental health support service or give phone numbers for crisis team if things get worse.	Sarah was supported to become a neighbour who would collect prescriptions for her older neighbours. She says this has given her a purpose and reduced her feelings of loneliness. Social value created in the community and prevention of mental health crisis for Sarah.
Janet, 82, contacts Hub for help with collecting her medication after having shielded for 4 months.	Number given for medication collection and delivery service.	Connection made to medication collection and delivery service. However, following a good life conversation, Janet is now making a contribution by sewing face masks for her neighbourhood

Demonstration site / DfE

Seeking areas interested in exploring more..

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Summary of research containing cost avoidance / diversion and reduction / SROI

- A Leicestershire study estimated that 53 critical incidents had been avoided as the result of Coordinator support, producing savings to the public purse of between **£200,000** and **£330,000** per non-incident and **£4.10** in accumulated benefit **for every £1 spent** (see M E L Research, 2016),
- A Derby City study identified **£800k** of diverted costs in the first year of Local Area Coordination implementation and **£4 return for every £1** invested (Kingfishers Ltd, 2016).
- For Swansea, the financial benefits ratio was 3:1 (Swansea University, 2016).
- Thurrock SROI study forecast that for every **£1 invested**, between **£3.50 and up to £4 of social value is generated** (see Kingfishers Ltd, 2015).
- Experimental (currently unpublished) internal research estimated that between 76-96% of LAC work in York is diverting a need for services in people's lives through supporting non-service solutions instead. (City of York Council, 2020)

Research can be read at www.lacnetwork.org