

Report of the Director of Adult Social Care
Portfolio of the Executive Member for Adult Social Care & Health

Local Area Coordination in York

Summary

1. This paper outlines the progress made to identify an approach to Local Area Coordination in York. It outlines the next steps required to implement the first stages of the project.
2. Local Area Coordination is an internationally recognised approach to create networks of support around people to increase independence and reduce dependence on statutory services. It has been successfully used in Western Australia for over 25 years, and is being used in a growing number of areas in England. Where it is developed with communities and with strong leadership, it shows predictable and positive results.
3. The Local Government Association has provided initial funding for the development of this approach in York.
4. The overall outcomes of the project are to:
 - Change the way that people think about the support around them and create a new accessible, single, local point of contact to help them identify it.
 - Simplify the routes to support, providing independent connections to the most appropriate support, rather than drawing people towards particular services.
 - Reduce the dependency on service-based support
 - Identify areas of high quality or duplication across service types to inform future commissioning, helping the realignment of resource away from intensive support towards preventative community-based activities.

5. In pursuing these aims, the model will link with other area-based projects, including the Local Area Teams model for Children's Services, which is being implemented to develop networks of support around children and families in need of Early Help. Collectively, these and other approaches will form a broad area-based model for service delivery and coordination across the city.

Recommendations

6. Executive are asked to:
 - Note the progress made in identifying an approach which helps to address significant demand challenges faced in the city and approve the progression to the next stage of development, including the recruitment of Local Area Coordinators.

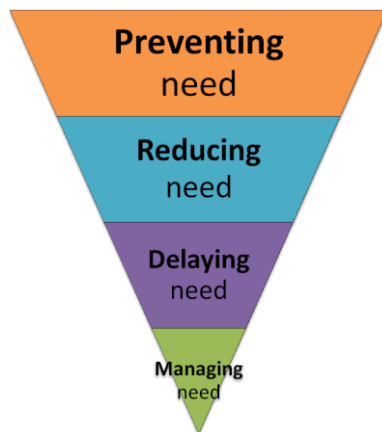
Reason: To ensure residents are best supported in respect of the future context of Adult Social Care.

Background

Why is this being considered?

7. Across the health and social care system in York there are significant pressures related to decreasing funding alongside increasing demand and rising expectations. This is driven by an aging population, increased life expectancy of people with significant disabilities and an associated increasing complexity of needs. Whilst these are extremely positive trends, the result is a growing demand which cannot be met in the future purely through service-based solutions.
8. The Care Act 2014 introduced a duty to consider the wider wellbeing of residents and in particular to Prevent, Reduce and Delay the need for care support. Alongside the NHS 5 Year Forward View, there is recognition of the need to support local areas and services to increase preventative work and support resilient communities.

9. On this basis, Adult Social Care has adopted the following as its high level objectives:



10. **Preventing need** – we will coordinate, with partners and communities, a range of information and advice to prevent people needing our support. People will be well informed of the available facilities and resources around them which can support them to improve their health and wellbeing in the broadest sense, focussing on activities which help people to remain resilient and independent.
11. **Reducing need** – through working in communities, including Local Area Coordination, we will identify those people who are most likely to need support in the future and work with them to develop their personal resilience. This will prevent situations escalating which could make people dependent on services. Local Area Co-ordinators and other colleagues will work with the individual and the people around them to create a network which provides efficient routes to the best outcomes along with an environment which allows access and support when needed. This may include advice and information, adaptations to their house, or assistive technology.
12. **Delaying need** – For those people who have experienced a challenge in maintaining independence, we will work with partners to provide effective interventions, such as Reablement, rehabilitation and recovery, to help people regain their independence and delay reliance on services. Flexible interventions, using the individual's network of support, will make best use of resources to provide the best outcomes.
13. **Managing need** – For those people who have an ongoing care need, once we have identified the support available to them through their community, family and friends, we will work with them to address the remaining issues which prevent them achieving the outcomes they

would like. Services will be personal, with individuals directing the support they require and the Council ensuring value for money and the maintaining of independence.

14. In late 2015, a paper was published highlighting the impact of Local Area Coordination in other cities across the UK and wider who have seen benefits related to these challenges (see Background Papers). Since it addressed many of the identified challenges and aligned with the existing ambitions across the health and social care system, a bid was put into the Local Government Association Care and Health Improvement Programme Efficiency Programme with support of partners from York Teaching Hospital Foundation Trust, Vale of York Clinical Commissioning Group, Priory Medical Group and the CVS. This bid was successful, providing funding of £20k to engage some external support to develop the proposal.

What is Local Area Coordination?

15. Local Area Coordination is a long-term, integrated, evidence-based approach to supporting people with disabilities, mental health needs, older people and their families or carers. Over 25 years, an evidence base of positive outcomes and reduced dependence on service-based solutions has developed. This is discussed in the Analysis section, below.
16. Rather than waiting for people to fall into crisis, then assessing deficits, testing eligibility and fitting people into expensive services, it works on the principle of earlier support in bringing about behavioural change, helping people to be resilient and self-supporting as far as possible. It works alongside people to:
 - Build and pursue their personal vision for a good life,
 - Stay strong, safe and connected as contributing citizens,
 - Find practical, non-service solutions to problems wherever possible, and
 - Build more welcoming, inclusive and supportive communities
17. Therefore it is about:
 - Preventing or reducing demand for costly services wherever possible
 - Building community capacity and resilience
 - Supporting service reform and integration, having high quality services as a valued back up to local solutions.

18. The following provides a real example of what this means to people. Further examples are given in Annex A.

Maggie's story

Roger (Local Area Coordinator) was introduced to Maggie by the local MH team following the loss of her husband some months before. Maggie had lost self-confidence and connections leaving her feeling isolated and overwhelmed, as a result this led to a couple of hospital admissions.

A focus on strengths, rather than need

Roger met with Maggie at home and talked to her about her gifts, skills, talents and interests and went on to support her to access & connect with activities taking place in her local community.

Finding and nurturing community assets/resources

Some months earlier Roger had met a group of ladies who all shared a common experience of having cared for loved ones dependent on drugs and alcohol. Together they talked & shared their ideas agreeing to work together to help expand the reach of the group. *Roger introduced Maggie to the group.*

Making the most of life, rather than focusing on services and end of life

These early connections proved to be incredibly important some months later when, following some tests, Maggie was diagnosed as having lung cancer. The prognosis wasn't good and the focus of services moved to end of life planning. During this time Roger supported Maggie to navigate the service system, whilst maintaining and building the links with her community and her new found friends.

Reducing need for services and support

The last few months have proved difficult for Maggie, but through the support of Roger and her community connections, she has felt strong enough to decline the offer of supported accommodation and has reduced some elements of her care package. This happened when she left the funded citywide luncheon club in favour of spending time with her neighbours and friends in her local community.

Moving from recipient of services to contributor to community

The links made have also provided Maggie with an opportunity to contribute something back to her community. At a recent lunch she met Jim another person being supported by Roger who had experienced a number of falls as a result of his MS. Jim talked about the need to contact primary care for a cushion to ease the pain of a bruised Coccyx, (something that Roger had been trying to sort out over the course of that day). When she got home give her gift as a seamstress Maggie very quickly sewed a ring cushion and asked Roger to pass this on.

As we speak Maggie is currently making plans with her friends to go on a day trip, whilst this will not change her diagnosis what we do know is that through the support of the Local Area Coordinator, Maggie feels in control and, as a result, the community is a better place.

Who will be supported by it?

19. Local Area Coordination will support people in their local community who may be:
- unknown to or ineligible for services, to build their own, their family's and community's resilience and reduce the need for services whenever possible (**capacity building**)
 - at risk of crisis or dependency on services to build resilience in their local communities through the development of networks and local solutions, therefore eliminating or reducing the need for formal services (**prevention and demand reduction**)
 - already dependent on services to build personal connections, community contribution, reducing reliance on formal services (**demand reduction**).

Who delivers it?

20. Local Area Coordinators are employed by the council whilst delivering support alongside local people in the community, in partnership with statutory, community and voluntary services and local communities. Whilst they may appear to be roles which could sit within the voluntary sector, they need to be council roles initially to allow consistency in the initial development in order to achieve predictable results in implementation. Local Area Coordinators need also to be independent from specific services to ensure their neutrality in helping people identify the most appropriate support.

21. A Local Area Coordinator combines a range of roles that have often been kept separate and it delivers these alongside local people in their local community. The Local Area Coordinator is based locally and acts as a single, accessible, point of contact for people in their local community, irrespective of their age or service label.
22. Local Area Coordinators will be recruited in partnership with local communities and be located in accessible local community settings as well as being highly mobile within those communities. Local Area Coordinators will require a range of skills to support, facilitate and build capacity around individuals. This may be derived from a variety of backgrounds, so whilst it is a skilled role, there will not be a requirement for specific qualifications.

How does it work?

23. Local people can connect with their Local Area Coordinator directly or via friends/family, neighbours, community organisations, social prescribers and statutory partners.
24. The Local Area Coordinator will take time to get to know individuals, families, carers and communities over time – a positive, trusting relationship is central. They are also a resource to anyone in the community for 'light touch' information, advice or connections to local resources. They will support between 50-65 individuals and their families or carers who may benefit from longer-term support in a local area to:
 - Find practical, non-service solutions to issues and problems wherever possible.
 - Build and maintain valued, mutually supportive relationships.
 - Understand and nurture their gifts, skills, experiences and needs.
 - Access accurate, relevant and timely information.
 - Build a positive vision and plan for the future.
 - Be part of, and actively contribute to, community life.
 - Help people be heard - encouraging self-advocacy, advocating alongside people, or advocating for people if there are no other options.
 - Access, navigate, coordinate and control services and support if these are required.
25. It will be driven by a senior leadership group, representing statutory, community and voluntary sector partners and people with a lived

experience of services, disability, mental health needs, older people and/or their families. This project will be led Adult Social Care.

26. Importantly, and in contrast to many existing approaches, Local Area Co-ordinators are not linked to a particular service. They are there only to secure the best support for an individual, no matter where or how this is achieved. By starting and maintaining a focus on the individual and working outwards, this approach differs from other services attempting to link people into existing services. This creates a different relationship with the individual and their family, often generating a greater degree of trust.

Why do we need it?

27. The health and social care system in York is under pressure. Overall levels of funding are relatively low, with significant savings forecast to be needed to reconcile reduced funding and increasing demand. It is clear that there needs to be a reduction in the number of people who are dependent on service-based support and an increase in more resilient and self-supporting communities. Work currently underway to define the future size and shape of the council is based fundamentally on creating a virtuous circle of sustainability. Through a greater focus on engaging citizens, earlier intervention and developing resilience, more cost effective solutions can be found, reducing the need for higher cost interventions later down the line, and the ability to divert greater resource towards earlier intervention.
28. Across the spectrum of health and social care commissioners and providers, York has seen a range of innovative approaches over the last few years. Projects initiated through the Better Care Fund have identified new approaches, including Care Hubs and social prescribing, which are being taken forward by the Priory Medical Group. Pilot projects have shown benefits already. However, it is fair to say that across the city, the range of new approaches creates variation and inconsistency.
29. The proposal for Local Area Co-ordinators provides the “glue” to join these initiatives into an easily accessed suite of support. It will provide intelligence to assist in the future commissioning of preventative support which has demonstrable benefits, as well as directing the resources to support the development of community capacity. In this sense, the model completely aligns and supports York’s local vision for care and health, preventing, reducing and delaying the need for social care.

30. Success will see Local Area Coordination and strength-based approaches as the new “norm” in the way we support people in our local communities. It will shift the focus from crisis, assessment, eligibility and funds/services to prevention, building social capital, local solutions and community resilience as the primary source of support.

What are the key outcomes?

31. For Individuals, Families, Communities:

- Reduced dependence on public services
- People supported to find non service solutions
- Increased supportive personal relationships
- Better knowledge of and connections with existing community resources
- Improved health and wellbeing, and self management of health
- Contribution
- Leadership
- Choice and control
- Greater confidence in the future
- More supportive and better resourced communities

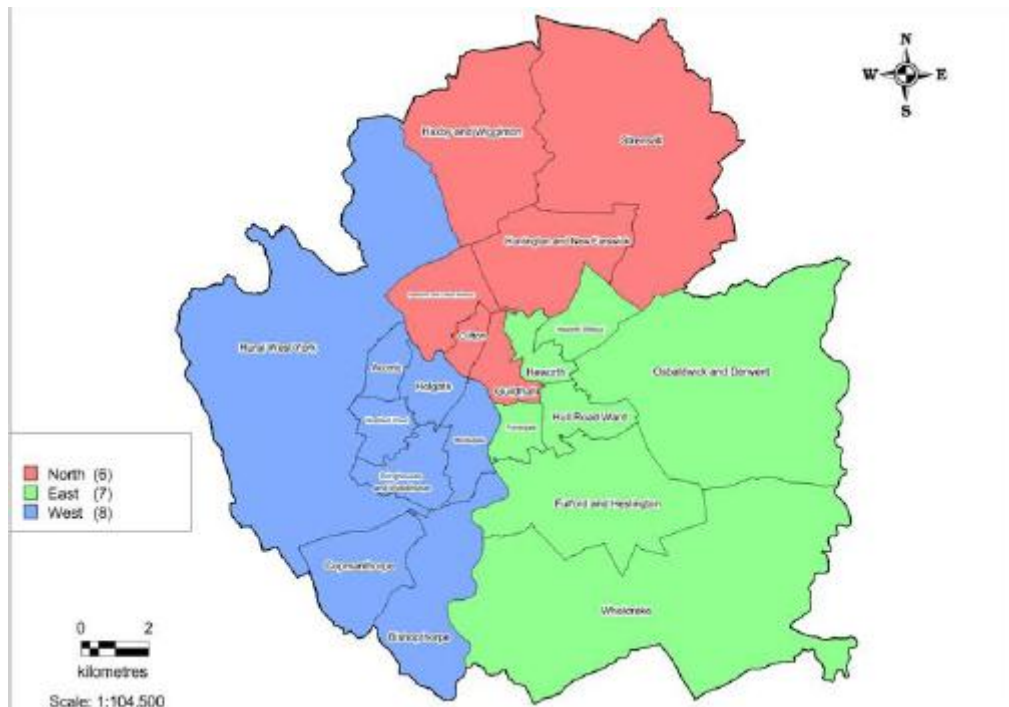
32. For the system:

- Change of focus from crisis to prevention, local solution and building social capital
- Cultural change – a focus on strengths, capacity building
- Increased choice/range of support and services
- Strong partnerships and joint working between Local Area Coordinators and services, Local Area Coordinators and communities, Local Area Coordinators and organisations/ 3rd sector, between services
- Build connections with and add value to existing initiatives – e.g. supporting Social Prescribing, time banking, community capacity building and micro enterprise.

Relationship to other area based working

33. Over the past year, work has been on going to reshape the council’s approach to area-based working. Agreement has been made to consider the city in three areas, with services as far as possible

aligning with this. It also is largely consistent with the split of the city to which the Provider Alliance is working.



34. As part of this work, a range of services are looking at approaches which share the ambitions of Local Area Coordination – particularly of early intervention, locality-based working and connecting people to support. Through these approaches, local teams will be working together to provide introductions for residents to particular support which can help them. For Local Area Coordination, this will mean either being able to connect people to support in the area, or receiving introductions to people who could be supported by Local Area Coordination. By sharing the intelligence in a local area between those working there, we can ensure that every contact with a resident counts in linking them to appropriate support.
35. One aspect which will need particular focus as each local area initiative develops is that of the entry points to services or support. Being a single point of contact is an ambition of several, so careful mapping of pathways through services will be needed to ensure the system remains clear to residents and there truly is a single point of contact. Local Area Coordination has helped, in other cities, to provide clarity of focus for this.
36. The current role which has most similarity to Local Area Coordination is our two Community Facilitators. They have embodied many of the

same principles, working directly with people to connect them to available support and increase their resilience, with great success. These roles have previously been funded through the Better Care Fund. These roles would be directly linked into the Local Area Coordination approach, with the potential for them to become Local Area Coordinator roles in the future, building on the substantial impact they have had to date in the areas they have worked.

37. The Local Area Team model being developed in Children's Services with partners shares several themes around developing networks of support and increasing community capacity. Local Area Coordinators would be able to link in with the work of Local Area Teams, as a support resource for those who could benefit from this approach. Local Area Coordination is likely to focus on those with potential and emerging need, dovetailing well with the Local Area Teams to provide intelligence of local need for a more coordinated response across traditional service boundaries.
38. Within Housing Services, the Older Persons Housing Specialist responds to a wide range of needs through direct response, signposting and referrals, providing high quality, tailored advice and information, along with the ability to coordinate multi service responses to customer need. Older people have been assisted to make proactive and timely choice about how and where they choose to live and have been empowered to take control of their own housing journey. Clearly, this links closely with the aims of Local Area Coordination, and whilst the focus is on housing, it provides an evidence base for potential benefits of a similar approach. This is discussed in more detail in the Analysis section below.
39. Work is also underway to develop a Quick Fix service to address risks around falls, reducing the number of process steps before (often relatively low-cost) solutions are installed. Through Building Research Establishment research, the areas of risk across the city have been mapped and this intelligence is proposed to be used to target the work of a handyman initially in the Clifton area, which has a high risk due to housing type and condition. This intelligence would also feed into the work of Local Area Coordinators, as contacts were made with residents who might face other challenges which could be addressed through creating supportive relationships around them.
40. The Yor-Wellbeing Service in Public Health, looking at wider determinants of wellbeing, similarly shares some of the thinking with Local Area Coordination. Working across service areas, it seeks to

address multiple behaviours which relate to determinants of health, finding solutions with people in their local area.

41. Within partner organisations, there are also roles which will directly interface. The social prescribing pilot, Ways to Wellbeing, shares similar aims, although focussing more directly on organised support rather than informal relationships. The connections between these initiatives will be developed through the implementation.
42. The local intelligence developed through Local Area Coordination, as well as other area based approaches, will provide greater insight into the needs of communities. By feeding this intelligence into Ward Committees and Ward Teams, it is anticipated the elected members and community leaders will be supported to identify the most appropriate local interventions to improve the health and wellbeing of residents, for example, using Health and Wellbeing Communities funding.

Consultation

43. In developing the bid to the LGA, discussions were held with York Teaching Hospital Foundation Trust, Vale of York Clinical Commissioning Group, Priory Medical Group and the CVS, who all supported the bid. Since then, updates have been given on initial progress and these partners will now be invited to be part of the project governance arrangements.
44. Following the successful bid, a session was held with senior managers and officers from across the council and with partner organisations invited. This allowed more detail on the Local Area Coordination approach to be shared and people to consider how it might fit in with existing services.
45. Whilst this has provided some consultation with services, clearly it is the people using the services or in need of support who need to be most directly involved in developing this work.
46. Local people will lead and support the recruitment of their Local Area Coordinators, in partnership with services. It will be overseen by a multi organisational senior leadership group that includes people with lived experience of disability, mental health needs, ageing or being a family carer.

47. Once operational, Local Area Coordinators will work alongside local people to maintain inclusion, contribution and co-production - maintaining feedback, shared learning and shared action.

Options

Option 1- Implement in 3 areas initially

48. The proposal is to initially recruit three Local Area Coordinators in 2016/17, who will be located in three specific, different geographical areas (each with a population of 10-12,000, so probably a ward area). This would provide a test of the approach, allow lessons to be learned on its implementation and provide an evidence base upon which to build a business case for further investment to cover a wider proportion of the city (assuming a demonstrable positive impact).
49. Recruitment would take place from September, with training and detailed development following on. It is anticipated that the Local Area Coordinators would be operational by the New Year.
50. Support for the implementation would be provided through the Local Area Coordination Network, to capitalise on the lessons learned from elsewhere, providing guidance on a tried-and-tested methodology.
51. The selection of areas will be a critical next step and will need to involve cross-service and partner input as well as seeking out the views of and agreement from Ward Councillors. Local Area Coordination is known to work effectively in a range of different and diverse settings across a multitude of issues in both areas of deprivation and affluence. Resident insight will be a key factor in helping to determine the selection of the first areas.
52. Successful implementation requires a high degree of fidelity to both the key design features of Local Area Coordination (that drive consistent positive outcomes) and also to the quality framework that ensures integrity of implementation.
53. In order to achieve its maximum impact, it also requires being more than just a “project” sitting on the edge of the social care and health system – as we get alongside and closer to people with disabilities, mental health needs, older people and their families and local communities, the rest of the system needs to adapt and change to better respond to these emerging aspirations and needs.

54. The figures quoted below are indicative, since the salary costs won't be known until the roles have been job evaluated. They also assume the management of the new function will be undertaken by an existing manager at no additional cost.

	16/17 (6 months)	17/18 (full year)
Salaries 3 x G8 (Indicative) from 1 st October	£54,000	£108,000
ICT Equipment	£3,000	£1,000
Travel costs	£1,500	£1,500
Discretionary budget	£2,250	£6,000
Training and related costs	£3,750	£3,750
Total	£64,500	£120,250

55. Funding has been identified within the Care Act Implementation Grant, with the potential to use Early Intervention funding (allocated across Children's and Adults) within Executive's 16/17 budget.

56. Beyond 17/18, the ongoing funding would be considered within service budgets, reflecting the changing balance between preventative work and managing people's current care needs.

57. Further routes for funding are still being identified, including discussions with partners as to whether there could be opportunities to jointly fund. For this reason, the figures above are seen as a maximum initial commitment to the local authority which may be reduced.

58. It is also anticipated that the local intelligence of need developed through this approach (and those within other services) will provide insight into how Health and Wellbeing Communities funding could be used within local areas, by Ward Committees, to achieve maximum benefit. This could, for example, provide initial support to allow the establishment of groups for which there has been an identified need.

Option 2 – Local Area Coordination is not implemented

59. Executive may not wish to pursue this approach. No benefit from this approach would then be seen, and challenges would remain in terms dependency on services which would have to be addressed in other ways – for example, through additional investment or alternative approaches to reduce demand.
60. The funding from the LGA would need to be returned so the council would not benefit from the LGA's resource or support.

Analysis

Evidence from elsewhere

61. Over the past 28 years, there have been many evaluations that show, where it is designed properly with local people and there is strong, connected leadership, there are very consistent positive outcomes.
62. These include:
 - Recent independent Social Return on Investment (SROI) evaluations in both Derby City and Thurrock Councils have shown £4 return for every £1 invested.
 - Derby City diverted costs/savings of £800k in first 10 months in 2 locations whilst operating at 40% capacity (formative stage).
 - Thurrock Council found reductions in referrals/visits to GP, A&E, adult care, mental health and safeguarding services; avoided housing evictions.
 - Reduced isolation, through increasing unpaid/informal relationships, employment/volunteering/education opportunities.
 - Reduced dependence on day services.
 - Better health outcomes and improved self management of health.
 - People supported to find local, low cost/no cost solutions.
 - Preventing more expensive out of home/area/placements.
 - Costs 35% lower compared to non Local Area Coordination areas.

Likely impact in York

63. If the approach is implemented correctly, designed with residents and partners, there is every reason to expect the same outcomes as seen elsewhere. This would mean around a 4:1 social return on investment. If implemented in the same way, this could approximate to an annual benefit, initially of around £480k. It is impossible to say where cashable savings would fall at this point, but it would be a significant step towards a more sustainable system of support in line with our strategy to Prevent, Reduce and Delay the need for care. It is likely to support savings required in homecare and residential services, and also provide benefits to primary care.
64. York is fortunate to have a thriving voluntary sector and highly skilled residents. The opportunity to better connect people with support, empower people to help others and reduce the demand on service-based approaches is significant.
65. The evidence from the Older Persons Housing Specialist work, which shares similar approaches and impacts on similar areas, provides a good indication of diverted costs from facilitating earlier discharge from hospital, preventing residential care and unplanned admissions, and reducing home care needs. This suggests average savings/cost avoidance as follows:

Early discharge from hospital	£1,100
Prevent residential care	£493 per week
Prevent unplanned admission	£2837
Prevent home care	£370 per week

66. Based on the needs of the individual, and the alternatives identified, the savings can reach tens of thousands of pounds for each person. The Local Area Coordination proposal would initially give capacity for up to 150 people to be directly working with a Local Area Coordinator. The financial benefits of reduced demand on services (alongside the wider social and personal benefits) could, therefore, be significant.

Monitoring the impact

67. The impact will be closely monitored in this first phase to provide an enhanced evidence base to support future investment decisions.
68. Discussions have been held with the LGA's project advisor to look at how we will measure the impact. Ultimately, we would expect to see:
- A reduction in the contacts with social care from the areas supported by Local Area Coordination.
 - An increase in the proportion of contacts which would be referred to non-service support.
 - An increase in the capacity of communities to provide support.
69. Early discussions have also been held with the University of York, in terms of the potential for students from the Department of Social Policy and Social Work to support a review of the programme logic, the evidence from elsewhere and propose some measures which could be built into the project. This would help to provide an evaluation framework which would allow the impact to be assessed.
70. The support of the Local Area Coordination Network will also allow us to access the methodologies of previous analyses of Local Area Coordination.
71. Through the information feed into Ward Teams and Ward Committees, elected members and community leaders will have access to softer intelligence about what is happening within an area, and this will allow an oversight of the direct impacts of Local Area Coordination for people in a locality.

Council Plan

72. This initiative supports the following objectives within the council plan:
- A city where:
 - i. Everyone is supported to achieve their full potential
 - ii. Everyone who lives in the city can enjoy its unique heritage and range of activities.
 - iii. All York's residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods
 - iv. All children and adults are listened to, and their opinions considered

- v. Everyone has access to opportunities regardless of their background
- vi. Support services are available to those who need them
- vii. Residents are encouraged and supported to live healthily

Implications

73.

- **Financial** – The financial implications are outlined in the body of the report. Whilst the direct cashable savings cannot be identified as this point, the proposed model supports earlier intervention which is known to reduce the overall costs otherwise incurred through escalating need. An initial implementation would provide the evidence to support (if positive) further rollout.
- **Human Resources (HR)** – The direct impact would be through the recruitment of 3 new posts. The Local Area Coordination approach requires the community to be involved in this process, so the alignment of this with our recruitment procedures will be reviewed and an approach agreed.
- **Equalities** – Members are well aware of the requirements of the public sector equalities duty to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equalities Act 2010.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.

This initiative is designed to increase the resilience of people and communities. It will focus on those who might be experiencing inequality, for a range of reasons, so it is anticipated that it would have a positive impact. The detailed design work will be carried out with communities, seeking to be as inclusive as possible.
- **Legal** – No direct implications
- **Crime and Disorder** – No direct implications
- **Information Technology (IT)** – Local Area Coordinators will require some mobile technology to operate, although it is not expected that they will have requirements beyond other community based roles in the city. They will be considered alongside mobile working across the Adult Social Care workforce.
- **Property** - No direct implications

Risk Management

74. A detailed risk register will be developed through the project to identify and mitigate risk. By following a model which is tried and tested elsewhere, the risk on delivery is smaller than developing a bespoke approach, with lessons learned elsewhere feeding into this project via the Local Area Coordination Network. The All About Projects framework will be followed to ensure appropriate project governance.

Contact Details

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**Chief Officer Responsible for the
report:**

Martin Farran
Director of Adult Social Care

**Report
Approved**

Date 11/08/16

Specialist Implications Officer(s)

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

Broad, R. 2015 "People, Places, Possibilities - Progress on Local Area Coordination in England and Wales" - Centre for Welfare Reform

<http://www.centreforwelfarereform.org/uploads/attachment/463/people-places-possibilities.pdf>

Annexes:

Annex A – Examples