

Changing Futures Outcomes & Evaluation

Fuse Collaborative Event



CHANGING FUTURES
LANCASHIRE

Changing systems to better support individuals and communities experiencing multiple disadvantage'



Introduction

Ian Treasure

Lancashire Changing Futures Programme Manager



Cost Benefit Analysis & NDTA Report

Christopher Houghton
Changing Futures Data Analyst





Cost Benefit Analysis

Table 1. Overall Cost Savings

Service	Total cost	Total Cost Before CF	Total Cost After CF	Difference	Sample size: Max 92	Savings per Person
Hospital	£593,297.94	£364,775.83	£228,522.11	£136,253.72	74	£1,841.27
Police	£1,481,042.19	£1,213,915.12	£267,127.07	£946,788.04	46	£20,582.35
Drug Services	£44,976.63	£21,420.77	£23,555.86	-£2,135.09	25	-£85.40
Housing	£122,870.00	£71,064.00	£51,806.00	£19,258.00	31	£621.23
Probation	£23,077.06	£14,881.82	£8,195.24	£6,686.58	12	£557.22
Mental Health	£22,058.75	£12,497.50	£9,561.25	£2,936.25	41	£71.62
Overall	£2,242,186.76	£1,698,555.04	£588,767.53	£1,109,787.51		£23,588.27

An overall cost saving of £1,109,787.51 has been observed across all services, with an average cost saving per person of £23,588.27. All services, bar 'Drug services', displayed a cost saving. Police had the greatest cost savings, followed by Hospital, Housing, Probation and then Mental Health.



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New Directions Team Assessment (NDTA)





NDTA Overview

The 10 Criteria:

- | | |
|---------------------------------------|----------------|
| 1. Engagement with frontline services | (Scale 0 to 4) |
| 2. Intentional Self-Harm | (Scale 0 to 4) |
| 3. Unintentional Self-Harm | (Scale 0 to 4) |
| 4. Risk to Others | (Scale 0 to 8) |
| 5. Risk from Others | (Scale 0 to 8) |
| 6. Stress and Anxiety | (Scale 0 to 4) |
| 7. Social Effectiveness | (Scale 0 to 4) |
| 8. Alcohol/Drug Abuse | (Scale 0 to 4) |
| 9. Impulse Control | (Scale 0 to 4) |
| 10. Housing | (Scale 0 to 4) |

Total Score: /48



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| 8. Alcohol/Drug Abuse | (Scale 0 to 4) |
| 9. Impulse Control | (Scale 0 to 4) |
| 10. Housing | (Scale 0 to 4) |

Total Score: /48



NDTA Overview

4. Risk from Others		7. Social Effectiveness	
Score	Explanation	Score	Explanation
0	No concerns about risk of abuse or exploitation from other individuals or society	0	Social skills are within the normal range
2	Minor concerns about risk of abuse or exploitation from other individuals or society	1	Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption
4	Definite risk of abuse or exploitation from other individuals or society	2	Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate
6	Probable occurrence of abuse or exploitation from other individuals or society	3	Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate
8	Evidence of abuse or exploitation from other individuals or society	4	Lacking in almost any social skills; inappropriate response to social cues; aggressive.



NDTA 2021 – Q2 24/25

Cost Benefit NDTAs

Table 2. Cost Benefit Beneficiaries NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
29.33	17.52	11.81



NDTA 2021 – Q2 24/25

Cost Benefit NDTAs (n=92)

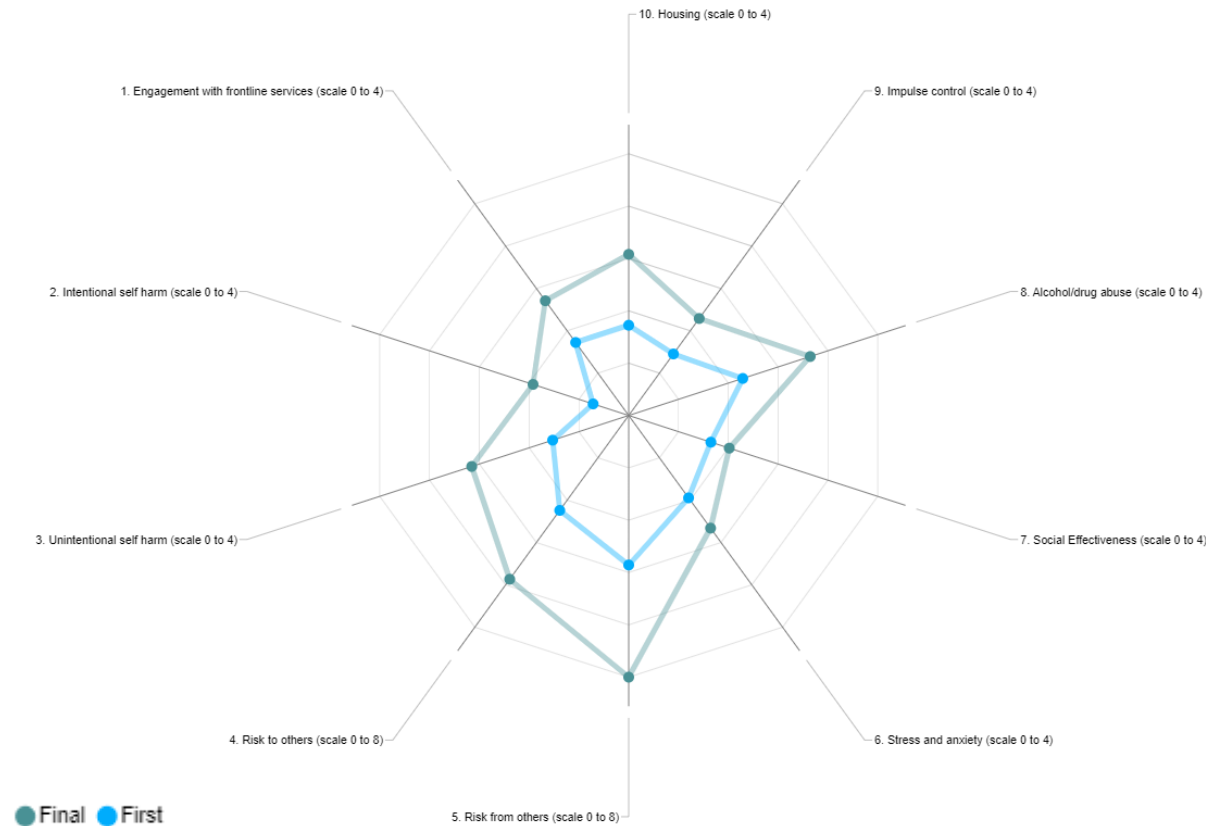


Figure 1. Comparison of NDTA scores for Cost Benefit Analysis sample: criterion '5. Risk from others' showed the greatest reduction at 2.07 from the initial score of 4.83 to the final score of 2.76 Criterion 'Risk to others' and 'unintentional self harm' showed a reduction of 1.57; criterion '7. Social Effectiveness' showed the least improvement of 0.36 with the initial score at 1.95 and the final at 1.59.



NDTA 2021 – Q2 24/25

Changing Futures Lancashire Footprint

Table 3. Changing Futures Locality Breakdown

East	North	Central & West	Fylde
Blackburn with Darwen	Lancaster	Preston	Blackpool
Hyndburn	Morecambe	Chorley	Fylde
Rossendale		South Ribble	Wyre
Burnley		West Lancashire	
Ribble Valley			
Pendle			



NDTA 2021 – Q2 24/25

Lancashire (n=712)

Table 3. Lancashire NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
31.85	20.49	11.36



NDTA 2021 – Q2 24/25

Lancashire (n=712)

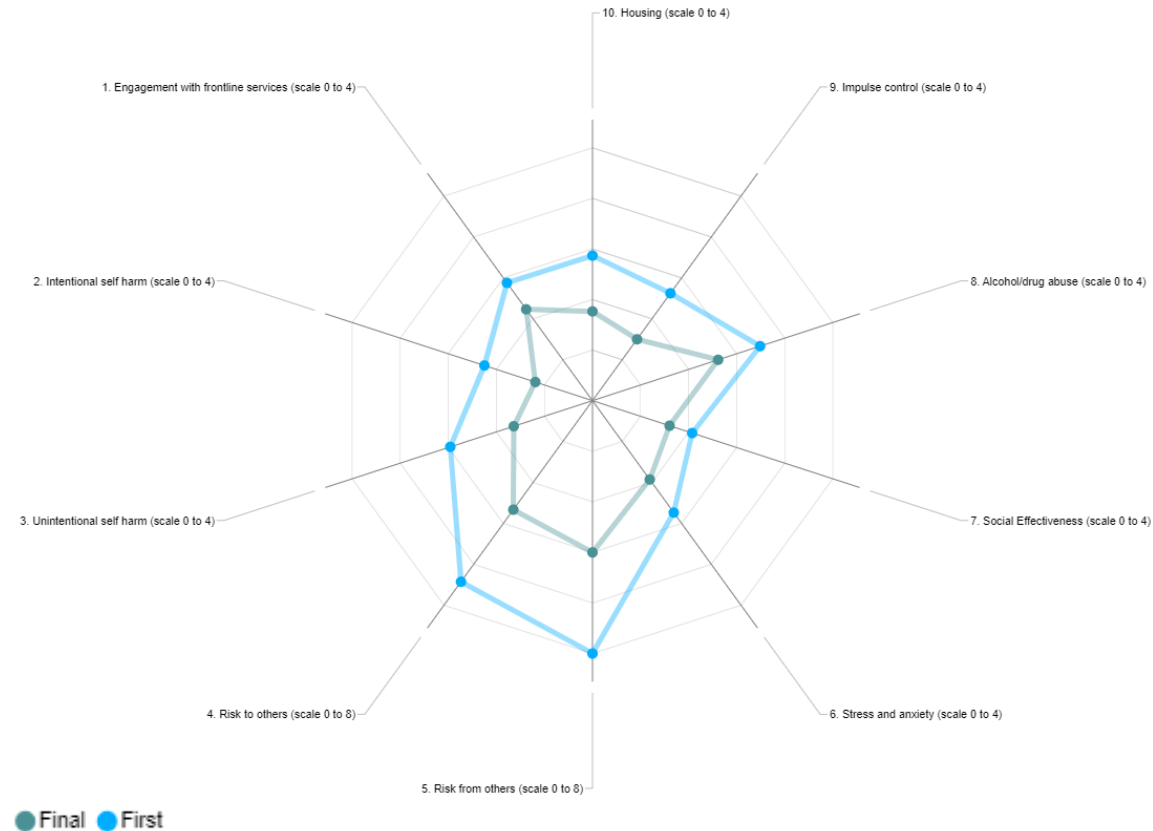


Figure 2. Comparison of Average NDTA Outcomes for Lancashire: '5. Risk from others' shows the greatest reduction in NDT score by 1.42 from 4.82 initial to 3.40 final; comparatively the lowest reduction was observed in '7. Social Effectiveness' by 0.2 from 2.04 initial to 1.84 final.



NDTA 2021 – Q2 24/25

North (n=100)

Table 4. North NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
32.09	23.35	8.74



NDTA 2021 – Q2 24/25

North (n=100)

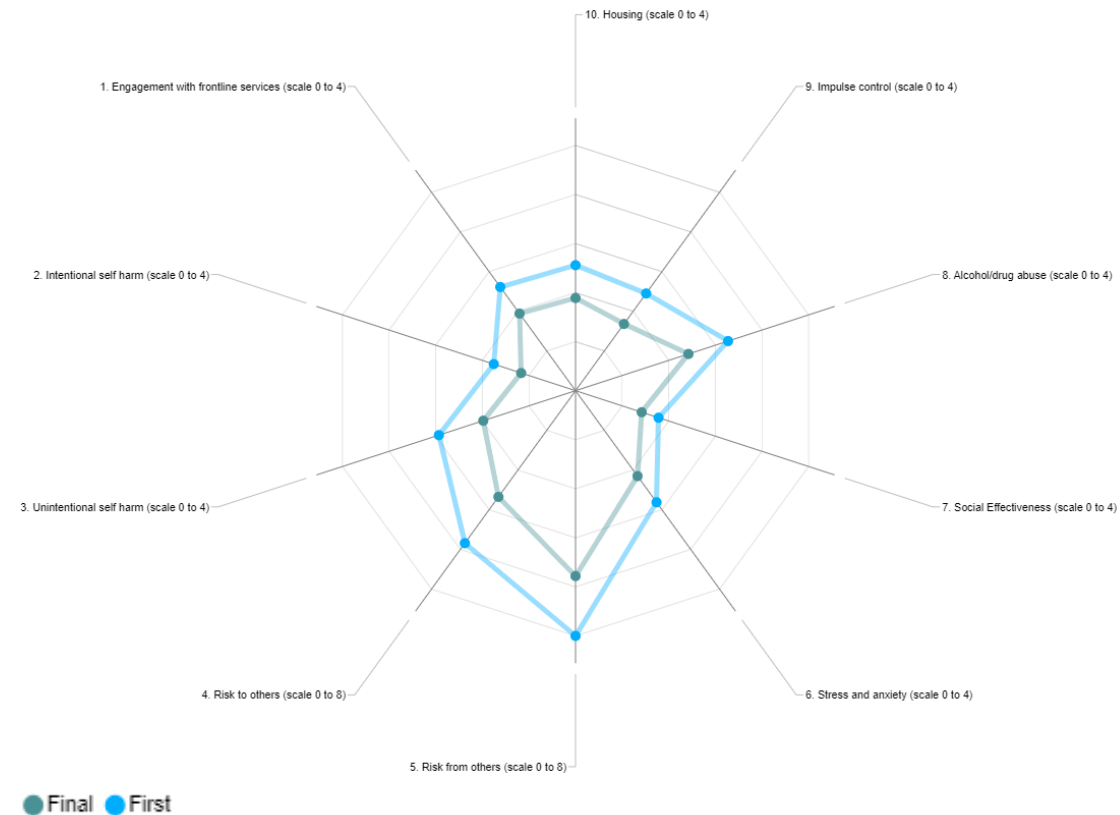


Figure 4. Comparison of Average NDTA Outcomes for North Locality: The greatest reduction in criterion was ‘5. Risk from others’ at 1.35 with the first at 5.53 and final at 4.18. The lowest reduction was observed in criterion ‘7. Social Effectiveness’ at 0.4 with the first being 1.97 and the final at 1.57.



NDTA 2021 – Q2 24/25

East (n=161)

Table 5. East NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
31.14	15.70	15.45



NDTA 2021 – Q2 24/25

East (n=161)

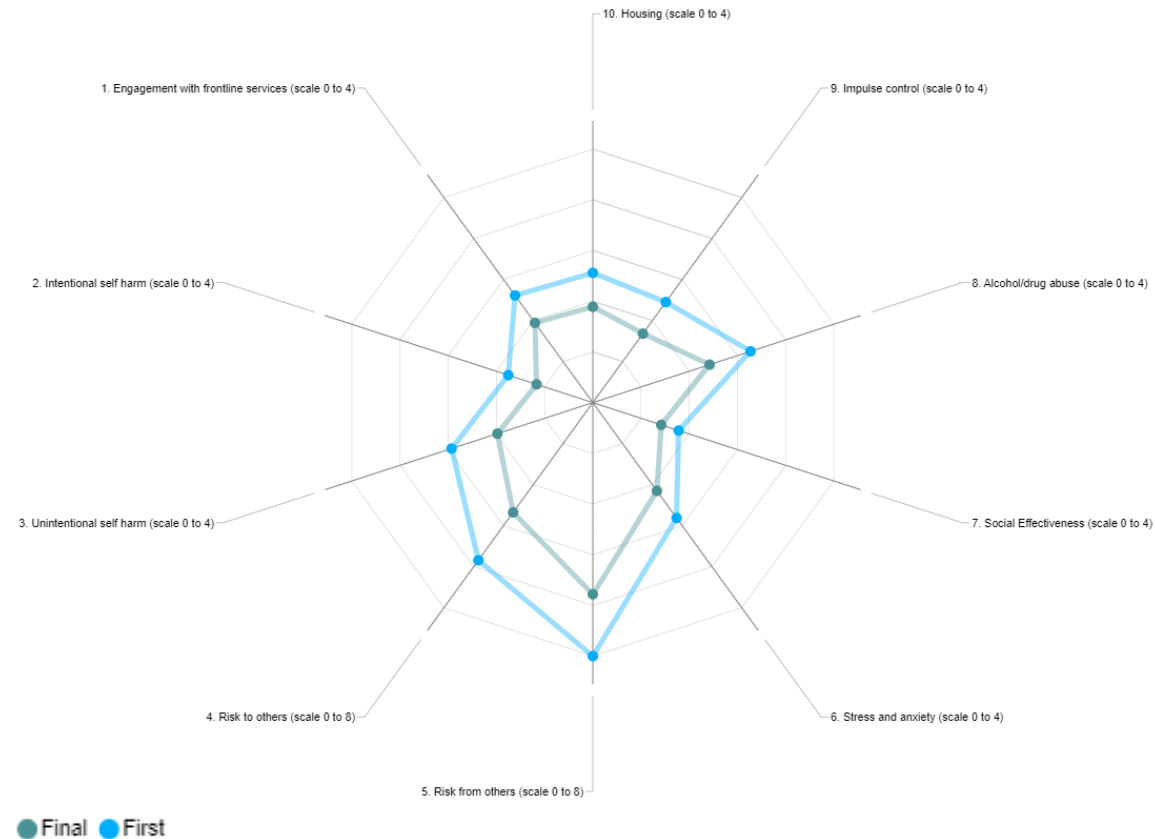


Figure 6. Comparison of NDTA scores for East locality: Criterion ‘5. Risk from others’ shows the greatest reduction in NDTA scores of 1.35 from an initial score of 5.53 to a final score of 4.18; criterion ‘7.Social effectiveness’ shows the lowest reduction of 0.40 from an initial score of 1.97 and a final score of 1.57.



NDTA 2021 – Q2 24/25

Central & West (n=194)

Table 6. Central & West NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
29.86	23.27	6.59



NDTA 2021 – Q2 24/25

Central & West (n=194)

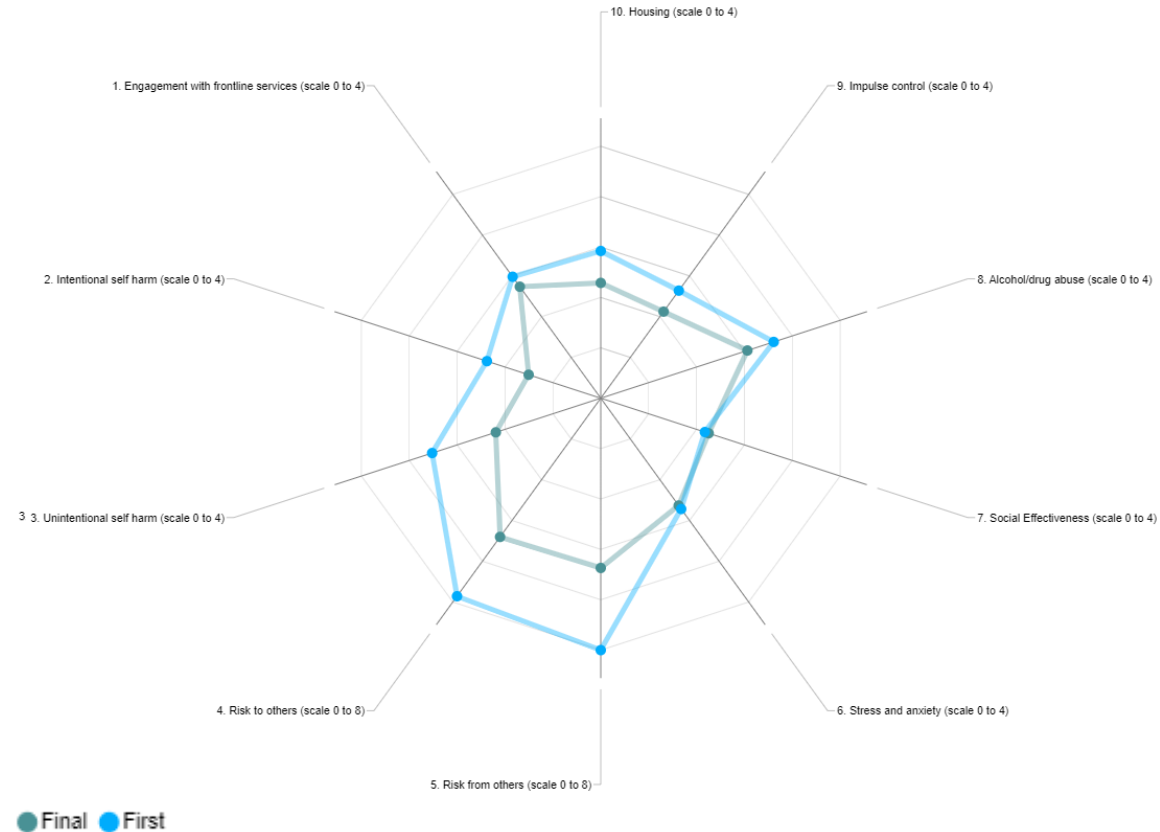


Figure 8. Comparison of NDTA scores for Central & West locality: criterion '5. Risk from others' showed the greatest reduction at 1.49 from the initial score of 4.55 to the final score of 3.06. Criterion '6. Stress and anxiety' showed a reduction of 0.08 with the first score at 2.47 and the final at 2.39; criterion '7. Social Effectiveness' showed an increase in NDTA scores of -0.08 with the initial score at 1.97 and the final at 2.05.



NDTA 2021 – Q2 24/25

Fylde (n=257)

Table 7. Fylde NDTA Scores

Average Initial Score out of 48	Average Final Score out of 48	Average Change
34.29	19.63	14.66



NDTA 2021 – Q2 24/25

Fylde (n=257)

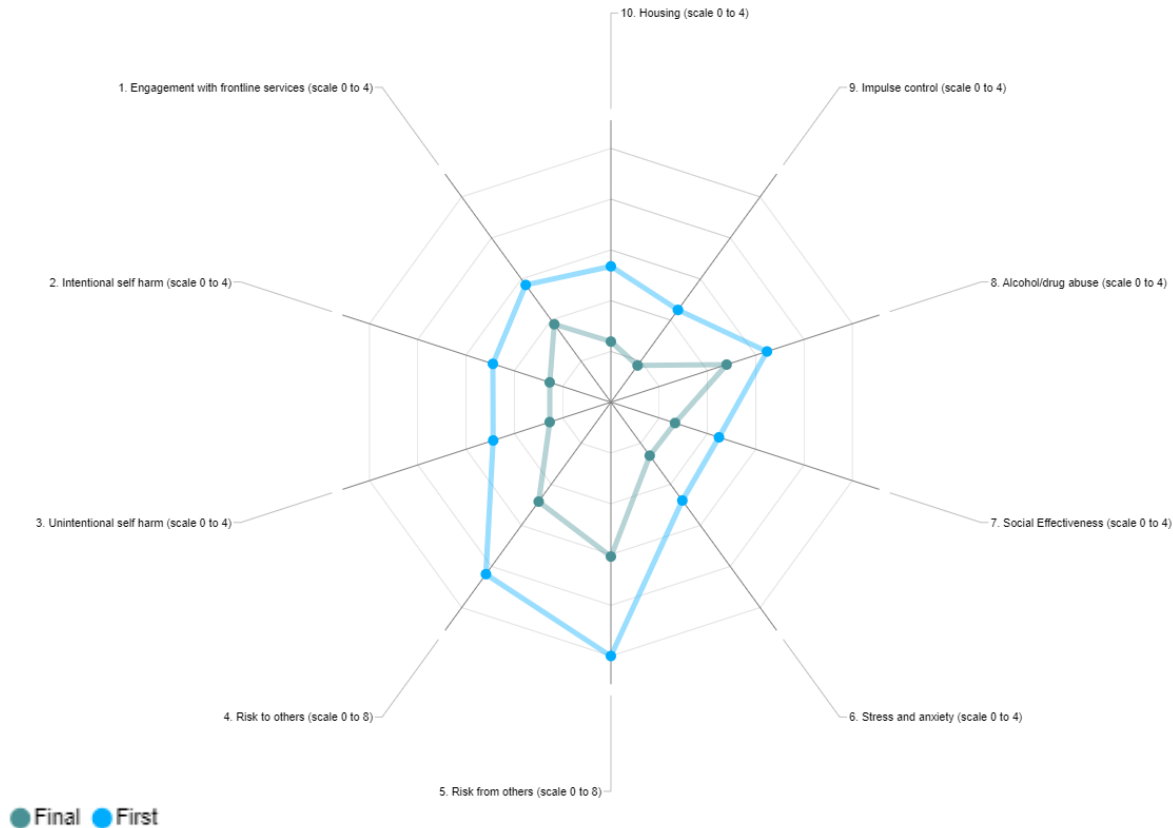


Figure 10. Comparison of NDTA scores for Fylde locality: criterion ‘5. Risk from others’ saw the greatest reduction in NDTA of 2.27 from 5.77 initial to 3.50 final with the least improvement shown in criterion ‘8. Alcohol and drug abuse’ at 0.97 with an initial of 3.73 and 2.76 final.



Cost Benefit Analysis

A

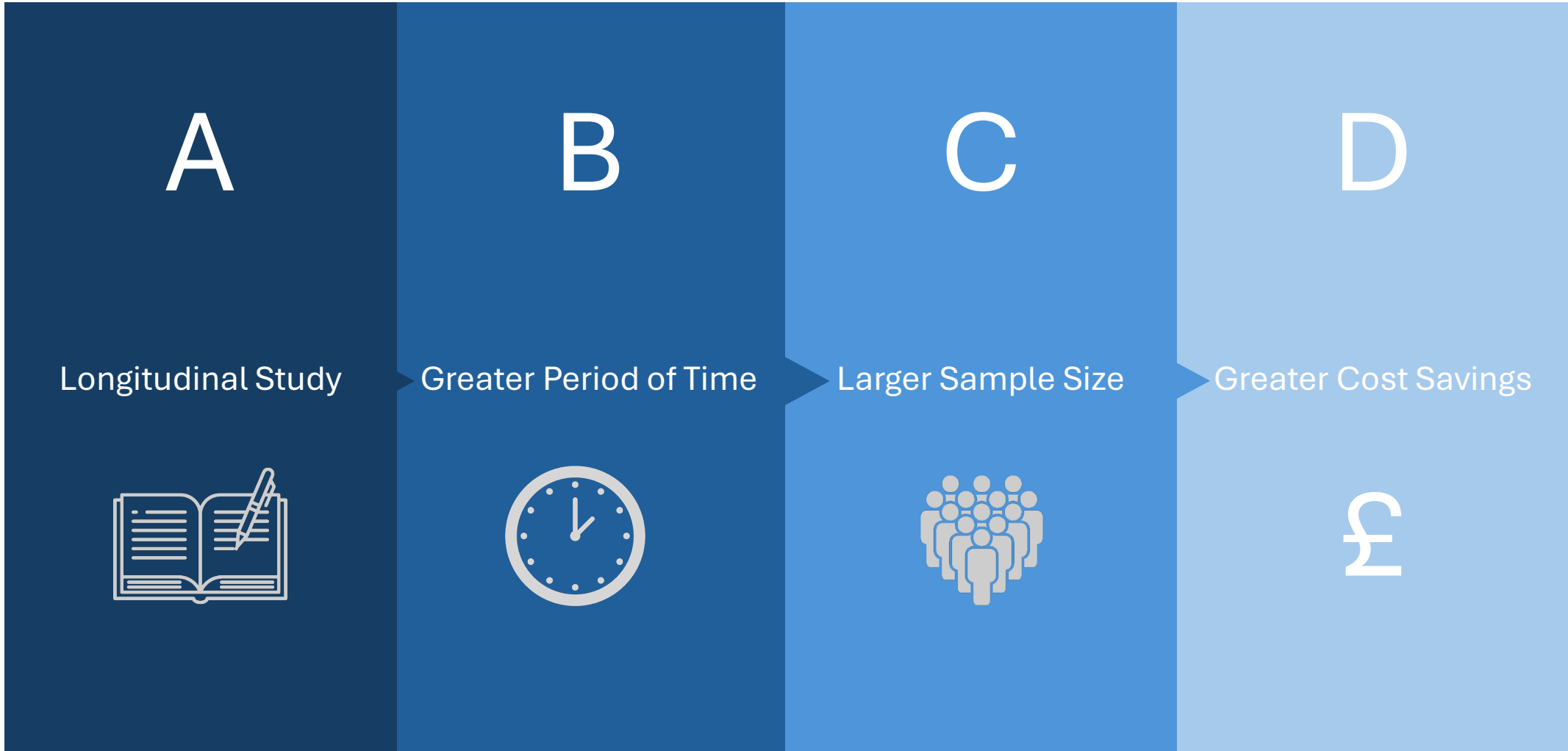
Longitudinal Study



**Recommendation
for future study**



Cost Benefit Analysis



Lived Experience

David

Lived Experience Expert



Trauma Informed Charter Mark - Blackpool

Laura Smy
Changing Futures Lancashire Fylde Coast Programme Lead



Background

- Fylde Coast Multiple Disadvantaged Group raised how collectively we support our organisational partners to be more trauma responsive to the needs of individuals, including marginalised groups.
- Scoping exercise took place as to what was currently out there, but quickly identified high level costings attached that were not necessarily the ‘best fit’ for our footprint.
- Partners feel that it would be beneficial to look at developing something of their own that reflects Blackpool better.
- Previous learning via Fulfilling lives Charter Mark – build on what we know works.



What we did

- Partnership event facilitated by Nikki Graham from UCLAN, April 2024 with over 100 participants and various organisational representatives.
- Responses were collated across key areas and compiled – communication in and out of organisation, environment, impact, providing a high quality care, professional training and well being, polices and procedures.
- Steering group pulled together, including LERO to look at long term planning and implementation strategies. How can organisations evidence meeting the key areas?
- Working closely with our local HDRC – Health Determinates Research Collaborative to explore next steps in relation to format and implementation process.



What we did

- Literature review completed by HDRC and ongoing discussion around evidence base. Including other local offers such as VRN Trauma informed Charter Mark, One small thing etc.
- Implementation needs to be meaningful and support organisations long term commitment to this way of working – don't want it anecdotal.
- Boing Boing co-researchers are currently seeking the views of Young People.
- Young People views will be sought from a cross section of educational and community settings.
- Incentive of love to shop voucher for all Young People who participate in research.



Thank you for listening!



Panel discussion with Q&A (20 mins)



fuse

The Centre for Translational
Research in Public Health

Events coming soon

**How can public health research help people experiencing
severe and multiple disadvantage?**

12 November 2024, 2pm - 4.30pm

Online via MS Teams

**Showcasing and developing impactful health research and practice
collaborations across the region, with a focus on Sunderland**

21 November 2024, 11am - 1pm

University of Sunderland

Register by scanning the QR code
or visit: www.fuse.ac.uk/events

