



Improving the Lives of Excluded Older People Group

First Contact Schemes Seminar

Age UK

Tavis House

Tavistock Square

London

Monday 30th June 2014

Seminar Notes



- 1) The Age Action Alliance Seminar on First Contact Schemes took place at Age UK, Tavis House, Tavistock Square, London on Monday 30th June: 11:00 till 15:30
- 2) The Seminar was a joint initiative of the Age Action Alliance: Improving the Lives of Excluded Older People Group in collaboration with EAC/FirstStop, who have taken the lead over the past two years to establish the extent and scope of FirstContact schemes throughout the UK, to create a directory of such schemes and to develop a resource bank of materials relating to local collaborative referral schemes.
- 3) The Age Action Alliance Improving the Lives of Excluded Older People Group aims to identify practical ways to ensure older people can lead healthy, independent lives, including disadvantaged groups and those in a 'transitional stage' who are at risk of exclusion. It aims to identify and promote early interventions. As an independent partnership of organisations, members work together to take a collaborative approach to the challenges of an ageing society and promote opportunities and contribution by older people themselves.
- 4) The Seminar was attended by 20 participants with an interest in developing mechanisms to help to connect people with preventive services and information in their community.

Name	Organisation	Role
Anna Goodman	Campaign to End Loneliness	Policy and Research Officer
Bushra Baig-Daykin	Redbridge First Response Service	Project Co-ordinator
Damond Ferguson	Papworth Trust	HIA Performance & Operations Manager
Debbie Preston	Leicestershire First Contact Scheme	First Contact Scheme Manager
Emily Georghiou	Age UK	Local Influencing Adviser
Evan Morris	Chief Fire Officers Association	Head of Community Fire Safety. Cheshire Fire & Rescue
Frances Auger	EAC/FirstStop	National Advice Team Manager
Jack Lewis	Public Health North Yorkshire CC	Public Health Project Officer
Jennifer Werner	Southwark SAIL	Independent Living Manager (Age UK Lewisham & Southwark)
Jessica Harris	Cultural Commissioning Programme	Project Manager
John Galvin	EAC/FirstStop	Chief Executive EAC (Elderly Accommodation Counsel)
Karen Ferris	Hampshire CC	Hampshire Village Agents
Kevin Halden	Local Government Association (LGA)	Community Wellbeing Team
Les Billingham	Thurrock Council	Head of Adult Services Thurrock / ADOSS
Lorna Fleming	LB Ealing	Joint commissioning manager for older people services
Mark Taylor	LB Southwark	Commissioning Manager Southwark Council
Michael Rodden	EAC/FirstStop	Project Officer. EAC
Neil Chadborn	University of Nottingham	Research Fellow, University of Nottingham
Simon Wilkinson	Department for Work and Pensions	Secretariat Support for Age Action Alliance
Sue Warr	Dorset SAIL	Strategic Commissioning Manager (Dorset POPP)

- 5) The Seminar had the following aims:
 - a) To offer an opportunity for existing schemes to share good practice and consider their different models of delivery.
 - b) To give organisations who are considering developing a new scheme the opportunity to meet with existing schemes in order to learn and share good practice.
 - c) To provide a forum for discussion of policy issues linked to the development of local collaborative referral schemes.

- 6) The day's event was structured as follows:
 - a) Focus on Scheme Models
 - b) The Impact of the Care Act
 - c) Issues affecting First Contact Scheme development
 - i) Partnerships
 - ii) Funding
 - iii) Reporting
 - iv) Evaluation

- 7) In addition to a series of activities to explore these areas, Evan Morris, of the Chief Fire Officers Association, delivered a keynote presentation on '**Sharing Data, Saving Lives**', which raised a number of issues relating to targeting of resources.

Crucial to his argument was the importance of accessing data about older people within a particular area. The Fire and Rescue Service has been able, in certain local authority areas, to access the age, gender and address of every individual within a county. Armed with this data, which was provided from GPs, and in strict adherence to the Data Protection Act, the Fire and Rescue Service was able to overlap 4 key datasets:

Personal risk (calculated based on age and gender mortality data)

Geo-demographic risk (using the Mosaic dataset which classes every household into groups according to their socio-economic characteristics and consumer behaviour).

Lone person risk

Response risk (how long it takes for the Service to attend at each property in the event on an emergency).

A very accurate map of risk could then be created and resources targeted to those households.

In addition, the Fire and Rescue Service was able to create partnerships with other providers to integrate their service, with complementary support from other agencies to further reduce the risk to older people in their community. (First Contact schemes, Dementia Advisers etc)

A number of outcomes were identified, including a 41% **reduction in fire deaths** and 70% fall in injuries.

8) Discussions throughout the day on the issues affecting First Contact Schemes raised a number of points:

- The range of models is still wide ranging
- Knowing what models are available and how they work is vital
- How do we know that we are reaching the 'hard to reach'?
- A crucial aspect of the discussions was the need to tackle the cost benefit/value for money argument. This is the argument that money/investment used wisely now could save money in the long term. But there was a note of caution; care needs to be taken to ensure that the voluntary and community sector (VCS) does not end up 'picking up the tab' for savings made elsewhere!
- There was some discussion of how to refer within FirstContact schemes, and in particular the issue of 'self referral' v 'professional referral' within schemes. This is particularly important with regard to numbers of referrals and the danger that some agencies may feel unable to respond to the increased demand for services. How might we deal with this issue?
- It was felt that there is a tendency to point to outputs (the things we do to achieve our aims) rather than outcomes (the changes, benefits, learning or other effects that happen as a result of what the project or organisation offers or provides). How can we measure/evaluate outcomes? And can we measure outcomes longitudinally? There needs to be a way of evaluating schemes to show causality. How can we do that? Is this a job for the partners? If so, does it need to be enshrined within Partnership Agreements? Can we show, for example:
 - GP visits going down
 - A & E visits decreasing
 - Reduction in medication etc
- Can we use extended case studies as a basis for evaluation?
- Could use be made of the [Campaign to End Loneliness Impact Tool](#)?
- There was discussion of the complementary benefits of 'community/village agents' and 'FirstContact' Referral Schemes. Is the ideal system a combination of the two? – for example the Dorset Wayfinders and Dorset SAIL. A crucial question here is the importance/impact of 'person to person' local 'knowers / champions' versus what might be seen as more mechanistic agency 'checklist' systems.
- There may be a need to 'raise the profile' of schemes within the community. Internally, this may mean more effective reporting to/meeting with Chief Officers Groups; liaison with Health & Welfare Boards (endorsement?). This might include targeted 'overview' reports for relevant meetings.
- Externally it may mean raising the profile within the community, evaluating outcomes, highlighting case studies.
- Participants underlined the importance of getting the 'buy-in' from partners from the start. This means ensuring that initial connections are made at the right levels within organisations.

- GPs are extremely important to the process – in terms of referrals and (see CFOA presentation above) as a source of data.

9) What can the Age Action Alliance membership do to support the EAC/FirstStop research programme to monitor and identify the emergence of FirstContact schemes?

- EAC/FirstStop is continuing to act as a **research resource** for existing and emerging schemes. Are there ways the ever growing Age Action Alliance membership can support this work?
- EAC/FirstStop is also producing updated **reports** on the ‘extent and impact’ of schemes. The Alliance could be a very effective forum for the transfer of information and feedback on models/initiatives. How might this be achieved?
- EAC/FirstStop is now well placed to capitalise on the rich **resource bank** which has been accumulated as a result of the research programme. Outputs might include:
 - A Good Practice Presentation (Online: Prezi?)
 - An on line resource database for interested parties to access materials/reports/checklists etc of schemes nationwide
 - Regional Seminars to help disseminate good practice/raise profile/generate ideas/share research of collaborative schemes.
 How might these initiatives be resourced? Who might we find to fund the development?

10) Feedback on the day

Many thanks for the feedback on the Seminar!

There was a high degree of positive feedback about the seminar, with most people rating the event ‘interesting’ or ‘very interesting’. When it came to the ‘impact on daily work practice’, the result, although still positive overall, was a little less marked (see below for possible reasons).

The sessions that people found most useful were the initial exercise to ‘advertise’ and ‘market’ the schemes and view the alternative models, the presentation from the Chief Fire Officers Association and discussions about partnership arrangements, local authority thinking about planning of future schemes, and the outcomes and sustainability of programmes. One participant highlighted the importance of ‘starting to think about the “gaps” for future work’.

A number of scheme administrators mentioned the value of being able to make contact with other schemes.

When asked to respond more critically about the sessions, a number of participants felt that there wasn’t quite enough time to explore/interrogate the schemes and some would have appreciated more detail about how the schemes operated. Those that were ‘presenting’ their own schemes felt they didn’t really have time to see what other schemes were doing.

There was a degree of consensus about what might have been dealt with in the Seminar, but wasn't. In particular, we might have:

- Considered more fully the issues which local authorities might have to consider when developing these sorts of schemes
- Possibly have considered a 'wider range of models'
- Done more to focus on the 'evidence base' and cost benefits of schemes
- Explained more about how the schemes were resourced
- Discussed in more depth how we might identify targeted groups – particularly vulnerable/lonely/isolated
- Considered in a bit more detail the implications of the Care Act and the new commissioning environment. How might the new statutory obligations be an opportunity to do things better and support prevention rather than cure?
- More on the links between FirstContact schemes and integrated care programmes.

This latter feedback might really help us to design more appropriate Seminars in the future. One possibility might be to break down the areas for consideration:

- Design/Models/Structure/Systems/Resourcing – the '**mechanics**' of schemes
- Outcomes/Research/Longitudinal Studies/Evaluation/Value for money/Research methodologies/ Sharing research etc – the '**justification**' of the schemes
- Partner Relationships/Maintaining partnerships/Collaboration/Agreements/ Links to legislation/Governance/ - the '**policy**' of the schemes

These of course are overlapping areas, but it might help us to focus on areas more effectively.

Other comments about future seminars suggested the value of an annual event / conference and the importance of including partners in future seminars/events.

11) Thanks

Thanks again to all the Seminar participants but especially to Emily Georghiou and her colleagues at Age UK for their generosity and hospitality in providing an excellent venue and delicious lunch! We really appreciate it.