EAC FirstStop
Advice for older people

First Contact Schemes Extent and impact

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Publisher: EAC

Date: July 2014

FirstContact schemes are local collaborative schemes directed principally at 'vulnerable' people in the community. This report, produced with the assistance of members of the Age Action Alliance, assesses the impact of schemes throughout the country.

Age Action Alliance

Overview

FirstContact schemes are local collaborative schemes directed principally at 'vulnerable' people in the community. The main aim of the schemes is to ensure that people who, for whatever reason, are excluded and/or vulnerable are able to access the advice and support to help them to lead their lives safely and independently. This is achieved by local support agencies working closely together to ensure that their individual clients can be easily referred on to other agencies through a simple one stop system.

Age Action Alliance is working closely with Elderly Accommodation Counsel (EAC) to assess the impact of FirstContact schemes throughout the country and to develop practical tools to support the promotion and development of such collaborative ventures.

In particular, a survey of current FirstContact schemes has been carried out to determine the mechanisms, scope and effectiveness of existing schemes. As a result of this research, a Directory of First Contact Schemes has been compiled, which summarises key information about individual schemes and gives contact details and website links for further information.

In addition, an analysis of reports, case studies, and promotional materials about existing schemes is leading to the drafting of a Good Practice Guidance/Toolkit to help new projects to build on the success of pioneering schemes.

So far, we have identified some 35 schemes throughout the country which meet our criteria for FirstContact schemes (See Table 1).

This report builds on the data of the First Edition of July 2013, highlighting progress since then and looks, in particular, at the following key questions:

- What are FirstContact Schemes?
- Where do they operate?
- Who leads, finances and manages the schemes?
- Who are the partners?
- Who is being targeted?
- What services are being delivered within the scope of the scheme?
- How do the schemes work – what are the mechanics?
- How do people access the schemes?
- How successful are the schemes?
- What is the outlook for the future?

What are FirstContact Schemes?

For the purposes of our current research, a FirstContact scheme is taken to be any collaborative scheme which aims to ensure that local service providers work together to identify vulnerable people in their community with the purpose of ensuring that those people are connected to the services they need to be healthy, safe and independent.

The service providers are responsible for a raft of locally delivered, lower level, preventive services designed to ensure that early intervention can help people to live safely and well at home.

The research has shown that there are two main models.

Agency Based Referral Schemes are schemes which rely on existing local service providers working in partnership. They link people to services by using a common form/questionnaire/checklist which, when completed with the client's permission, is passed to a central administrative hub, which then alerts suitable service providers to a client's needs. One form - potentially multiple referrals.

Agent Based Referral Systems are schemes which depend on 'community' or 'village' agents working to identify the individual needs of excluded or vulnerable people in their community. The agents, who can be paid or work voluntarily, then use their skill and training to link the person to suitable services. One agent – potentially multiple referrals. (One scheme, 'WellCheck', is a 'floating support' scheme, providing support for individuals over a longer period).

Of the 35 schemes examined in this survey (a net increase of 3 schemes from 2013), 20 are Agency Based Referral Schemes (Table 2) and 15 are Agent Based (Table 3). Two 'agent based' schemes are in effect hybrids. The 'Aberdeen Older Peoples Sign Posting Project' is an Agent based system using voluntary 'signposters', but they are connected to 'Cash in your Pocket', an Aberdeen/Aberdeenshire agency based referral system. The new 'Community Agents Essex' scheme has a team of paid volunteers but it is built on a core agency partnership and an extensive referral network (See)

Currently, 17 schemes have a major partner that is also a member of Age Action Alliance (Table 4).

There may, however, be a third model that could deliver similar benefits for an area. This is the emergence of *Neighbourhood Network Schemes*. These are local small scale community groups led by older people themselves, and designed 'to act as a "gateway" to advice, information, and services; and promote health and wellbeing to improve the quality of life for the individual'[1]. Leeds, for example , has some 35 groups throughout the city, with a further 8 *Community Support Organisations*, 'encouraging older people to live independently and to participate within their own communities. They provide services that reduce social isolation and act as a "gateway" to advice/information/services, promote health and wellbeing and therefore improve quality of life for older people across the City'[2].

[1] Leeds **Neighbourhood network schemes** http://www.leeds.gov.uk/residents/Pages/Support-organisations-and-neighbourhood-network-schemes.aspx
[2] ibid

Where do the schemes operate?

The thirty five schemes in our survey are located throughout the country. The distribution can be seen in Fig 1. There appear, however, to be two areas of the country with a denser concentration of schemes. The first stretches from the East Midlands to East Anglia and other parts of eastern England and a second concentration can be seen in the West of England, in a band stretching from Hereford & Worcester, down through Gloucestershire and Somerset to Dorset and Hampshire.

The former concentration tends to be Agency Based Referral Schemes, perhaps showing the influence of Nottinghamshire First Contact, which was a pioneering scheme and was used as a model for other authorities. The West Country schemes tend to be more Agent Based Referral Systems, perhaps showing the influence of Rural Community Councils' championing of Village Agent schemes. In particular, Gloucestershire Community and Village Agents Scheme has had a considerable impact on the development of these kinds of schemes.

Other schemes are located in Lancashire, Newcastle and Cumbria.

The sizes of the schemes also differ. The majority of schemes operate at county level (e.g. Nottinghamshire and Leicestershire), whilst others operate in only parts of counties (e.g. South Lakeland and Preston/South Ribble). The Hampshire scheme, whilst working across the whole county, has village agents delivering to specific rural communities. Some schemes are concentrated in very specific areas where there is a perceived need for the service (e.g.Chew Valley in North East Somerset, or the rural parts of Bedford authority). Yet other schemes concentrate on cities (e.g. Aberdeen and Nottingham). The message here appears to be that schemes can be of any size to fit the needs of different communities. Agent based schemes tend to be more flexible in terms of areas covered; Agency based schemes tend to follow county and city demarcations.

In the case of Essex, an original Rural Community Council led ‘village agent’ scheme in Mid Essex has now grown to be a Community Agent scheme covering the whole of the county.

Who leads, finances and manages the schemes?

A number of organisations have tended to inaugurate and lead the development of schemes. The first is local authorities, another is Rural Community Councils. A third source of leadership has been provided by agencies such as Fire & Rescue Services and local Age UKs.

Financing has tended to be supplied by Local Authorities, or partners within a scheme, or a combination of the two. Agent Based schemes have found founding from a number of sources including local authorities, NHS Clinical Commissioning Groups (CCGs), and charitable organisations, notably The Big Lottery, but also involving individual support from organisations like TSB.

Some schemes have been launched without local authority funding (e.g. South Lakeland ‘Your Neighbourhood’ scheme). Although not directly able to provide funding, there is some evidence that Health and Wellbeing Boards (HWB) might have a role to play in raising the profile of the need for local collaborative schemes.

> "Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future".
>
> Local Government Association (LGA)

In some areas, a new scheme will, crucially, need to link up with already existing collaborative structures. One example would be the new scheme in Southwark, Safe and Independent Living (SAIL), which has worked carefully to link to existing local health coordination platforms, such as Southwark and Lambeth Integrated Care (SLIC).

It is still a bit early to say, but the effect of the Health and Social Care Act might have significant effect on the emergence and development of local collaborative referral schemes. Under the 'Care Bill' local authorities will take on new functions. [3]This is to make sure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious
- can get the information they need to make good decisions about care and support
- have a good range of providers to choose from

Management of schemes has been determined by the existence of organisations with the administrative and IT know-how and provision to allow for the administration of the scheme. This has meant that day to day management of the schemes has tended to be delivered by Local Authorities or organisations like Age UK/Age Concern which have CRM (Customer Relationship Management) systems in place. In one case, Nottinghamshire, The County Council has commissioned community organisations (CVS/local councils) to manage the scheme in terms of training/promotion/reporting but has retained the referral administration within its own customer relations department.

Some schemes have been commissioned by local authorities and tendered out to local delivery agencies. This means that, in at least one case (Nottingham Signposting), the delivery of the service has moved from one agency to another as a result of the tendering process. This process has fore grounded the importance of reporting and 'evidencing' value for money (see …)

There are, therefore, five functions for organisations involved with FirstContact schemes – leadership/instigation; finance; management; administration; service delivery. The combination of these functions will determine the way any particular scheme operates.

Staffing of schemes is yet another area where there is considerable variation amongst schemes. Agent based referral schemes usually have a number of part-time agents, who might be paid or volunteer. The number of agents largely depends on the geographical areas covered. South

[3] FACTSHEET 1
The Care Bill - General responsibilities of local authorities: Prevention, information and market-shaping at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268678/Factsheet_1_update__tweak_.pdf

Staffordshire has 5 agents, Gloucestershire has 38, and Hampshire, currently with 30 volunteer agents, is looking to add a further 45 over the next three years. The 'Mid-Essex Village Agents' scheme has now evolved into the 'Community Agents Essex' scheme; it now covers the whole county and is recruiting not only a team of paid agents but also a number of volunteers, who will provide support services. The Essex scheme has a core partnership team of the Rural Community Council of Essex, who will lead the project, the British Red Cross, Age UK Essex and Neighbourhood Watch Essex. The scheme 'is based on national best practice and builds on successful elements of the Village Agents service' and is funded by Essex County Council for five years. In an ever tougher funding environment this represents an impressive investment in local collaborative working, and shows how the concept and design of schemes is evolving.

In addition to agents, there are usually coordinator/manager roles to oversee the management and development of the schemes. Respondents in this research project have stressed the importance of continuity of management to the success of schemes. Managers/Coordinators often build quite delicate relationships with partners and are able to nurture schemes over a period of time. If personnel change too often, this can upset the continuity of the scheme and impair the service.

Many schemes operate with a core team of two: a project manager responsible for development and maintenance of the scheme and an administrator whose job is to process the referrals, handle enquiries etc.

Who are the partners and how do they participate?

Partnerships vary greatly in size. Some schemes (e.g. Hereford & Worcester) have a small number of partners (Local Authority, Age UK and Fire & Rescue Service); other schemes have in excess of 60 partners. Some schemes concentrate on statutory providers and to date have fewer partners from the voluntary sector. Other schemes have extensive networks of participating organisations from statutory, voluntary and even private sector.

Core partners in any scheme usually comprise the Fire & Rescue Service, Police, Local Authorities, and NHS. In addition, voluntary agencies such as Age UK, Royal British Legion, Royal Voluntary Service, British Red Cross, CABs etc are often involved. In some more extensive schemes, partners will extend out to local community transport schemes, housing associations, faith groups , trading standards, telecare schemes etc.

Some schemes have been developing stronger, more integrated relationships with Health Providers. Schemes (like Leicestershire FirstContact) are now beginning to work much more closely with GPs, with the FirstContact referral integrated into the GP's referral software in the surgery. This means preventive services can be more quickly accessed. New schemes like Redbridge First Response involved GPs from the start; after a pilot in one health centre they were then able to persuade Health Centres in the borough to join the scheme.

There is a considerable amount of investment in the schemes by the partners. In the early stages, in particular, their front line staff need to be trained to use the referral checklist and be clear about procedures. To this end a number of schemes have produced Handbooks for partners which outline the protocols and explain the procedures. Nottinghamshire, for example, have staff handbooks for

each of their participating authorities as the procedures differ a little between authorities. Other schemes have developed video tutorials to train staff.

Aware that 'accurate' referrals avoid the frustration of inappropriate routes, some schemes have added an extra contact stage into the referral process; they telephone the client and recheck their situation before making the referrals to partners[4]. Time consuming it might be, but a strong argument is made to emphasize the importance of ensuring that the referrals are appropriate for each individual.

There is an 'added value' to FirstContact schemes, insofar as schemes allow partners to communicate with each other and inform each other of the range and scope of their services. Local service providers are, therefore, better able to know what services are available and who provides them. This process can become an important aspect of staff development/training. In Redbridge, 41 partners met to share their experience. This 'fantastic' event was partly founded by one of the partners, the local constabulary, and included the participation of a whole intake of new police officers.

Who is being targeted?

Each scheme tends to have a slightly different focus in terms of the target group for their service. Some schemes cater for all adult members of the community (18+), others nominally offer the service to all adults but recognise that the main target will be 'vulnerable' adults. Yet other schemes are more specific about the vulnerability; the main categories tend to be 'older people', 'disabled people', and 'isolated people'. Within the category of 'older people' there is a further distinction made between older people, people over 50, and people over 60. Generally, the agent based 'village agent' schemes tend to concentrate on rural isolation, but recognise that in effect this will mean that clients will tend to be older people.

Which agencies/services are people being referred to?

Most schemes make referrals based on the needs of the individual. In all cases, however, FirstContact referrals are aimed at identifying 'lower level', 'early prevention' services which could help a vulnerable person to remain independent and safe at home. Where the need is more acute and requires urgent action, schemes have procedures for referring people to social care and health authorities.

Agency Based Referral Schemes tend to be more explicit about the types of support services/agencies they are helping people to contact. Agent Based Referral Schemes concentrate more on the process of how they reach and advise people who are often living in more isolated living conditions.

The majority of schemes concentrate on the specific services that will help people maintain their independence (see below) but some schemes concentrate more on the reasons why some people

[4] Redbridge First Response

might need to make use of their service; the aims are more to do with lack of confidence, lack of self-esteem and lack of knowledge of what services are available.

The key referral areas are:

Health

This will often include such things as advice on reducing the incidence of falls and advice on diet and provision of hot meals, but some schemes, especially those managed by local authorities, will also link people to physiotherapy and occupational therapy services. Some schemes are even talking of linking with Health Centres, GPs and other local health provision (see above 'Who are the partners'). NHS schemes to monitor heart and lung health feature in some checklists (especially where the NHS is involved as a partner). Schemes will also be aware of the need for social activities and befriending services to help people to get support from the local community. The importance of Befriending services as an important source of wellbeing has been highlighted by the emergence of 'The Silver Line' scheme nationwide.

Wellbeing

This is a category which covers a range of services to help an individual to live a healthy lifestyle. This might involve day centres and community centres and includes such things as activity clubs, adult learning (including U3A branches) and library services. Diet and exercise advice figures prominently, and healthy eating is also supported through lunch clubs and meals-on-wheels services. Some schemes also link to volunteering agencies to allow older people the opportunity to devote some of their time to working for voluntary organisations. Schemes will also be aware of the need for social activities and befriending services to help people to get support from the local community, and this is often done in partnership with Age UK/Age Concerns, British Legion etc.)

Home Safety and Security

Safety support relates to three main areas; safety in the home, safety in the community, and health safety. Safety in the home concentrates on such things as prevention of burglary, adaptations to help independence in the home, and fire safety checks and fitting alarms. Safety in the community relates to services which support victims of crime or which help people to deal with the threat from antisocial behaviour and hate crime. Personal health security links people to alarm systems and other equipment which helps them to contact people if they are in need.

Benefits

Benefits and Finance referrals are aimed at helping people to feel more secure financially. This involves everything from benefits advice and finding grants to advice on saving money and finding ways to manage debt. Fuel poverty is a concern for many schemes, and links are therefore made to schemes to help people to keep warm – especially in the winter months.

Home Improvement

This is a wide ranging focus which covers everything from minor adaptations and electrical testing to major repairs and adaptations. The extent of the referrals will depend on the range of partners involved. Where, for example, local Home Improvement Agencies are involved the provision may be extensive; other schemes will concentrate more on 'handyperson' services and links to local traders and trading standards offices.

Community Transport

A number of schemes, recognising the need for potentially excluded and/or vulnerable people to be linked to their friends, family and community, have concentrated on linking people to local transport schemes. Community buses, shared transport, hospital services and other services which support a person's community mobility can be involved in the referral partnership arrangements.

Housing Options

In some cases, the scheme can undertake to link people to advice and support on Housing Options and support for applying/bidding for housing. This tends to be more in evidence in Local Authority schemes, where the client can be linked to the Housing Department and advice on applying/bidding etc can be explained.

Mechanisms: How do the schemes work?

Agency Based Referral System

This mechanism usually works in the following way:

1. Lead Organisation develops system
2. Lead Organisation may then commission managing organisation to handle day to day administration or may deal with administration in-house.
3. Managing organisation then promotes scheme and invites partners to join.
4. Partner organisations will then form some sort of 'monitoring' committee to oversee the policy issues relating to scheme operation.
5. Generally, the partner organisation undertakes to use the referral system to refer on cases that they encounter in the carrying out of their organisation's services. They will agree, normally, to generate and accept referrals. In some cases, however, partners might only agree to accept referrals and not generate. (See)
6. A training programme is usually available to ensure that partners' front line staff know how to use the system, are aware of confidentiality/permission issues, and are familiar with promotional/instructional documentation.
7. Agency front line staff then start the process of completing questionnaires/checklists/forms with clients, who usually sign a declaration that they are happy to have their details passed to relevant support organisations.
8. Forms are then passed (often online) to the admin organisation, who process the form and contact relevant service providers who, in turn, contact the client offering relevant services.
9. In some cases, the scheme connects with other local support projects that guarantee longer term support for the client. (Examples are …)

10. The managing organisation produces relevant reports on performance, case studies and policy review documents.

Agent Based Referral System

This mechanism usually works in the following way:

1. Pilot schemes inaugurated, often under management of Rural Community Councils.
2. Pilot may start with a smaller number of Parishes and build to district or county level. (Gloucestershire Community and Rural Agents Scheme started with 96 Parishes and now operates across the county).
3. RCC trains recruits, trains and manages agents. They also promote the scheme.
4. RCC works with local partners to ensure that there is an efficient acceptance of referrals.
5. Agents meet people – often in their own home – and determine which agencies might be able to help. They then contact the agency and arrange referral.
6. RCC supervises and promotes scheme and reports on development and outcomes.

The Referral Form

The various forms that this research has analysed differ considerably in terms of the number of questions, range of questions asked, and question format.

The lowest number of questions asked was 13 and the highest was 22[5]. Of the 10 schemes whose referral form we have, the average number of questions equalled 17.

The majority of forms adopted a yes/no 'checklist, though two forms have 'follow up' free fields, and two forms make us of 'multiple choice' sections to help people to make decisions about organisations that they might be referred to.

All forms have a 'referral agreement' but there is a degree of difference between the forms; some forms have only a 'small print' acknowledgement that the client's signature permits data collection and referral, other forms are clearer. Some forms have also gone to some pains to ensure that the client can choose to specify referral agencies that they do NOT wish to be referred to, and some permit the client to specify a restriction of the data which is passed to any or all agencies. This clearly has implications for administrative delivery, but may help to reassure some people that they have control over who knows what about their situation.

One checklist form asks for GP details where the person has had a fall or requires adaptations to their home, but it may flag up the issue of how extensive the First Stop system might be in the future. Certainly some schemes are actively looking at linking up with NHS agencies (see above) , including GPs and Clinics.

[5] Surrey has only one free field where a 'Description of Issues' is recorded.

A number of the forms have included ethnic origin questions.

All the schemes have mechanisms to summarise the referral decisions made, and some have explored different ways to ensure that the client doesn't forget about the agreed referral. A 'calling card' (Dorset SAIL) ensures that the person knows to whom they have been referred.

The time frame for referrals to be responded to seems to have settled at 28 days.

The information in this section will change considerably as we extract more data from scheme checklists/forms.

How do people access the schemes?

The early FirstContact Agency Based referral schemes tended to be profession referral schemes. Individuals coming into contact with partner agencies could be referred on using the scheme mechanism. The agency would work with the client to complete the referral form and would then process the referral form. Recently, however, a number of schemes have been exploring/piloting the use of self referral mechanisms. The client either completes a form, which is usually incorporated in a printed leaflet, or they complete an on-line form. The feedback from these pilots is encouraging with schemes saying that is increasing access to the referral process and empowering individuals. As we look back over the past year, this trend appears to be continuing, with, for example, the Derbyshire FirstContact scheme on the verge of introducing self referral. However, a number of schemes are continuing to use a professional referral system, advocating that this is a way to focus scarce resources and ensure that partners are not overwhelmed with referrals.

Agent based schemes rely on the work of the agents and their contacts at local/parish level. They can meet people at coffee mornings, lunches, day centres etc and they have a good relationship with local community organisations, thereby ensuring that they can hear about those that most need help. In addition, people can contact the scheme through websites/email and home visits can be arranged to explore the needs of the client.

All schemes have marketing/publicity strategies and there are examples now in the database of leaflets, posters, videos etc. which help to promote the schemes. In addition, a number of schemes have parallel 'partner oriented' marketing plans to encourage as many local providers of services to join the partnership.

How successful are the schemes?

We are still in the process of collating figures for checklist completion and referrals. There is, of course, a wide range of numbers, depending on the size of the target area, the number of partners involved in the scheme, and the resources available for agents and marketing.

It is, however, even at this early stage, worth estimating the effectiveness of the schemes. It looks as though each checklist/form completed gives rise to 2 or 3 referrals on average. For larger counties, like Nottinghamshire and Leicestershire, this means that some 2,000 forms generate between 5,000 and 6,000 referrals annually. Larger Agent Based schemes, like Gloucestershire Community and Village Agents, produce similar numbers of referrals – 5881 in 2012! In almost all cases the numbers are building year on year. As more people hear about the schemes, more people are helped by the schemes, and more partners come on board. Self referral and integration with Council OneStop Offices has also contributed to the increase in numbers of referrals.

For many organisations the issue is value for money, and therefore there is a need for demonstrable evidence that the schemes are good value. A number of the schemes have therefore taken some care to show this. For example, Mid-Essex Village Agents have shown the economic benefit of the scheme 'based the reduced risk of high cost care/repair, increased spending power and a time saving'. (See Table 5). They are further able to show Cumulative Benefit Value (See Figure 1).

There are currently some very effective analyses of the value of FirstContact schemes, and existing reports might give emerging schemes a basis on how to calculate/represent their data in reports. In particular Dorset Sail have commissioned a report to evaluate their intervention. Entitled **The economic value of older people's community based preventative services,** the report aims to consider the economic value of their community led preventative approach to working with older people, and '…although some of the evidence is mixed or inconclusive, the overall picture is that community based preventative services for older people are cost-effective and provide a cost-benefit in terms of every £1 invested preventing health or social care costs'.

Another initiative has been the development of 'specialist schemes' to cater for specific targeted groups. Gloucester Village Agents have trained a team of Specialist Agents to support cancer patients aged 18 and over and their families, and you can read about the success of their scheme in their report: **Cancer Specialist Village & Community Agent Economic Impact Assessment** (available from their website).

These reports and published reviews of performance are providing a strong basis for the development of 'value for money' assessment of the impact of these sorts of schemes.

What is the outlook?

The success of schemes such as these is driven by two factors; the numbers of referrals and the effectiveness of the intervention.

It is clear that the schemes are very successful in terms of the numbers. Year on year increases in form completions and referrals has ensured that partners and lead/managing organisations have been able to see the usefulness of the schemes. In addition, a number of organisations have produced very effective reports showing detailed breakdowns of referral activity and projected

cost/benefit analyses (see e.g. Mid Essex Village Agents, Nottinghamshire FirstContact, Gloucestershire Community and Village Agents).

Managing organisations are also putting together very effective outcome stories/case studies and analyses of the effectiveness of the referral interventions. A number of schemes are becoming more aware of the need for case studies which go beyond the immediate impact of the referrals and aim to account for/assess the longer term impact of the intervention. This is extremely important in order to justify the success of schemes, but it is time-consuming, complex and expensive. One challenge for the First Contact community might be to look at cost-effective ways to achieve this aim.

The case studies have added to the wellspring of support for First Contact services throughout the country. That said, a number of schemes are operating on small budgets, often from charities like Big Lottery, and this makes it more difficult to be sure about the future. On a more positive note, one provider of a service described it as 'cheap as chips', with everyone a winner – Local Authorities , who can point to a an effective strategy to show that potentially vulnerable people are connected with the services they need; partner agencies who can increase their numbers of referrals/cases and meet service delivery targets; and , perhaps most importantly, vulnerable and/or excluded people, who clearly benefit from a more joined up approach to services provision.

First Contact Schemes by location

Name of Service	Geographical Area Covered
Aberdeen Older Peoples Sign Posting Project	Aberdeen
Bath & North East Somerset Village Agents	NE end of Somerset 20 parishes
Bedford Just Ask Scheme	Rural Bedford
Cash in Your Pocket Partnership	Aberdeen/Aberdeenshire
Cheshire East Village Agents	Cheshire
Community Agents Essex	Essex
Community connect (North Somerset)	North Somerset
Derbyshire First Contact Signposting Scheme	Derbyshire
Dorset SAIL - Safe and Independent Living	Dorset
First Contact Derby	Derby
First Contact Leicester City	Leicester
First Contact Rutland	Rutland, Leicestershire
Gloucestershire Community & Village Agents	Gloucestershire
Good Neighbours Scheme	Wiltshire
Hampshire Village Agent Programme	Hampshire: (Froyle, Headley (Bordon), King's Somborne, Odiham, Wickham, Netley Abbey, Waltham Chase, Hound, Swanmore, Denmead, Hook, Rotherwick, Southwick, Church Crookham, Bishop's Waltham, Fleet, Overton, Ropley, Northney, Thruxton, Crondall and Ewshott
Herefordshire & Worcestershire Signposting Service	Herefordshire and Worcestershire
Home Shield Norfolk	Norfolk
Home Shield Suffolk	Suffolk
Leicestershire First Contact Scheme	Leicestershire
Let's Work Together	Lichfield, East Staffs, Newcastle and Tamworth
Lincolnshire First Contact	Lincolnshire
Liverpool Healthy Homes	Liverpool
Newcastle First Contact Referral Scheme	Newcastle
Northern Fells Group Village Agents	Northern Fells Cumbria -Allerdale Eden
Nottingham City Signposting Service	Nottingham
Nottinghamshire First Contact Signposting Scheme	Nottinghamshire
Preston & South Ribble Help Direct First Contact Scheme	Lancashire
Redbridge First Response Service	London Borough of Redbridge
Somerset Village Agents	Somerset: South Somerset, Taunton Deane/Sedgemoor, Mendip
South Gloucestershire First Contact Scheme	South Gloucestershire
South Staffordshire Village Agents	South Staffordshire
Southwark Safe and Independent Living (SAIL)	London Boroughs of Lewisham and Southwark
Surrey Community safety referrals	Surrey
Well Check - Worcestershire	Worcestershire
Your Neighbourhood	South Lakeland Cumbria

Table 1: FirstContact Schemes by Location

Agency Based Referral Schemes

Name of Service	Lead Organisation	Funder	Manager
Cash in Your Pocket Partnership	Cash in Your Pocket Partnership	Partners?	Cash in Your Pocket Partnership
Derbyshire First Contact Signposting Scheme	Derbyshire County Council	Derbyshire County Council	Derbyshire County Council
Dorset SAIL - Safe and Independent Living	Dorset Partnership for Older People (Dorset CC)/Dorset Fire & Rescue Service	All three local authorities, the District Councils, and the NHS.	Age UK Dorchester
First Contact Derby	Age UK Derby & Derbyshire	Derby City Council?	
First Contact Leicester City	Leicester City Council	Leicester City Council	Leicester City Council
First Contact Rutland	RCC (Leicestershire & Rutland)	The Big Lottery	Rutland Community Spirit
Herefordshire & Worcestershire Signposting Service	Hereford & Worcester Fire & Rescue Service (HWFR)	Fire & Rescue Service	Hereford & Worcester Fire & Rescue Service (HWFR)
Home Shield Norfolk	Norfolk County Council	Norfolk County Council	Norfolk County Council
Home Shield Suffolk	Suffolk County Council	Suffolk County Council	Suffolk County Council
Leicestershire First Contact Scheme	Leicestershire County Council	Leicestershire County Council?	Leicestershire County Council
Let's Work Together	Lichfield & District CVS		Lichfield & District CVS
Lincolnshire First Contact	Lincolnshire County Council	NHS	Lincolnshire County Council/Age UK Lincoln
Newcastle First Contact Referral Scheme	Newcastle CC	Newcastle CC/Quality of Life Partnership	Quality of Life Partnership
Nottingham City Signposting Service	Nottingham CC and Metropolitan	Nottingham City Council	Metropolitan
Nottinghamshire First Contact Signposting Scheme	Nottinghamshire County Council	A number of district / borough councils, Health, Notts County Council and Notts Fire and Rescue	Rushcliffe CVS;Mansfield CVS;Ashfield CVS;Bassetlaw CVS;Newark and Sherwood District Council
Preston & South Ribble Help Direct First Contact Scheme	Preston & South Ribble Help Direct/service commissioned by Lancashire County Council.	Lancashire CC?	Help Direct/Age Concern Central Lancashire
Redbridge First Response Service	London Borough of Redbridge	London Borough of Redbridge?	London Borough of Redbridge
South Gloucestershire First Contact Scheme	South Gloucestershire District Council/Adult Social Care?		South Gloucestershire District Council
Southwark Safe and Independent Living (SAIL)	Age UK Lewisham & Southwark		Age UK Lewisham & Southwark
Surrey Community safety referrals	Surrey County Council	Surrey County Council	Surrey County Council/Surrey Fire & Rescue

Table 2: Agency Based Referral Systems

Agent Based Referral Schemes

Name of Service	Lead Organisation	Funder	Manager
Aberdeen Older Peoples Sign Posting Project	Aberdeen City Council	Aberdeen City Council/Age Scotland/Cash in Your Pocket Partnership	Voluntary Service Aberdeen (VSA)
Bath & North East Somerset Village Agents	Bath and NE Somerset Council	Bath and NE Somerset Council	West of England Rural Network RCC
Bedford Just Ask Scheme	Bedfordshire Rural Communities Charity	Bedford Borough Council, Bedford Health & Well-being Partnership and the Bedfordshire Fire & Rescue Service.	Bedfordshire Rural Communities Charity
Cheshire East Village Agents	Cheshire Community Action	The pilot is delivered through the LEADER programme.	Cheshire Community Action
Community connect (North Somerset)	Age UK Somerset		Age UK Somerset
Gloucestershire Community & Village Agents	Gloucestershire Rural Community Council (GRCC)	Jointly funded by Gloucestershire County Council and NHS Gloucestershire (Pilot funded by DWP)	Gloucestershire Rural Community Council (GRCC)
Good Neighbours Scheme	Community First Wiltshire in partnership with Age UK Wiltshire and Age UK Salisbury	Wiltshire County Council	Community First Wiltshire
Hampshire Village Agent Programme	Hampshire CC	Hampshire CC	Age Concern Hampshire
Liverpool Healthy Homes	Liverpool City Council	Liverpool City Council	Liverpool City Council
Northern Fells Group Village Agents	Northern Fells Group	Village Agents Funding was originally from the Cumbria Fells and Dales RDPE (Rural Development Programme for England) and we are now funded by The Big Lottery Fund.	Northern Fells Group
Somerset Village Agents	Community Council for Somerset		
South Staffordshire Village Agents	Community Council of Staffordshire	South Staffordshire Council	
Well Check - Worcestershire	Age UK Herefordshire & Worcestershire	Worcestershire County Council	Age UK Herefordshire & Worcestershire
Your Neighbourhood	Age UK South Lakeland		Age UK South Lakeland

Table 3: Agent Based Referral Systems

First Contact Schemes – Age Action Alliance members	
Name of Service	**AAA Member Organisation**
Bedford Just Ask Scheme	Bedfordshire Fire & Rescue Service
Cheshire East Village Agents	Cheshire Community Action/CW&C/C F&R
Derbyshire First Contact Signposting Scheme	Derbyshire Fire and Rescue Service/Derbyshire CC
Dorset SAIL - Safe and Independent Living	Dorset Fire and Rescue Service
Hampshire Village Agent Programme	Hampshire County Council/Hampshire Fire & Rescue
Home Shield Suffolk	Suffolk Fire and Rescue Service/Suffolk CC
Leicestershire First Contact Scheme	Leicestershire Police
Let's Work Together	Staffordshire F&R
Lincolnshire First Contact	Age UK Lincoln
Newcastle First Contact Referral Scheme	Quality of Life Partnership
Nottingham City Signposting Service	Nottingham City Council
Nottinghamshire First Contact Signposting Scheme	Nottinghamshire Fire & Rescue Service/ Rushcliffe
Preston & South Ribble Help Direct First Contact Scheme	Lancashire Fire and Rescue Service
South Staffordshire Village Agents	Staffordshire Fire & Rescue
Your Neighbourhood	Age UK South Lakeland

Table 4: Age Action Alliance Members

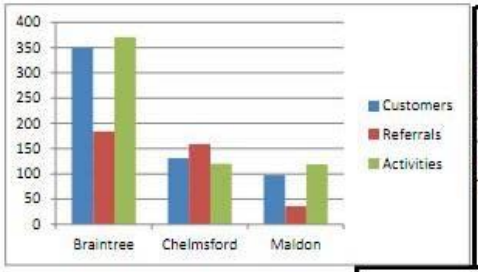
Village Agents Mid Essex Pilot - Overall Performance Report

Period Q12 - July to September 2012

Report date: 16th October 2012
Report by: Brian Goodwin

VILLAGE AGENTS
Easy access to services and information

Village Agent Outputs	Braintree	Chelmsford	Maldon	Mid Essex
New customers	129	51	48	228
Existing customers	221	80	49	350
Active customers	350	131	97	578
Outgoing Referrals	184	159	36	379
Activities delivered	371	120	119	610

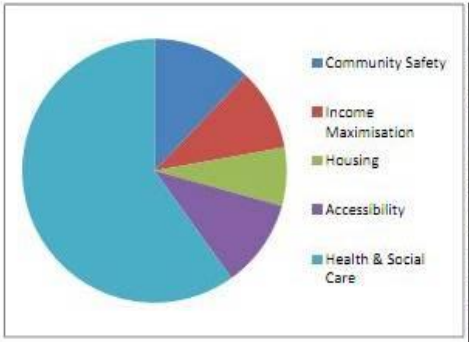


Prevention & Early	Period Benefit £'s
Community Safety	£2,305.98
Income Maximisation	£67,026.68
Housing	£599.40
Accessibility	£910.20
Activities	£32,927.17
Health & Social Care	£69,770.72
TOTAL	**£173,540.15**

October 2009 to end of period	
Cumulative Benefit from Oct 2009	£1,565,878.00

Types of referral:	Number	Percentage
Community Safety	46	12.1%
Income Maximisation	38	10.0%
Housing	27	7.1%
Accessibility	41	10.8%
Health & Social Care	227	59.9%
TOTAL	**379**	100.0%
Check sum 0		
Formal Referral Partners:	90	

Activities:	Number	Percentage
Basic	226	37.0%
Detailed	149	24.4%
Premium	235	38.5%
Total	**610**	



Performance Summary: **Status**

Achievements:

2855 registered customers as of 30/9/2012
9034 referrals and activities undertaken since launch

The economic benefit is based on the reduced risk of high cost care/repair, increased spending power and a time saving.
Referrals to each organisation have been allocated to one of the 7 categories. Each category has an economic value based on an example model. For example the Community safety model is based on the reduced risk/consequences of a house fire, once a working smoke alarm is fitted.
The number of referrals in each category is multiplied by the value to provide the economic benefit for that category.
The activities have been reviewed and allocated to one of three categories based on the type of support offered and the number of people assisted.
All referral and activity values are added together to indicate the overall benifit value for the given period of time.

Table 5: Mid-Essex Report

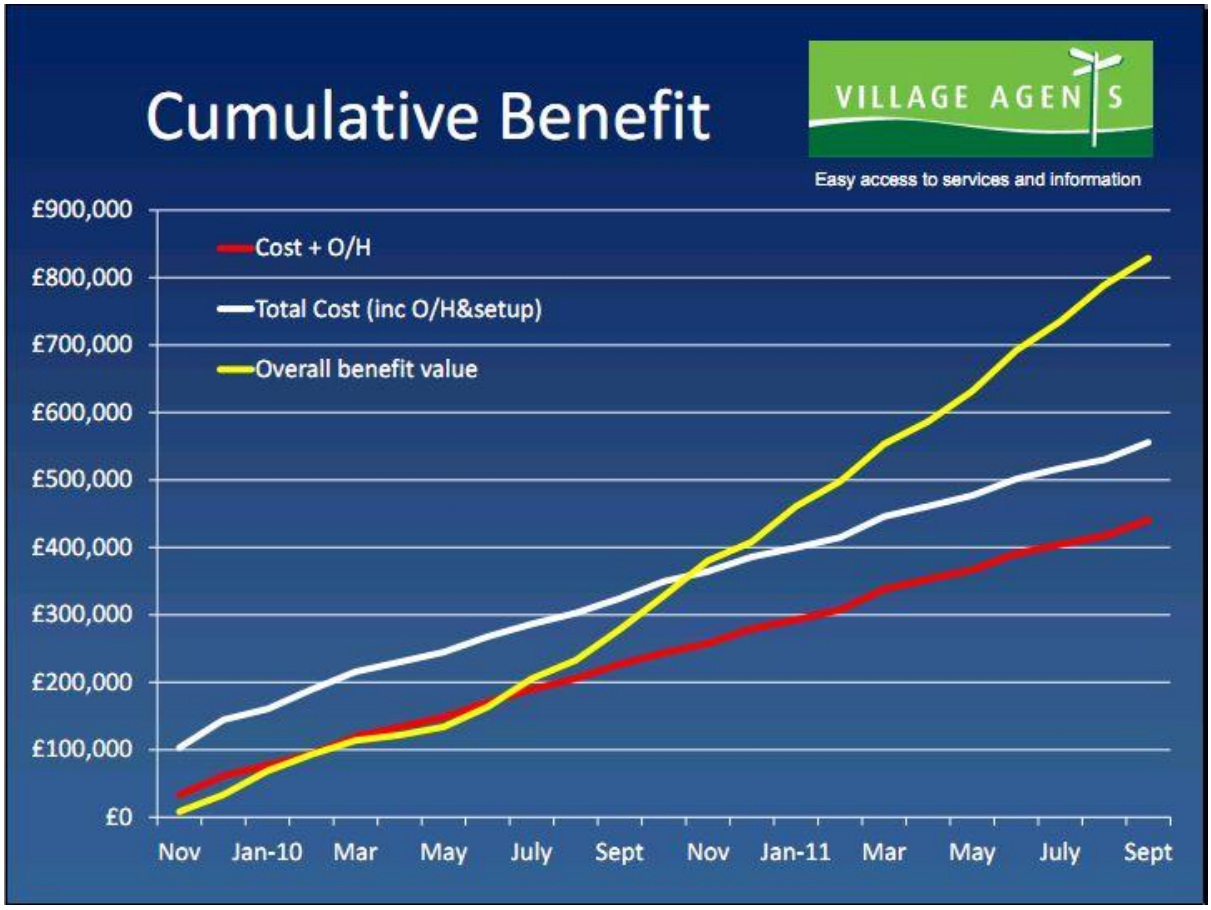


Figure 1: Benefit Value Mid Essex

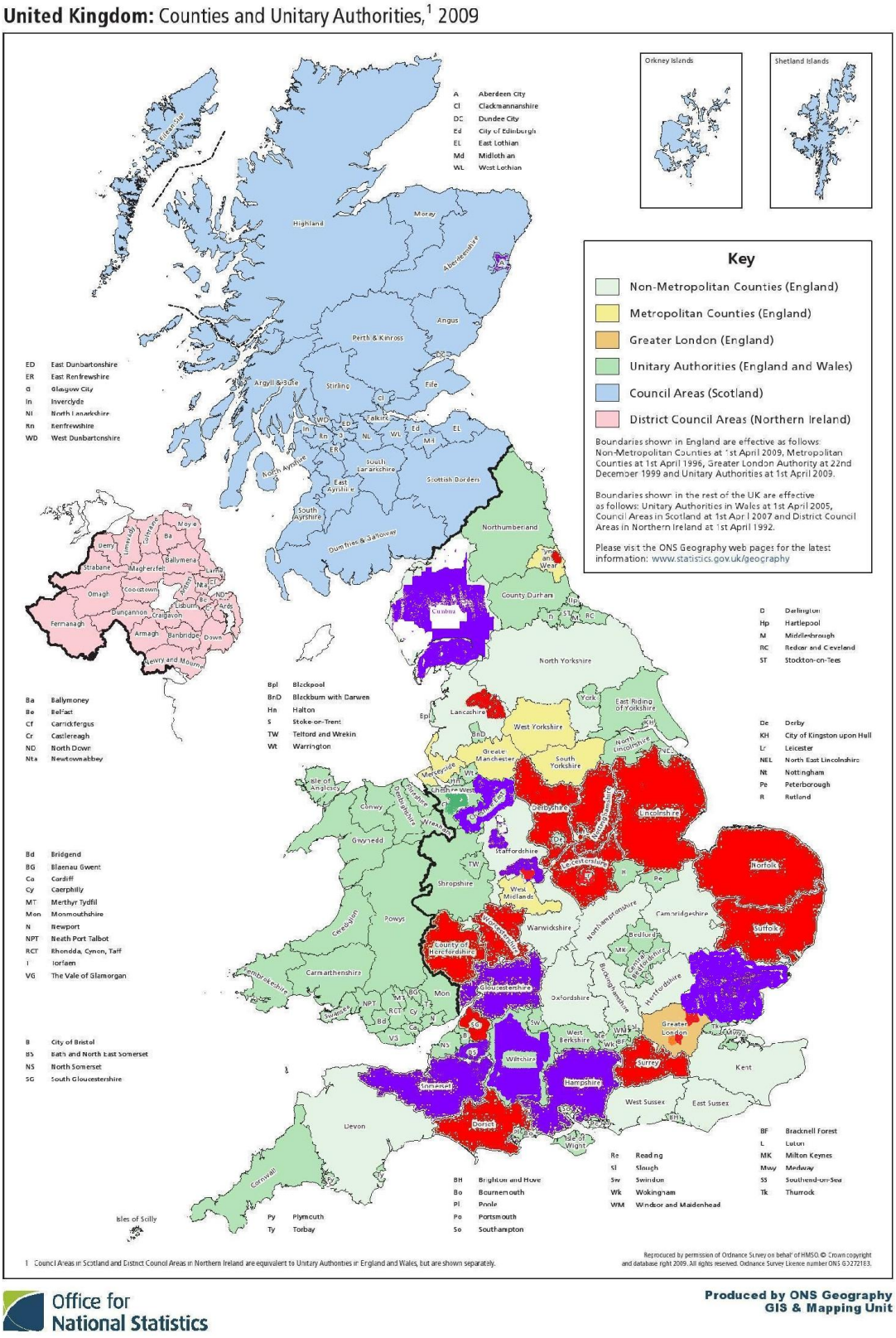


Figure 2: Geographical location of FirstContact schemes (Red – Agency Based Referral Schemes, Purple - Agent Based Referral Schemes

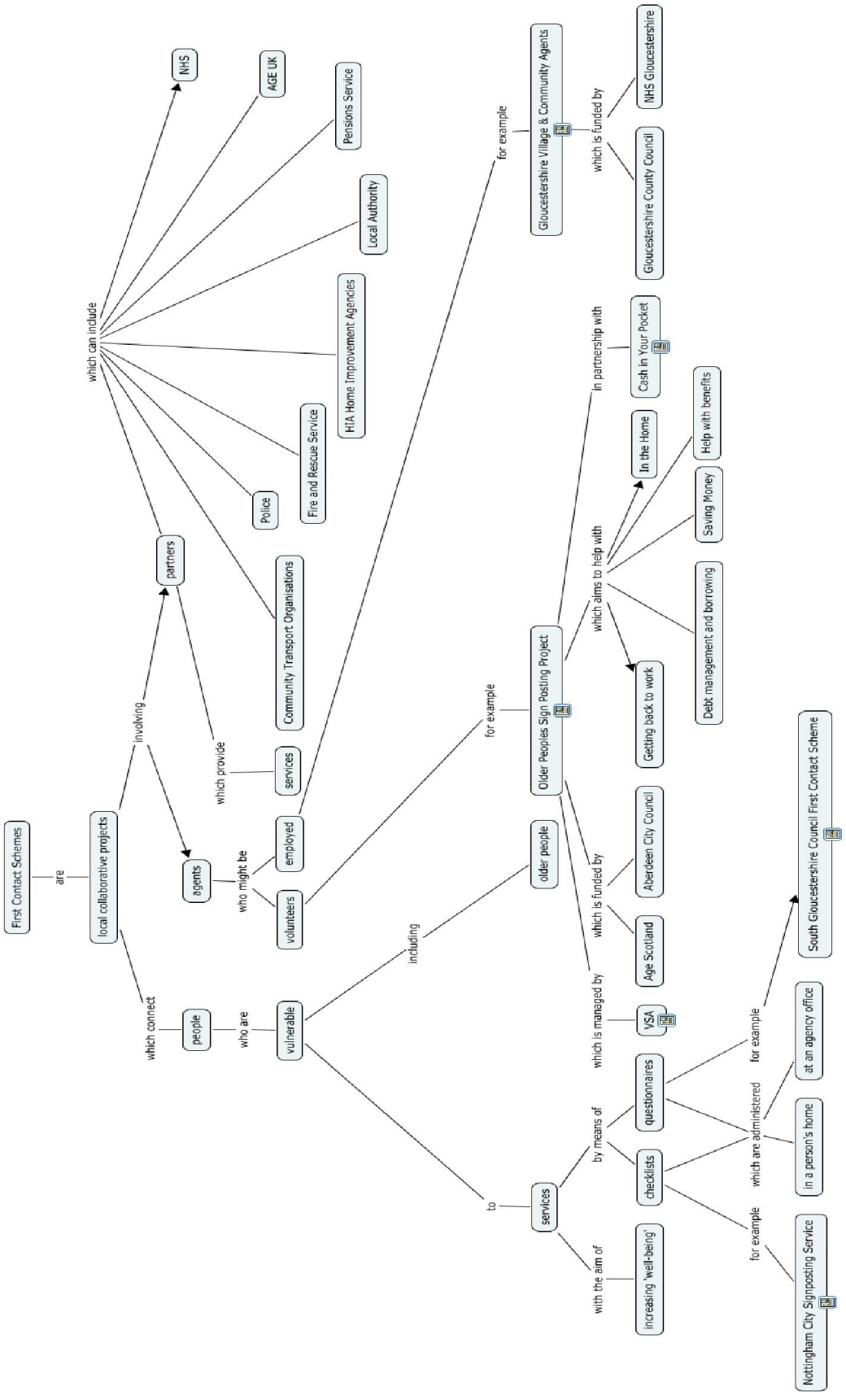


Figure 3: How the schemes work