

CHESHIRE FIRE AUTHORITY

MEETING OF : PERFORMANCE AND OVERVIEW COMMITTEE
DATE : 16TH NOVEMBER 2016
REPORT OF : HEAD OF PREVENTION
AUTHOR : JENNY MASKELL

SUBJECT : AGE UK PARTNERSHIP

Purpose of Report

1. To present an update on:
 - (i) Cheshire Fire and Rescue Service's (the Service) current partnership arrangements with Age UK; and
 - (ii) Emerging partnerships with other third sector organisations.

Recommended: That

[1] the report be noted.

Background

2. The Service has worked in partnership with various Age UK organisations (including Age UK Cheshire, Age UK Mid-Mersey and Warrington Borough Council) since 2008 supporting older adults residing across the Service Area.
3. Historically, on completion of an HSA, our advocates and firefighters ask residents (aged 65+) if they would like to receive extra support from Age UK in an established list of areas (e.g. cleaning, transport, personal finances). With written consent from the resident the Service will forward information to Age UK in order for them to follow up on the additional needs requests.
4. Since 2008, population demographics, austerity measures and social factors have changed. For example, people are living longer, often more independently and sometimes on their own. When these factors are coupled with decreased service availability and funding from Age UK, the capacity of and type of services third sector organisations can offer is adversely impacted. It is therefore recognised that:
 - Age UK has seen an increase in demand for its services. During 2014-15 the Service offered the services of Age UK to approximately 5,600 residents (however the number of onward referrals generated from this offer is unknown as Age UK can not confirm the figures).

- Due to increased demand and lack of resource, Age UK has had to adapt its service provision from historically offering home visits to now only offering information via phone call or post.
5. Since 2012, Dementia Advocates have been employed by Age UK Cheshire within Clinical Commissioning Groups (CCG) localities in both Cheshire East and West. These advocates were part funded by the Service and individual CCG's. In July 2016 Age UK Cheshire served notice ending the funding and contractual arrangements with the Service. Age UK Cheshire felt Safe and Well visits would be difficult to deliver as part of the Dementia service and they were also experiencing conflicting expectations from the various funding organisations. The Prevention department has since approached the Alzheimer's Society to discuss the possibility of a similar arrangement, however, they are not currently able to support us.
 6. The ability to analyse the benefit of the partnership between Age UK and the Service has presented challenges. Age UK Cheshire has produced annual reports to Performance and Overview Committee, which have included limited figures detailing the type of services requested by residents. However, benefit realisation beyond this is difficult to ascertain, in some parts due to data protection issues, a lack of adequate electronic data capture, and increased demand on Age UK's capacity.
 7. The Service is aware of the ongoing need to make every contact with residents count, particularly due to the number of HSAs delivered to vulnerable individuals and its successful track record in prevention. As a result the Service is working more closely with health and local authorities to provide light-touch health checks in the form of Safe and Well visits. These visits will be implemented later this year and help identify those at risk of falls, support referrals around bowel cancer screening and/or alcohol and smoking cessation, where appropriate. Some of these services are currently offered by Age UK, therefore a fresh review of referral criteria to Age UK will be required.

Emerging Partnerships

8. In order to provide the most valuable support to those most in need across the Service Area we have explored alternative organisations which may be able to offer home visits to some individuals and also have systems in place to prove the value of the partnership. As Age UK is unique as a third sector organisation in the breadth of services it can offer to individuals the Service engages with, it will continue to offer light touch postal and telephone information to over 65s for some of the support needs identified on contact assessment forms.
9. **British Red Cross** has offered to accommodate some home visits to socially isolated/lonely individuals as a complimentary service to the Safe and Well visits. The Service also wishes to continue to work with Age UK to deliver postal information and telephone calls to support a range of issues. In partnership with the two organisations the following should occur:

- British Red Cross will offer 900 home visits per annum to individuals we refer to them who are recognised as experiencing social isolation/loneliness. All individuals referred will initially be spoken to via telephone. It is estimated that 80% of these will receive a home visit.
 - The type and extent of evaluation will be agreed at the beginning of the partnership and reviewed regularly. The main role of British Red Cross is to utilise their time to support people via home visits, therefore only a limited amount of time can be dedicated to providing evaluation data. British Red Cross services are delivered regionally and are delivered by different teams within each geographical area. A single referral point will be utilised to allocate cases to the correct teams.
10. **Age UK organisations:** The current Age UK partnership has been reviewed in October 2016. The aim of the review was to:
- Update Age UK as to our intention to work with the British Red Cross;
 - Update the Age UK contact assessment form to include tighter referral criteria and a revised data privacy statement;
 - Design a quarterly formal evaluation template of referrals to Age UK, agree the content and dates for submission; and
 - Agree an updated Memorandum of Understanding/Partnership Agreement with all of the Pan-Cheshire organisations reflecting the need to provide figures regarding the benefit of the referral mechanism.
11. In light of the increased number of Safe and Well visits which will be delivered (from 25,000 to 40,000) by the Service, the revision of the contact assessment form should reduce and streamline the number of referrals being received by Age UK and aid the handling of referrals.
12. If piloted successfully the referral process will be incorporated into a future Safe and Well phase and recorded on the electronic tablet utilised by operational and prevention staff. This will enable paperless data transition which brings additional benefits to all partner organisations and increased data security.
13. The funding provided to Age UK Cheshire for the Dementia Advocate service will be re-allocated to support a dedicated Dementia Advocate position within the Service's Prevention team aiding the delivery of Safe and Well visits.

Financial implications

14. There are no financial implications anticipated at this stage.

Legal implications

15. There is a data sharing protocol in place with Age UK which will be reviewed to ensure its currency. A data sharing agreement will be put in place to protect the new arrangement with the British Red Cross.

Equality and diversity implications

16. A full Equality Impact Assessment will be completed to compliment these collaborations going forward.

Environmental implications

17. There are no environmental implications associated with this paper.

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BACKGROUND PAPERS: NONE