



First Contact Plus

Evaluation 2017

First Contact Plus is a cornerstone of the Public Health approach to prevention. As the front door to a range of preventative services, it provides an essential triage and signposting role for professionals and public alike.

**First
Contact
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Foreword

First Contact Plus is a cornerstone of the Public Health approach to prevention. As the front door to a range of preventative services, it provides an essential triage and signposting role for professionals and public alike.

It sits at the heart of the Leicestershire approach to social prescribing and active signposting, is a key part of the falls pathways and, in itself, is a valuable part of self-care and supported self- help.

Working closely with services such as Local Area Coordination, public health lifestyle services and partner services, it really is the glue that binds our prevention approach together.

I hope you find this evaluation report useful in demonstrating the impact and worth of the service, and look forward to its continued success.



A handwritten signature in black ink that reads "M. Sandys". The signature is fluid and cursive, with a large loop at the end.

Mike Sandys
Director of Public Health

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Introduction and background

First Contact Plus

The First Contact Plus scheme offers access to a range of low level preventative services through a single point of contact. The aim of the service is to ensure that people can access information, advice and support across eight overarching themes; health improvement; falls; feeling safe; living independently; money, debt and benefits; work, learning and volunteering; families and relationships and the home. The model is based around early identification of needs enabling residents of Leicestershire 16 years or over to receive brief opportunistic interventions, support for self-help or an onward referral to a service provider.

First Contact Plus has gone through a period of significant development in the past two years with changes made to the staff structure, operational model and the introduction of a new web-based referral system. In addition, the service has integrated the community support line (formerly known as the crisis line), Making Every Contact Count (MECC) and has expanded to include self-referral and a warm homes service.

Evaluation Framework

The initial evaluation of First Contact Plus was conducted during 2015/16 with the report being finalised at the end of February 2016. Furthermore, Internal Audit undertook a review of the evaluation in July 2016 and provided substantial assurance to the Public Health Senior Management Team that the new service was performing effectively and provided good value-for-money. The findings of the previous internal service evaluation are set out below:

- First Contact Plus represents good value for money
- The customer follow up data shows that the majority of customers have maintained or improved their quality of life and feel confident facing similar issues independently in the future
- The service is responsive and adaptable
- The service reaches its target groups and it is the strengths and credibility developed with partners which underpins this

Following this and as part of the Better Care Fund funding review process, an updated evaluation was requested by partners in addition to a potential Quality Innovation Productivity and Prevention (QIPP) programme delivery saving (for 2017/18). Consequently, the First Contact Plus team have conducted the updated evaluation, covering the period of service delivery between the 1st of November 2016 up to and including the 30th of June 2017. This date range was selected because it reflects

the period of the launch of the new operational model and referral system (including option for self-referral), as well as the integration of the warm homes service.

The updated evaluation has focused on reviewing the overall management and delivery of the service, including the service aims, outcomes and impact of delivery. As set out in the framework outline presented to the Integration Operational Group, it was intended that the evaluation would address the following points:

1. Review the progress made operationally since the last evaluation report. This will include reflection on the integration of the various work streams into a singular system, a change in the model of the approach to referrals and case management, the shift to digital referral and self-referral
2. Evidence value for money by looking at the cost per referral type being split across a) direct referrals, b) Tier 1 referrals and c) Tier 2 referrals and what is included in the whole offer. In addition looking at the cost of dealing with similar presenting needs within a clinical setting i.e. cost of GP time/admin time
3. Demonstrate the outcomes and impact for patients/service users. This will include data captured during initial 'triage' call and follow-up by measuring level of concern. In addition a service user evaluation questionnaire was undertaken

In order to address the points listed above, the following methods have been employed for this evaluation:

Stakeholder surveys:

Electronic questionnaires were available for five weeks for partners to complete.

Customer evaluation:

Gathered during routine follow up phone calls. This includes level of concern scores collected at triage and follow up.

Statistical analysis:

Gathered from existing service databases including Theseus, Tableau and manually completed service spreadsheets.

Stakeholder engagement & events:

An event in December 2016 was undertaken with 17 pathway partners to provide an opportunity for early feedback on the new operational model and operating system.

The aim of the service is to ensure that people can access information, advice and support across eight overarching themes

The majority of customers have maintained or improved their quality of life and feel confident facing similar issues independently in the future

Referral outcome data:

Routine feedback from referral partners on service outcomes.

Website Google analysis:

Provided by Leicestershire County Council Business Intelligence Team on a monthly basis using Google Analytics.

Website end user testing & focus groups:

Individual end user testing sessions conducted by the Business Intelligence Team and supported by First Contact Plus. In addition a focus group was conducted by First Contact Plus in May 2017, with an established carers group. This approach was employed to collect feedback on the website design and functionality.

The new model offers a person centred approach; involving a triage call to all customers

Management & Delivery of Service

Operational Model

First Contact Plus's new model came into place as of the 1st November 2016. Between the 1st January 2016 and launch, large amounts of time and work were invested to further develop the software and processes to support the new model of delivery. First Contact Plus has been through a period of significant change and transformation. Previously separate referral routes have been streamlined into one unified service with the addition of self-referral and integration of a warm homes service. During the period covered by this evaluation, we have also restructured the team, launched a public facing website and trained both staff and partners on the new electronic referral system. The new model is now fully operational and has been since 1st November 2016.

The new model offers a person centred approach; involving a triage call to all customers and the provision of information, advice, signposting and/or referrals where appropriate. A follow up call is also included to review actions taken. This is routinely completed at week 6 and then at week 12 if additional needs are identified. The new model encompasses the previously separate work streams of the community support line, First Contact and MECC allowing all referrals to be processed and recorded through the same system.

The staff structure was adapted to support the implementation of the new model. This new structure has two Tier 2 Senior Advisors who allocate the referrals received and monitor the throughput of work, on a duty basis. Senior Advisors also deal with the more complex cases, focusing on health improvement, behaviour change and motivational interviewing. Three full time equivalent Tier 1 Advisors process all other referrals and offer brief opportunistic advice in relation to smoking cessation. The allocated Advisor conducts a triage telephone conversation establishing the level of support

required by the customer. The options available to customers are the provision of information, advice and signposting; brief opportunistic advice; motivational interviewing; goal setting and/or an onward referral to a partner organisation.

All staff are responsible for managing their caseload which involves follow up and evaluation for each client. A follow up call is routinely conducted on a 6 week basis and only followed up again at 12 weeks if new areas of need were identified or issues remain unresolved. Customer evaluation is gathered at the follow up call. This is used along with level of concern scores, gathered at the point of initial triage and at follow up, in order to gauge the impact of First Contact Plus's interventions.

To support the new operational model and the Leicestershire County Council (LCC) digital agenda, First Contact Plus have worked alongside Cyber Media to develop a bespoke integrated web based referral and case management system. Training and ongoing support is being provided to partners to encourage the digital shift from paper to electronic referrals. To support staff with the transition to a new operating system (software) and operational model, a skills matrix and quality assurance framework were constructed. Based on this framework, a staff training program has been identified and will be implemented. This will ensure that the operational model will be delivered at a high level and that data will be recorded consistently in order to allow for accurate reporting.

Team Structure

To support delivery of the new model the team went through a Human Resources (HR) action plan resulting in a change of structure. At the time of writing this evaluation, First Contact Plus is currently holding one vacancy for a business administration apprentice.

Software Development

Working alongside Cyber Media for the past two years has resulted in the creation of a bespoke innovative system, which allows partners to refer in and receive referrals via a secure electronic login. Referral receiving partners are able to receive referrals electronically and provide resulting outcomes through the same system. These outcomes automatically record on the First Contact Plus case management system and feedback to the original referrer.

The complexity of building a system which allows secure transfer of customer details between multiple external agencies has required a significant time resource from First Contact Plus staff. In order to create a case management system that was fit for purpose, the original database system had to be configured to support referrals over 32 areas of need (relevant to the eight overarching themes of need); taking into account the geography of Leicestershire County and the local offers in each of the seven districts. As it currently stands we have 224 different agencies set up and able to make electronic referrals to us and all of our 86 referral receiving partners receive their referrals electronically. Due to the sensitive personal information enclosed in referrals the system has a secure two tier log in requiring user name, password and security

question validation. We are aware of continued problems experienced by referral makers when attempting to log in to the system. This issue is encountered mainly by partners who refer less frequently and are therefore not regularly using their log in details. However the First Contact Plus team have remained vigilant to support referral receiving partners to continue to access the system by unlocking accounts and resetting passwords.

Website

An instrumental part of the First Contact Plus model is to provide information and advice in order to empower individuals to self-help and build resilience. To facilitate this, a public facing website has been constructed. The aim of the First Contact Plus website is to support the early intervention and prevention agenda through easy access to up to date, local, relevant information for both our partners and the residents of Leicestershire.

The website is populated by the First Contact Plus Team with local and national offers. The website covers the eight overarching themes of need with subdivided pages containing information about the local offers; news; events; useful resources; what's in my area; and the NHS Choices search function.

Warm Homes

With effect from 1st April 2017 the warm home service was integrated into First Contact Plus. The aim of this service is to; minimise the effects of fuel poverty and cold homes on people's health and well-being whilst raising awareness among professionals and the public about the impact of fuel poverty and how to keep warm at home. There are two levels of support available.

- First Contact Plus Advisors provide telephone advice regarding utility switching, grants available and Priority Register sign-up
- The Warm Homes Officer supports more vulnerable residents with a home energy assessment

This service is subject to its own contract management and related Key Performance Indicator's (KPI's).

Self-referral

To widen the offer to all Leicestershire residents aged 16 and over First Contact Plus is now open to self-referral via a digital offer. This became available with a soft launch to existing partners from 1st March 2017. The self-referral form is accessible via the First Contact Plus website. To facilitate this we produced a "how to" promotional postcard aimed at members of the public.

Service, Activity, Outcomes & Impact

Customer Demographics

Due to a system issue customer demographics could not be filtered by date, therefore presented data represents all customers stored on the system not just those collected within the time frame of this evaluation. Customer data first started to be recorded on this system in January 2016.

- 59% of customers (3079) were female, 40% (2080) were male and 1% (104) were unknown or declined to disclose

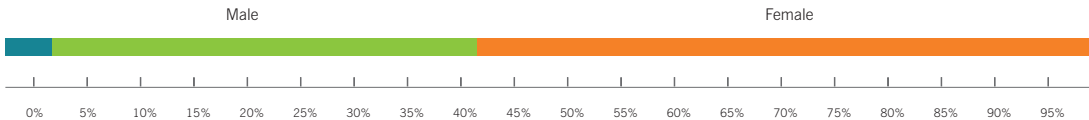


Figure 1: Gender profile of First Contact Plus customers

- Of those who disclosed their ethnicity 91% (2466) were White British and 9% (230) were from a Black or Minority Ethnic background (BME)

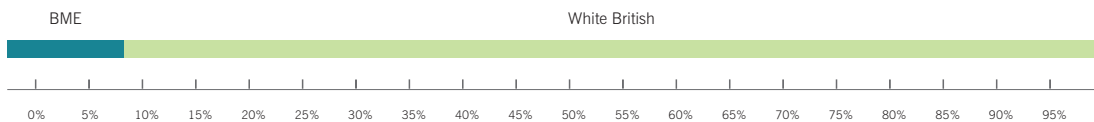


Figure 2: Percentage of First Contact Plus customers representing different ethnic backgrounds

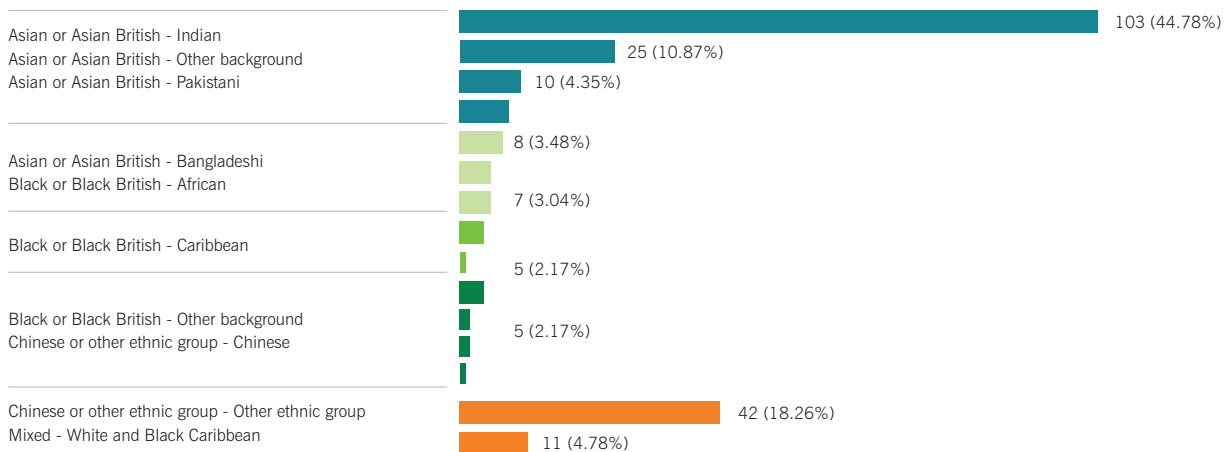


Figure 3: Ethnic Background of First Contact Plus customers

- Residents aged over 65 years account for 55% of users of the First Contact Plus service. 0.1% (6) of our customers fall into the 16-18 years age category

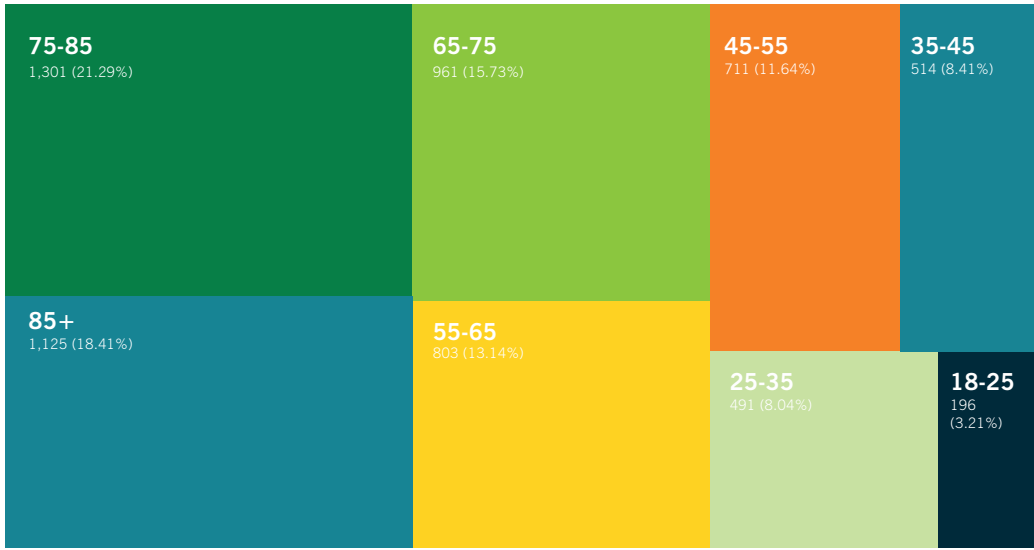


Figure 4: Age distribution of First Contact Plus customers

- Of the customers referred through First Contact Plus 56% have declared a long term medical condition and 23% a communication need

Geographical Location

The graph below shows the reach of First Contact Plus referral making partners. The majority of our referrals remain from the Charnwood area.

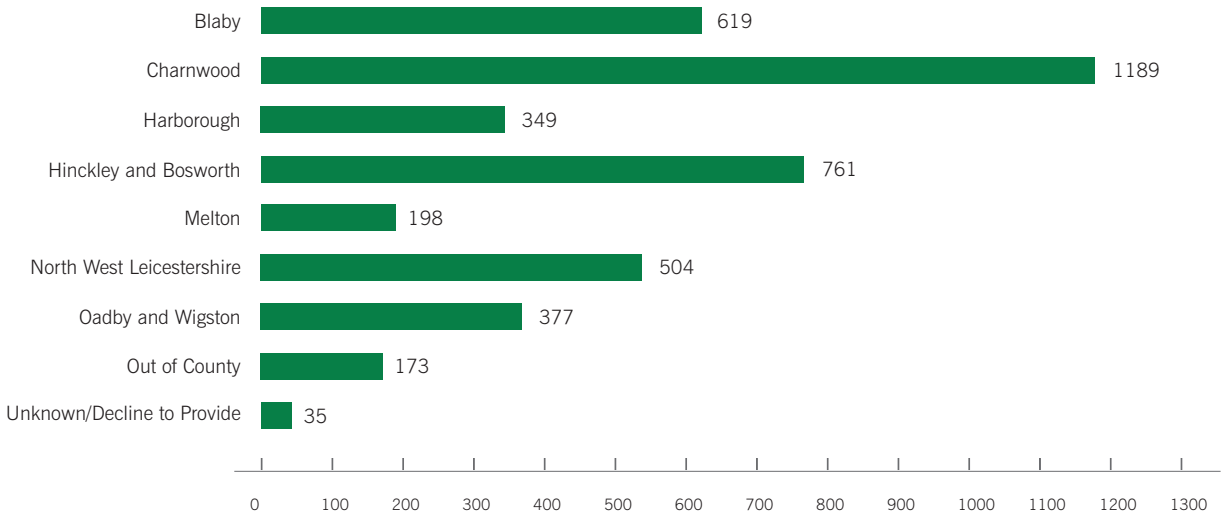


Figure 5: Areas of residence for customers referred in to First Contact Plus

Activity

First Contact Plus service currently receives referrals from 313 partner sources. The service operates 90 referral pathways with 49 partner agencies who both make and receive referrals. Between 1st November 2016 and 30th June 2017 a total of 2984 referrals were received by First Contact Plus resulting in a total of 3941 onward referrals and 2451 incidents of information provision or signposting.

Inbound Referrals

Inbound referrals are those sent into the service from partner agencies and also self-referrals. The number of First Contact Plus referrals received continues to increase year on year.

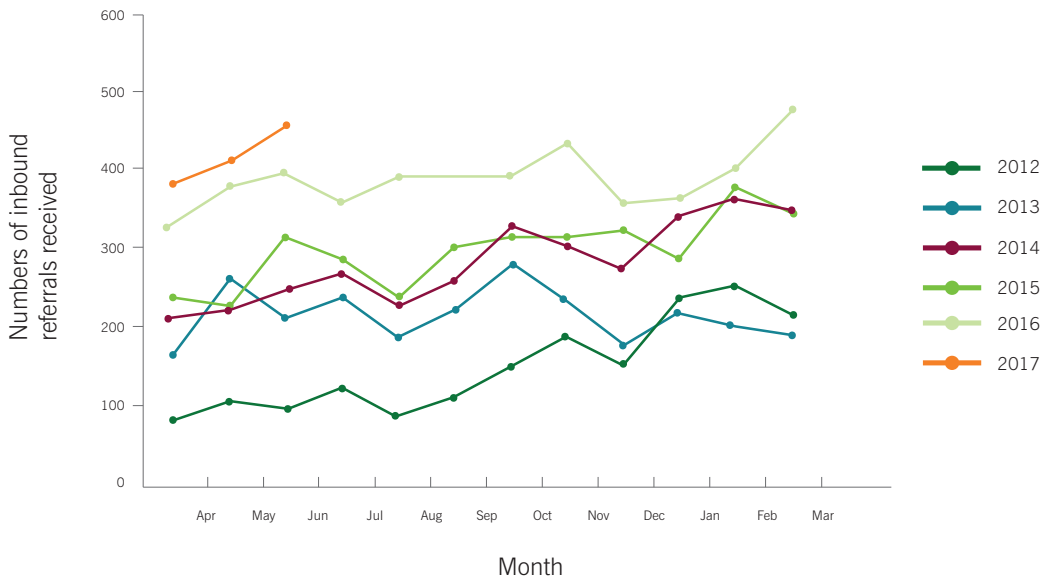


Figure 6: Annual patterns for Monthly totals of First Contact Plus referrals received

The 313 different teams who make/receive referrals can be grouped into 10 different categories. The chart below shows the referral sources for inbound referrals.

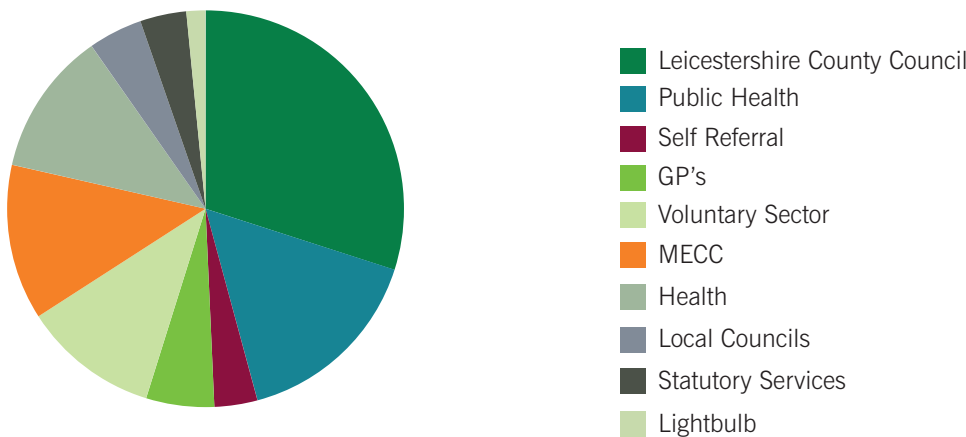
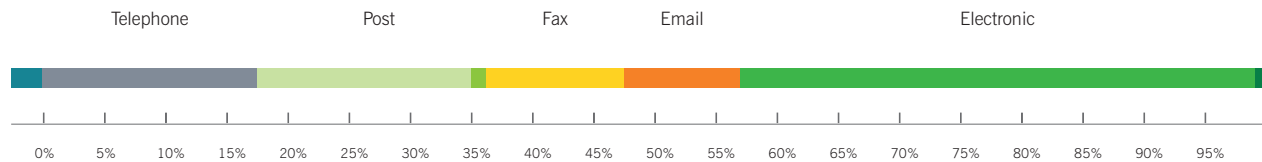


Figure 7: Sources of incoming First Contact Plus referrals

Digital Shift

The previous routes for referral were secure email, web form, post and fax. All of these methods required manual creation of customer records on the previous Customer Relationship Management (CRM) database. Since 1st November 2016 First Contact Plus now operates a digital referral mechanism, as well as maintaining traditional routes for partners throughout this transition phase. This new system receives inbound referrals from partners via a web portal. These referrals then auto create a customer record in a case management system. This eliminates the need for manual inputting. On average 43% of First Contact Referrals now come in via the new electronic referral system. In the first month of switch over 24% of partners had adopted sending referrals via the electronic referral system. In June 2017 this figure had risen to 59%.



Method Of Referral



Figure 8: Incoming referral methods for First Contact Plus referrals

Outbound Referrals

An outbound referral is made by First Contact Plus to another agency or team. Following the triage call any appropriate outbound referrals are generated based on location and areas of need, which are mapped to algorithms. Outbound referrals are then automated and received by the partners via the web portal. There are currently 81 outbound referral pathways over eight overarching themes. The trend for outbound referrals to decrease and the prediction for activity to increase has proven to be correct. We can see from data collected manually over the period of April and May 2017, that for 20% of customers triaged additional areas of need were identified.

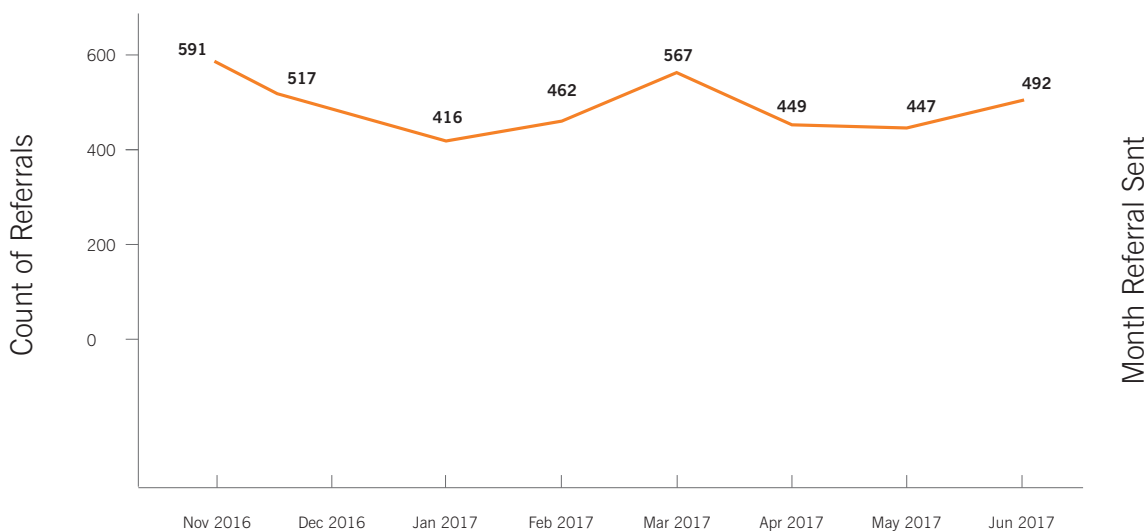
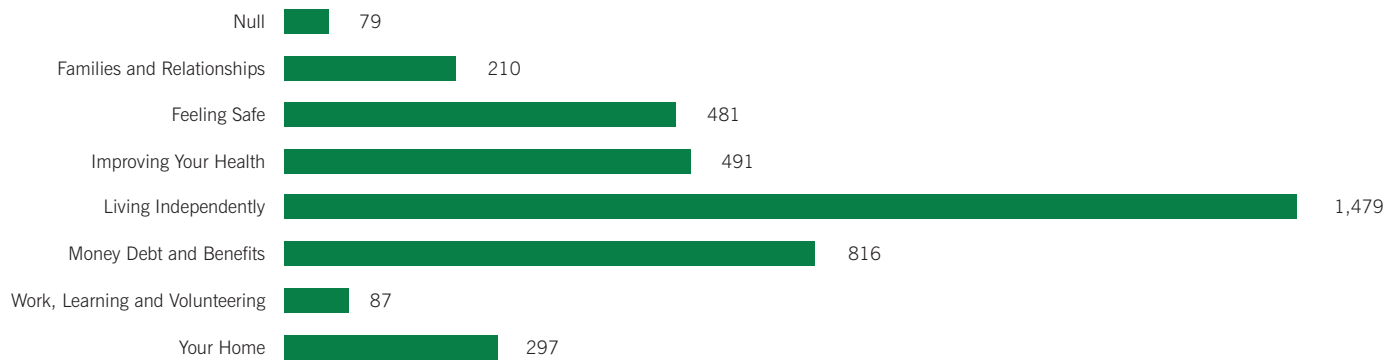


Figure 9: Number of outbound referrals made by First Contact Plus to partner organisations

Pathway



Agency Group

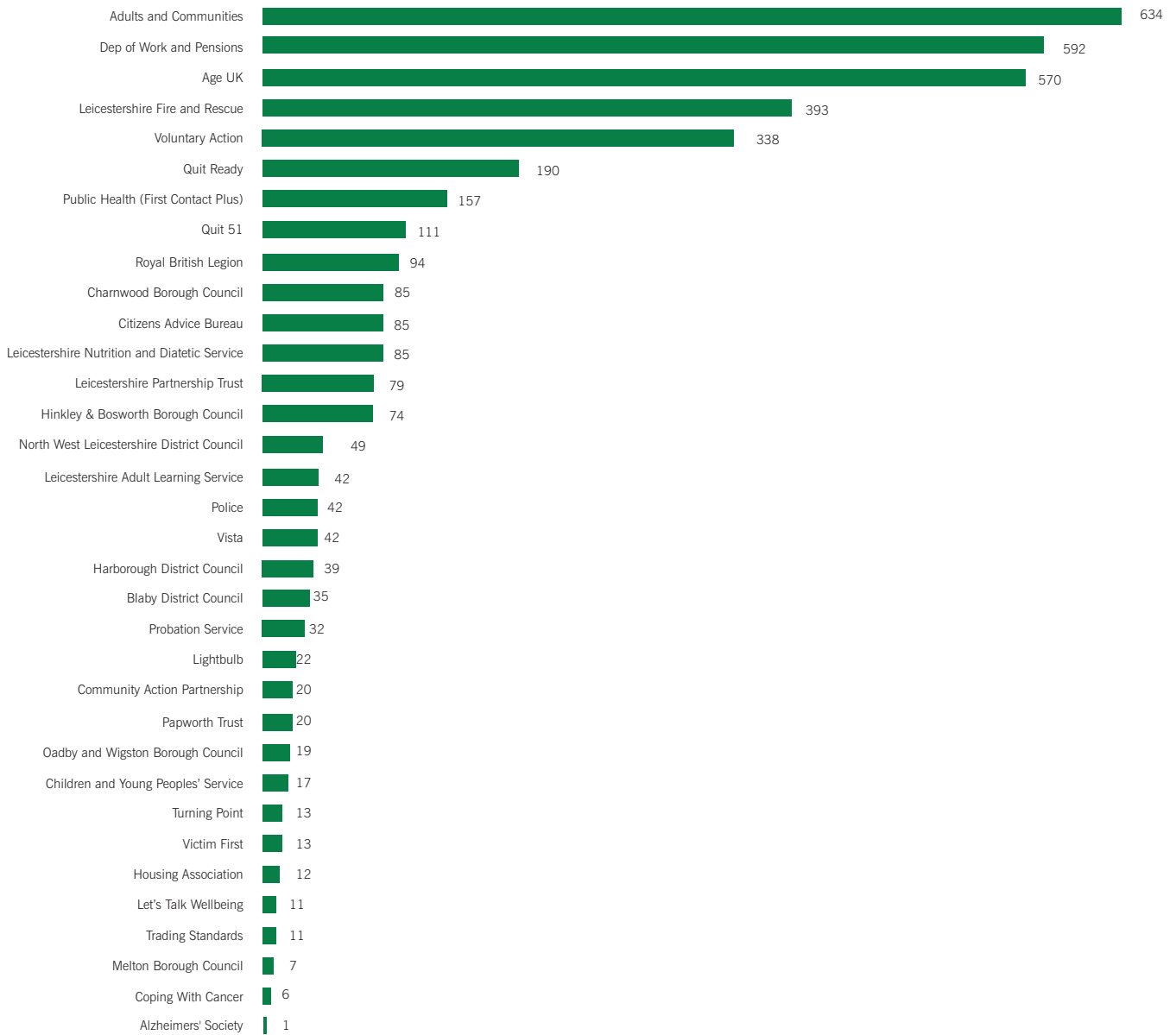


Figure 10: Number of outbound referrals made by First Contact Plus for each area of health & wellbeing and to each partner organisation

Information and Advice

Prior to the introduction of the new model, First Contact Plus provided 7% of its customers with information, advice and signposting. Since 1st November 2016 this figure has steadily increased as shown in the graph below. By June 2017, 47% of our activity was giving information, advice and signposting to customers. For the period of this evaluation the average of the above is 26%.

The theme that we most commonly provide information and advice about is living independently, which includes the sub themes of social isolation; lifelines and assistive technology; hearing and visual impairments; domestic support and managing personal care.

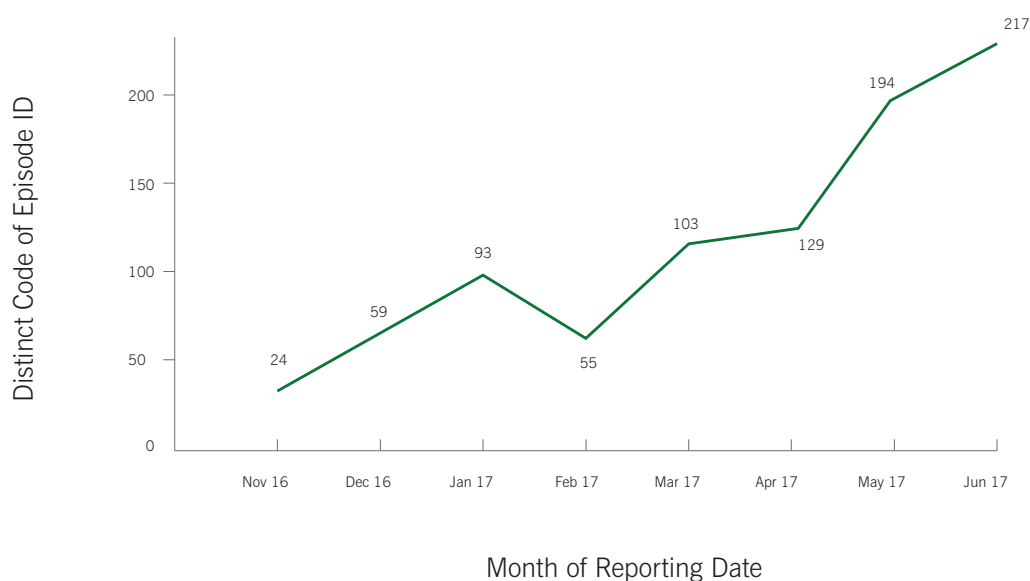


Figure 11: Number of incidents of information and advice provided by First Contact Plus advisors to customers

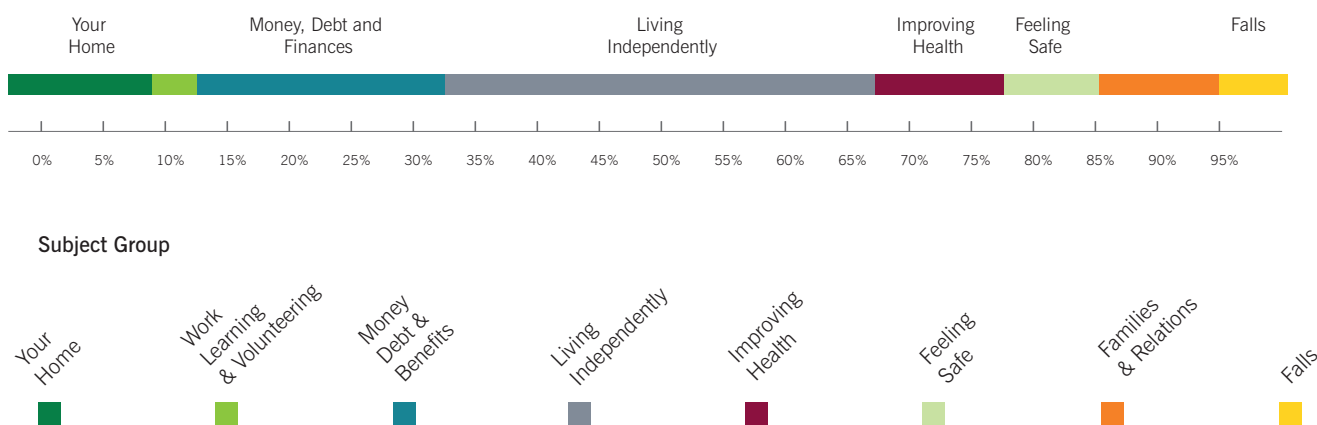


Figure 12: Breakdown of areas of health & wellbeing where information and advice was provided

Self-Referral

Self-referral was given a soft launch via existing partners in March 2017. The launch consisted of e-blasts, articles in newsletters and an intranet article. Self-referral is an online option only as it is aimed at individuals capable of self-help. It is expected that more vulnerable individuals would continue to be referred via First Contact Partners. Promotional materials were produced and distributed to existing partners. Partners can access electronic versions of the promotional materials through the website.

Due to the soft launch referral numbers have remained low however it continues to be used month on month. A large number of customers who completed self-referral forms disclosed that they had been signposted to the First Contact Plus website via a health or social care professional.



How a Client Heard about the Service



Figure 13: Number of self-referrals received by first Contact Plus and source of signposting to First Contact Plus

Warm Homes

Due to the warm homes service only being integrated into the First Contact Plus service from 1st April 2017 activity will only be reported for Quarter 1 of 2017/18 (1st April – 30th June 2017). The transition of the service has been seamless due to the existing referral pathway with the previous provider. All First Contact Plus staff have received Energy Awareness Training delivered by Peterborough Environmental City Trust (PECT). Tier 1 and 2 Advisors within the First Contact Plus Team use standard triage calls as an opportunity to identify people who would benefit from warm homes support. In addition to partners identifying need; public facing campaigns and local events have generated referrals into the service. There are two levels of support available.

- First Contact Plus Advisors provide telephone advice regarding utility switching, grants available and Priority Register sign-up
- The Warm Homes Officer supports more vulnerable residents with a home energy assessment
- The highest annual utility switch saving identified for an individual was £586 with an average of £228.

Outcomes

An outcome is the notification First Contact Plus receives from the outbound referral partner informing us when and how they have dealt with the referral. It was identified in the previous evaluation that there were a small number (10%) of onward referrals that were being declined by the customer when they were contacted by our partners. The new model with the introduction of an initial triage call (to ensure the appropriateness of the referral made by First Contact Plus) has helped to significantly reduce this to now only 4%. In total 85% of onward referrals have resulted in further service(s) being provided to customers. Figure 14 shows 11% of referrals where the outcome has not been disclosed by the referral receiving agency. These referrals are to the Department of Work and Pensions and are as a result of their data protection regulations. Of the onward referrals to partners only 6% would be deemed as inappropriate with the customer either declining the service or being ineligible. This is in comparison to 16% on the previous evaluation (February 2016).

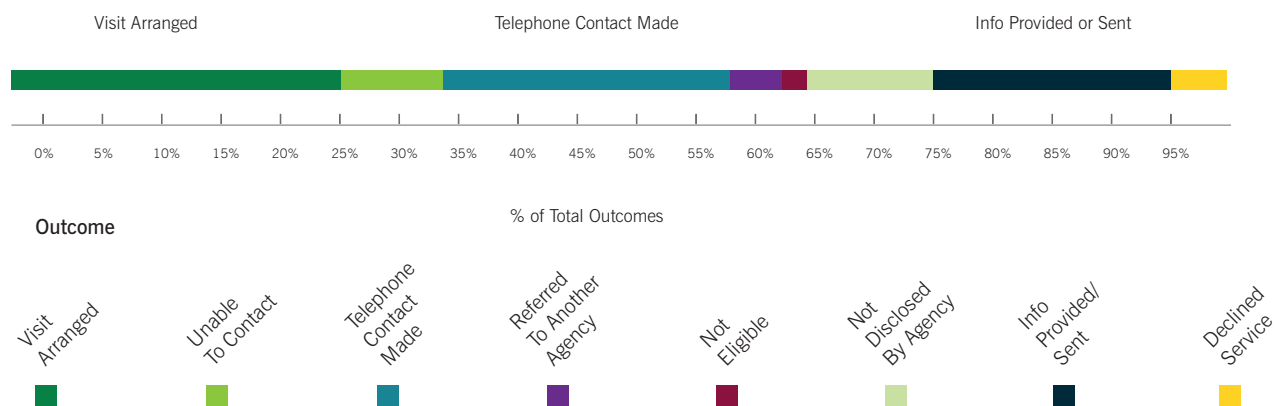


Figure 14: Provider outcomes for referrals generated from First Contact Plus

Customer Feedback & Evaluation

As part of the new model we introduced a standard evaluation questionnaire which is offered as part of our 6 and/or 12 week follow up call. Customers are asked if they would be happy to complete the questionnaire and this is recorded as 'Yes', 'No' or 'Partial'. Partial is used when they have given us some of the information required but do not want to answer the full evaluation. Figure 15 displays the numbers of evaluations successfully completed each month. Not every question is asked of every customer, as the relevance of a question depends on the actions taken at the initial triage. The drop in the number of evaluations collected in June, can be explained by the fact that new staffing structure meant we lost two administrators and we had two vacancies for Business Support Apprentices. The Advisors and Senior Advisors were carrying out their own administration tasks which affected the time available to collect evaluations.

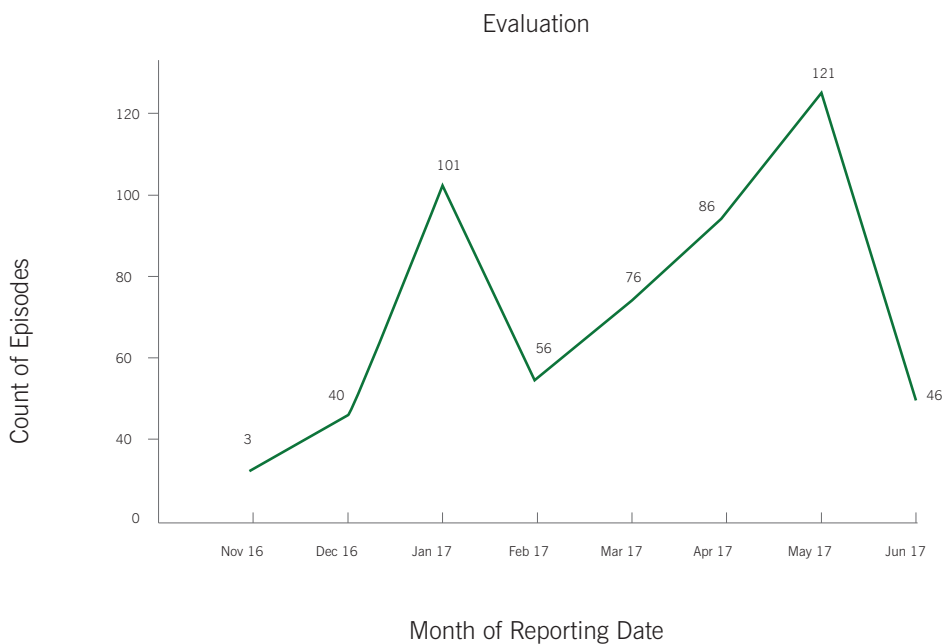


Figure 15: Number of Customer Evaluations completed at point of follow up

From the evaluations completed 99.5% of people were happy with the information they have been provided by First Contact Plus during the triage call. In total 66.5% felt their issues had been fully resolved when the evaluation had been completed, and a further 24.6% felt that their issues were partially resolved at the time. As presented in Figure 16, 86.8% reported that they now know what to do if the same issue occurs again and only 3.2% would not know what to do if the issue recurred. Importantly, 90.8% of customers are likely to recommend First Contact Plus using the Friends and Families test.

Finally, 93% of respondents were happy with the service they received from the partner organisation. Whilst 97.9% of customers are recorded as feeling that the information on the website was not useful, this is due to a data recording issue. For the period of this evaluation the system did not offer the option to record a "Not

applicable” response for those respondents who had not used the website. The figure in our feedback data therefore reflects where staff used the “No” answer as an alternative to leaving the question blank if the website was not used.

Temperature Range of Evaluation Response

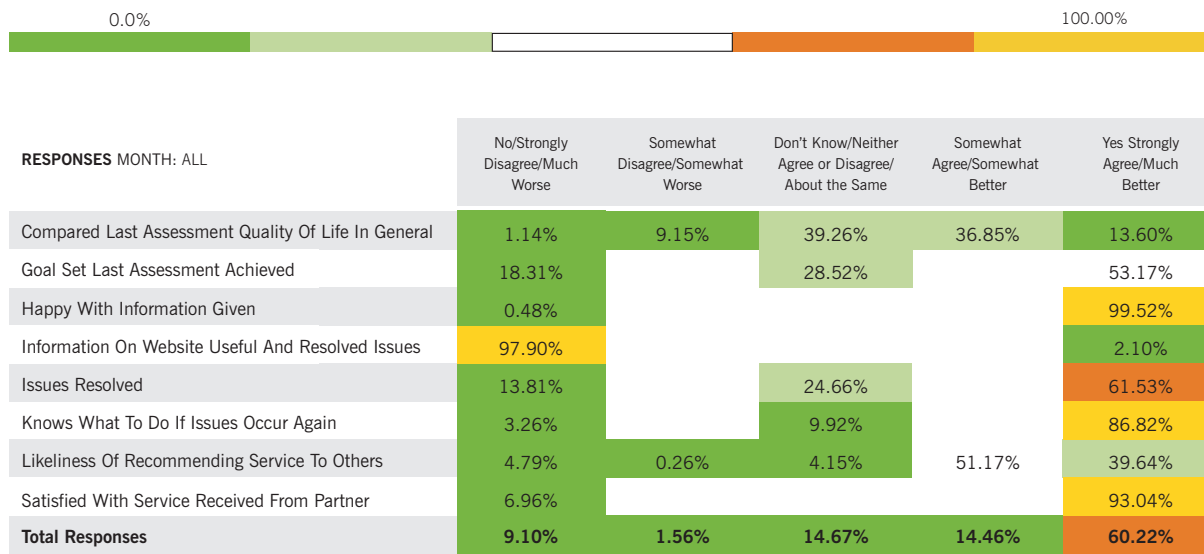


Figure 16: Summary of responses to customer evaluation questions

Impact

The impact of the First Contact Plus service on customers was assessed by gathering level of concern scores during telephone calls at initial triage and the final follow up (either at 6 or 12 weeks). Customers are asked to rate how much the area of need concerns them on a scale of 1-10 (10 being the highest). This method of impact assessment was used following input from Public Health consultants with development of an evaluation framework. A tableau dashboard is being developed to draw information on level of concern from the system.

As this is still in development, manual data was recorded by First Contact Plus Staff for two months in May and June 2017. From the data shown in Figure 17 there is a decrease in level of concern across all areas of need. The highest impact (6.57) relates to the area of feeling safe and the lowest impact relates to the area of improving your health (2.85).

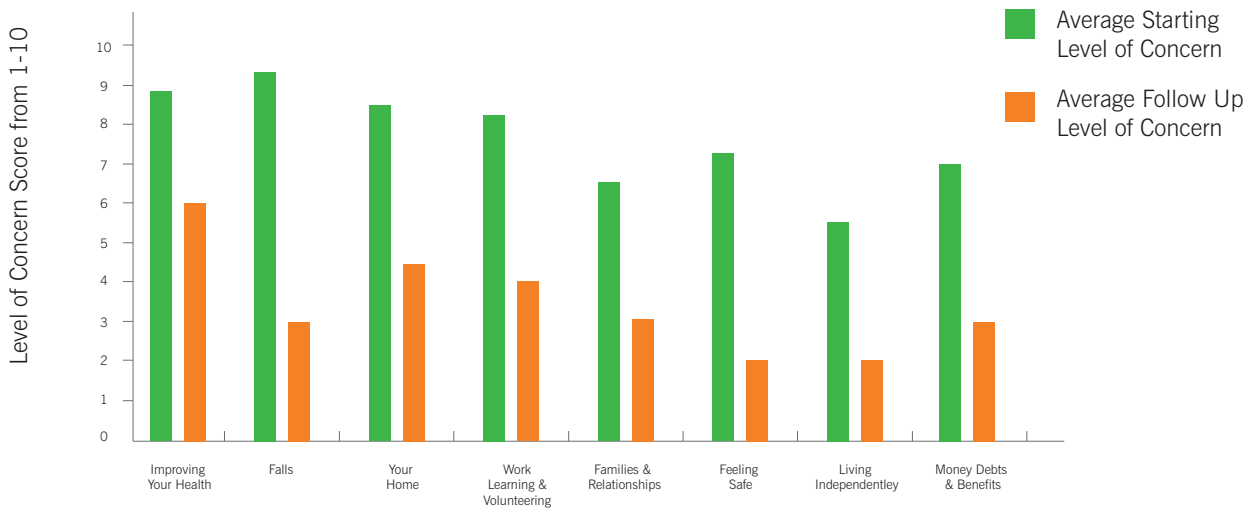


Figure 17: Average level of concern at triage and follow up for each area of health & wellbeing

Website - Google Analytics

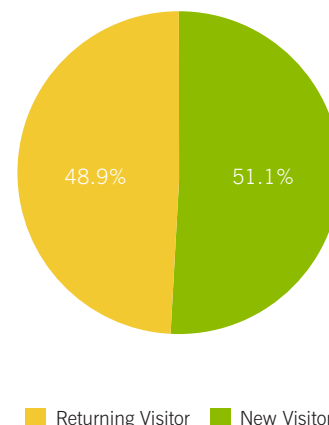
Google analytics reports provided by the Strategic Business Intelligence Team have identified the website was visited by a total of 4366 users, with 8752 sessions undertaken (between 1st November 2016 and 30th June 2017). Usage remains fairly consistent from month to month, with the exception of a spike in March, which would reflect the launch of self-referral and the associated promotion to partners. The data also indicates that approximately 30-40% of traffic to the website is generated from private IP addresses. The remainder of the traffic is classed as “institutional”, which means it has come from organisations rather than individuals. The most viewed section is the “Our Services” section followed by “Partner Resources”. This is consistently reported across all months. In terms of the eight overarching themes of need the most viewed pages on the website are improving your health and living independently.

Analytics Overview; 1st Nov 2016 - 30th Jun 2017

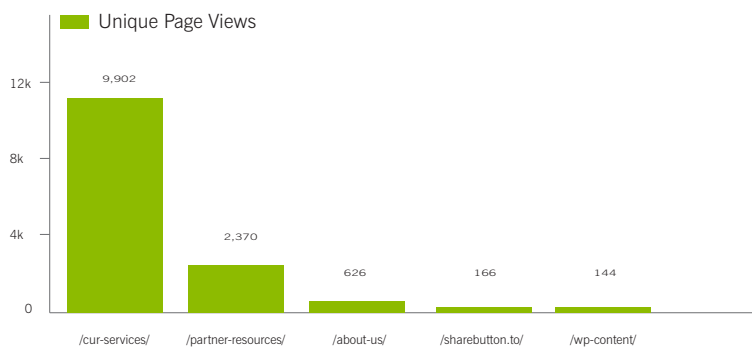
Users: 4,366 | Sessions: 8,752 | Unique Views: 22,267

PAGE TITLES	PAGE VIEWS	SESSIONS
First Contact Plus Your First Contact for Information	12,343	7,273
Improving Your Health First Contact Plus	1,485	46
Testing Plus First Contact Plus	1,432	15
Partner Resources First Contact Plus	1,393	91
Living Independently First Contact Plus	1,331	44
Your Home First Contact Plus	868	26
Money Debt and Benefits First Contact Plus	803	25
Referral Form First Contact Plus	791	41
About Us First Contact Plus	761	110
Families and Relationships First Contact Plus	681	26

New vs. Returning User (Sessions by User Type)



5 Most Popular Action (page views)



New vs. Returning User (Sessions by User Type)

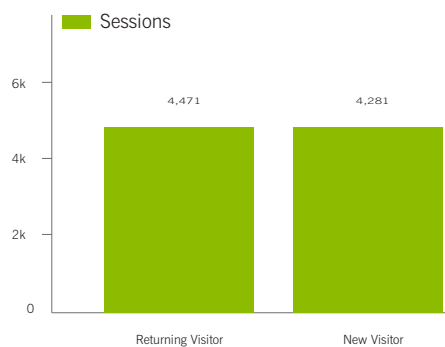


Figure 18: Google Analytics summary use of for First Contact Plus website, 1st Nov'16 - 30th Jun' 17

Customer Insight

Following the development and launch of the public facing First Contact Plus website the strategic business intelligence team facilitated end user testing with a selection of members of the public. This testing took place in January 2017, providing an early steer on the design concept and functionality. Sessions were conducted with six individuals at their own homes and the findings and recommendations were reported back to First Contact Plus. This informed future developments and changes to the functionality of the website. Some issues were addressed quickly where gaps in content were identified and have been addressed. We addressed the consistency and formatting issues across all areas of the website. Further developments such as google search facilities are still to be addressed. The testing sessions were filmed and the videos have been shared with management and members of the Digital Customer Experience Group. In addition to this, a focus group was held with a pre-existing carer support group, where pre and post questionnaires were completed. Furthermore, a presentation was provided and feedback on the website from participants received. The feedback gathered in this session assisted in supporting the information and recommendations obtained from the individual end user testing.

Partner Engagement

We have continued to engage with partners through team briefings, engagement events and by providing the opportunity to feedback on the new service model and electronic referral system (via an online survey). A core element of First Contact Plus is engagement with partners. This includes promoting the service, engaging with new partners, training partners and attending events around the county. This process enables us to keep up to date with the services they offer and communicate our key messages to them. During the period of this evaluation, developments were taking place to provide an events and news feed on the First Contact Plus website. This has now gone live as of 1st September 2017 and is designed to replace previous newsletter and regular e-blasts. There is also

a performance page in the Partner Resources section of the website, which when fully developed will allow partners to view our quarterly figures. Currently we can provide figures to partners upon request. Feedback is provided to Departmental Management Team on number of partner engagements per month.

Partner Online Survey

An online survey was available for a period of 5 weeks, 4th July to 8th August 2017 to enable partners to feedback on the new online referral system. In total, 34 partners completed the evaluation covering voluntary sector, local district/borough councils, Leicestershire County Council, and statutory services. The main points raised by partners concerned the authentication process for the new online referral system, in addition to the log in process, setting of security questions and timing out restrictions. Partners also fed back that the referrals were of a higher quality and easy for them to store and retrieve where required.

Stakeholder events and engagement

In December 2016 a stakeholder feedback session was held to gain immediate feedback following the launch of the electronic referral system. This event targeted referral receiving partners in order to ensure smooth transition and pick up any technical issues with the system quickly. A total of 17 key partners attended the event, which covered a range of areas including logging and receiving a new referral, making a referral, feeding back outcomes and the First Contact Plus Website. Feedback from partners was analysed and issues in need of action were raised with the software company.

System Developments

During September 2016, we rolled out training to 161 partners on how to make and receive referrals electronically through the new system. In December 2016 we provided a partner feedback session for 17 pathway partners. This enabled us to gather initial feedback on the operational model and new software. This provided feedback to inform further software development and changes. We have raised 65 separate system issues with Cyber Media via an electronic reporting system since 25th November 2016. Prior to this the development phase required us to submit manual system requests to aid the development. These requests numbered 178 between 25th August and 18th November 2016.

Costing Analysis

Initially it was hoped that we would be able to utilise the PI Care Tracker system to calculate financial outcomes for the service. As this has not been possible we have used a basic costing analysis looking at GP (General Practitioner) usage of First Contact Plus. We have worked with a number of GP's to produce calculations for the timings. There are different options for ensuring that a patient accesses the correct service

to prevent recurring visits to their GP for non-health related issues. The costings are divided into 2 sections; firstly the cost for First Contact Plus delivering the service and secondly, a GP undertaking all the different aspects of dealing with the referral needs. Please see table on page 25 detailing calculations of timings per staff role per option used.

Direct Referral

A direct referral is when a patient requires input from a health improvement specialist service e.g. smoking cessation service. This would not require a triage call from First Contact Plus. Our involvement is to process it to the correct partner but the patient would still get a follow up call. The cost to First Contact Plus is £2.70 in staff time.

Self-referral

A self-referral in this case would be when a GP recognises an additional non health related need and directs their patient to our website for information and a self-referral. The cost to First Contact Plus is £5.60 in staff time.

Tier 1 Referral

This is a referral made by the GP for wider issues relating to the patients wellbeing e.g. social isolation, money and debt. A triage call is undertaken and the appropriate action taken. The cost to First Contact Plus is £6.56 in staff time.

Tier 2 Referral

This is a referral made by the GP for health improvement services where the customer requires behaviour changes, motivational interviewing and/or onward specialist input. A triage call is made as above. The cost to First Contact Plus is £8.40 in staff time.

GP time without First Contact Plus

This calculation is based on information gathered from a selection of GP surgeries countywide. It reflects the cost and time that would be required if a GP had to address each additional non-medical need raised by the patient; investigate the appropriate service to meet that need; and then refer for each need as required. The cost to the GP Practice would be £46.00 in staff time.

GP time with First Contact Plus

This calculation is based on the time it would take a GP to use First Contact Plus to undertake all the above actions on behalf of the patient. The cost to the GP Practice would be £13.50 in staff time.

GP time for a Self-referral

This calculation is based on a GP directing the patient to the First Contact Plus website to make a self-referral. The cost to the GP Practice would be £8.30 in staff time.

	APPRENTICE £0.13 per min	TIER 1 STAFF £0.16 per min	TIER 2 STAFF £0.20 per min	GP £4.00 per min	MEDICAL PRACTICE RECEPTIONIST £0.15 per min
Direct Referral	6	12			
Self Referral		35			
Tier 1 Referral		41			
Tier 2 Referral			42		
GP without First Contact Plus				10	40
GP with First Contact Plus				3	10
GP Signposting Self Referral				2	2

Figure 19: Distribution of time taken by different staff roles to facilitate support for residents of Leicestershire

Response to Evaluation

What progress has been made operationally since the last evaluation report?

The last Evaluation report was completed in February 2016 and finished at the point where First Contact Plus was operating different work streams on different systems. This evaluation therefore reflects the period, where a new operating model has been introduced and the team have completed an HR Action Plan and associated restructure.

The staff team have all completed a range of training both on the job and through externally provided training routes, which has enabled them to manage the new model of triaging all areas of need, following up customers and evaluating service delivery. The team has also expanded in size since the last report. Using Tuckman's Teamwork theory, it can be understood that as a team, we have been through the forming, storming and norming phases and we are now evolving into the performing stage. Initially this had a negative impact on the team but now the team have developed and are functioning effectively. To support this staff will always need ongoing training and development to keep them up to date with services and key developments in all the eight areas of need covered.

During the time since the last evaluation, we have designed, developed, tested and delivered a new web based online triage and referral case management system. The

service has progressed from a system completely reliant on manual inputting to one able to operate electronically for inbound referrals as well as outbound referrals. Partners referring via the electronic referral system now also have the ability to track referral progress and receive updates on actions taken. This has not only involved internal staff training but also training of our partners to make and receive referrals through the online system. In addition to this the staff team have managed the administration of the service that partners use, setting up accounts, manage users and password management. There is a continual need to assist partners who are already set up along with creating new organisations, teams and individuals. The task of transferring all current referrals away from paper referrals to all electronic remains outstanding and will need to be addressed before full success can be claimed. A public facing website was launched alongside the new model to facilitate self-help for the residents of Leicestershire. The website not only contains information available nationally and locally but also includes the option to self-refer.

As of 1st April 2017 the Warm Homes service was integrated into First Contact Plus. This is delivered on two levels with information and advice being provided by First Contact Plus Advisors and home visits provided by a specialist Warm Homes Officer for more vulnerable customers. Training was provided to all First Contact Plus staff to enable them to provide accurate and relevant warm homes advice during triage and follow up calls as appropriate. This knowledge is kept up to date by regular briefing from the Warm Homes Officer.

Does the new operational model successfully integrate the three previous work streams providing people with the correct level of support?

The new operational model has now been fully implemented since the last evaluation. Prior to this there were three separate work streams for referrals, comprising of First Contact checklists (and web forms), MECC (Making Every Contact Count) referrals and Community Support Line calls. There are no longer different work streams requiring different management or processes. This means that no matter where or how a referral comes into the service, all are dealt with through the one system. The system is capable of handling all referral pathways whilst monitoring referral sources and types, which is essential for management reports. The improving your health areas of healthy weight, smoking cessation and substance misuse have now all been included on the First Contact Plus referral form. It is intended that health partners who currently use the MECC referral form will be targeted over the next year for transition to First Contact Plus via the electronic system providing an opportunity for further integration.

The new model does however involve more staff time as every referral has a phone triage and a follow up, which effectively means that the workload has doubled for staff. On top of this there has been an increase in the flow of work into the service. The management team have spent the time since the last evaluation monitoring and revising processes to ensure that business continues to meet the delivery targets set (Key Performance Indicators as reported to Departmental Management Team).

The new operational model has been designed with specific pathways set with algorithms within the system balanced with prompts for staff to provide appropriate information and advice in each area. Alongside this sits the website which has been designed to provide members of the public and partners with a range of information and signposting. This enables staff to effectively deal with the work that comes through the different channels in the same efficient and effective manner. As the new system is designed to collect an initial and follow up level of concern we are able to measure the level of impact the team's intervention has had.

This leads us to conclude from the data that the correct level of support has been delivered as in 84% of cases the level of concern has reduced. In addition to the level of concern measurement the new model includes a set of evaluation questions that are asked as standard for each customer contacted and therefore we receive consistent rather than the previous ad hoc feedback.

Is the new operational model cost and time effective?

The staffing costs are currently predicated at £290,000 for the financial year 2017/18 due to a restructure part-way through the financial year. Prior to June 2017 the staff comprised of 9FTE. Following the restructure the team now comprises of 10FTE (1 Apprenticeship post is still vacant). The new operational model is time intensive but this should not be confused with time effectiveness. It is difficult to calculate what time would be allocated by different services for particular customers if First Contact Plus had not been involved in any particular case. For example, if a customer is referred to us by a GP due to a lung condition being impacted on by their cold home, we are potentially able to make significant positive changes to their situation and their longer term health outcomes by –

- Supporting a reduction in fuel bills through a boiler replacement and tariff change
- Enabling the customer to keep the heating on longer, which helps to ensure their lung condition does not deteriorate
- Improving a customer's quality of life and health outcomes, thereby reducing cost and time implications associated with prescriptions and GP appointments

Whilst the new operating model may be more time intensive than a simple processing model, ensuring customers receive the right information and support could present benefits not only to the individual, but in terms of reducing pressure on resources across the wider health and social care system.

The costings of the new model clearly show that a GP trying to manage issues for a patient wider than their health problems is expensive in comparison to the cost of First Contact Plus dealing with these issues. In addition, this does not account for the cost involved in maintaining the level of knowledge surrounding what is available locally and nationally and what is the eligibility and referral process for each of the different services.

Are people benefiting from the support they receive?

First Contact Plus aims to ensure that the residents of Leicestershire can access information, advice and support across a broad range of needs which impact on their overall health and wellbeing. The service has benefited customers by ensuring they are better informed, have increased resilience to deal with future problems and a reduction in the level of concern.

As previously mentioned each customer is being followed up and evaluations are carried out as standard. This has greatly increased the amount of feedback we have been able to obtain from our customers. In addition to this we are able to see the outcomes for each customer if they have had an onward referral via the system. This allows us to monitor if the referral through to any particular partner agency has been relevant and appropriate. If a referral does not result in a positive outcome for the customer we are aware of this before the follow up and therefore can be prepared to offer alternative solutions if required. This further advances the potential success of any interaction we have with a customer and ensures they receive the maximum benefit we can deliver.

Customer evaluation includes a question asking whether customers would know what to do if the same issues occurred again. In total, 87% of customers asked responded with a yes suggesting that the information or connection to services provided by First Contact Plus helps to increase customer resilience. The evaluation also reported that 93% of customers asked were happy with the service they received from partners and 91% would recommend First Contact Plus to family and friends.

The final issue to consider is the benefit to partners not just the residents of Leicestershire. The survey conducted shows us that partners have encountered difficulties with the new online system and we have had to provide ongoing support with these issues. However, we need to do further evaluation with partners who make referrals into First Contact Plus as the majority of the survey was completed by those partners who receive referrals from us.

Conclusion & Next Steps

Conclusions

The vision for First Contact Plus was to offer a telephone based service for the population of Leicestershire over 16 years that enabled them to access the correct support, information or advice in a timely manner. In addition each person is offered a follow up call to ensure needs have been met. This evaluation demonstrates that the model is now fully operational. We know the model is effective because of the quality of referrals made to partners and the feedback received from customers. The model has enabled us to track cases from beginning to end and show resolution.

Although the system supports the delivery of the model we can conclude that partners have experienced difficulties with logging in and making the shift to a fully digital system. This has proved labour intensive for the team and has meant that we have not transitioned as many partners from paper referrals to online as we would have anticipated.

Although the follow up calls have been delivered we have to acknowledge that the planned 6 week time line has not been achieved consistently throughout the evaluation period. During this period some follow up calls were conducted at 16 weeks which meant customers were not providing valuable feedback due to issues around, memory, ill-health and the difficulty in relating our intervention with the resulting actions. The calls that were made at around 8/10 weeks were providing more valuable feedback; the customers had received the service, made changes in their lives and were able to give us rich and constructive feedback. As a result we propose that the follow up call is made at 8 weeks and then 12 weeks if required.

The new staffing structure provides a sustainable model from which to build upon but to build resilience and cope with the intended increase in demand it is felt that another Tier 1 post would be required. The new business is anticipated to come from GP's, MECC, the NHS Falls Team (through a new step-down pathway) and continual development and training of new partnerships across the County. Finally, we recognise that creating and maintaining the website has taken a vast amount of resources but is essential to enable self-help to navigate around the range of support and services that are available across Leicestershire. It also supports the Council's information, advice and signposting agenda. Due to the nature of an ever changing landscape of service provision and the breadth of the First Contact Plus offer, the website work will continue to be a major element of the team's work.

Next Steps

Based on the findings and conclusions of this updated evaluation, the following next steps are recommended for the First Contact Plus team -

- Minimise risks to data and performance – Dashboards have been created using Tableau to report the data that is generated from Theseus, our operating system. These reports are still being refined and the intention is that these will be available to partners.
- Easy access referral system – Testing is currently being carried out on a relaxed log in for partners who make referrals in a similar style to online banking. This means that partners who want to make a referral do not need to enter their full security questions once they have set up their account.
- Active signposting agenda – First Contact Plus is part of the National Health

Service's Five Year Forward View agenda for ensuring that GP surgeries are places where patients can readily access the information they need to manage their health and wellbeing. First Contact Plus has already delivered training to the first cohort of surgeries signed up to the new initiative and will continue to be involved until full roll out over Leicestershire has been achieved.

- PPG (Patient Participation Groups) Pilot – A pilot is being run with a GP surgery in the West CCG (Clinical Commissioning Group) area. This has been set up to explore how PPG members can be utilised by the GP surgery to act as points of information and signposting for other patients who either don't know where to look for information or don't know what information to look for.
- MECC relaunch – Discussions are under way with the MECC Delivery Group looking at relaunching MECC and linking it directly to the First Contact Plus referral so that health practitioners are able to refer for wider needs than the four health improvement options currently available.
- PRISM relaunch – The First Contact Plus referral form has been updated on PRISM and is due to be relaunched to GP's in December 2017. This will enable GP's to have a range of methods to refer in to First Contact Plus for their patients.
- Welfare benefits – a previous study carried out showed that on average where a welfare benefit had been awarded the average increase in income per household was £64.10 per week (April 2012). It is intended to revise this study to provide an up to date valuation.
- Warm Homes data – Data is being collected separately for this service but it is envisaged that this will be incorporated into the same reporting tools at all other First Contact Plus data. The data will also be collected to look at average savings being achieved through the signposting and switching advice.
- Returning customers – Further examination of data will be undertaken to look at the pattern of returning customers. i.e. to see if customers are returning to the service, if they are returning for different issues, what time scale they are returning in and are they coming back as self-referrals or through partner referrals.
- First Contact Plus has a crucial part to play in the delivery of information, advice and signposting, particularly with the de-commission of other delivery services. The website along with the self-referral option enables access to the right information at the right time for residents of Leicestershire. Consequently, the opportunities to link with other valuable local resources i.e. mapping co-ordinated by the Local Area Co-ordinators will be further explored.