



Report of the Director of Adult Social Services

Scrutiny Board (Health and Adult Social Care)

Date: 21st January 2008

Subject: Partnerships for Older People Projects (POPPs)

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

1. Scrutiny Board received a report on Leeds Partnerships for Older Peoples Projects (POPPs) on 15th October and requested a further report in January 08 that gave more detailed information on the management and performance of the Programme.

2. This report gives a summary of the original aims of the programme from a national and local perspective, the governance and performance management arrangements, and the work that has to be done next financial year to secure the sustainability of those projects or services recommended to continue. It summarises the progress achieved so far, and issues still to be addressed.

3. The report concludes that excellent progress has been made thus far, and refers to the positive external feedback that the Leeds Programme has received.

4. The appendices provide an up-dated glossary of abbreviations, a summary of the 12 projects, a copy of the sustainability plan submitted to DH in October 07, and a copy of the National Evaluation interim report.

5. See Appendix 1 for glossary of abbreviations used in this report.

1. Purpose of this Report

1.1 To provide Scrutiny Board with a review of the POPPs Programme, including the performance, evaluation and governance arrangements, and assessment of progress to date.

2. Background

2.1 Aims of the Programme

2.1.1 Nationally the POPPs Programme was set up to test out new ways of working that would promote independence, encourage earlier intervention with the aim of avoiding unnecessary admissions of older people into hospital or long term care. The Programme was also seen as a test bed for developing the principles behind the White Paper “Our Health Our Care Our Say” by encouraging the empowerment of service users and giving more control and choice to older people and their carers, and ensuring their involvement in the planning, development and delivery of services.

2.1.2 The expectation was that real savings could be identified through the new ways of working that would free up financial resources, primarily from the reduction in hospital admissions, care home admissions and length of stay in hospital, which could be redistributed across the health and social care economies. This could then be re-invested into more preventative services and thus sustain those POPPs projects that proved successful.

2.1.3 Locally, in Leeds, the POPPs bid focused on the whole system change and improvement of older people’s mental health services aimed at challenging discrimination on the grounds of age, ethnicity or mental health. The bid encouraged more locality and home based services that prevented admission into hospital or long term care, and a reduction in the reliance on institutionalised responses to mental health needs. It supported the broader aims of the larger Making Leeds Better programme, as well as taking forward other national guidance around older peoples mental health services (eg National Service Framework for older people Standard 7; “Everybody’s Business” CSIP guidance on older peoples mental services). The 12 projects fall broadly into three themes: earlier intervention, intermediate care and workforce development (*See Appendix 2 for list of the 12 POPP Projects*)

2.2 Governance, evaluation and performance monitoring arrangements

2.2.1 At a national level, the Programme is supported by a Department of Health project lead, who in turn is supported by a national lead from Care Services Improvement Partnership (CSIP) and a National Evaluation Team (NET) appointed by the Department of Health.

2.2.2 The Department of Health operates rigorous reporting requirements with quarterly reports to be submitted by each POPP pilot site across the country, and an end of year report which is a more detailed review of the year’s activity, progress, achievements and any areas of concern. The traffic light system (red, amber, green) is used to monitor the progress of the pilot sites, and Leeds has been able to consistently report “green/amber” status. The Department of Health has never had any issues with any of the Leeds reports to date, and we have had positive feedback about the quality of our reporting.

2.2.3 The National Evaluation Team (NET) has oversight of all the POPP pilot sites across the country and will ensure the learning and impact of the projects is taken into account in future national policy (*see Appendix 3 for copy of interim report*)

2.2.4 The Local Evaluation Team, (in Leeds this is provided by the University of Leeds) is working with the Leeds POPPs programme to amass evidence of the impact of the Programme and the learning to be captured from the work that has been done. This will report in the spring of 2008.

2.2.5 The POPPs Programme Board provides governance to the Programme on behalf of the partner organisations. It is co-chaired the Chief Officer for Adult Social Care (ASC) and the Director of Service Delivery and Chief Nurse for the Leeds Partnerships Foundation Trust (LPFT). It has on it representatives from all the partner organisations who signed up to POPPs, including the Leeds PCT, Leeds Teaching Hospital Trust (LTHT), Adult Social Care (ASC), Leeds Partnership Foundation Trust (LPFT), Environment and Neighbourhoods, voluntary sector partners as well as members of the Strategic Partnership and Service Development Team. The Board meets monthly and receives highlight reports prepared by the Programme Manager, oversees risks and issues, and provides active support and guidance to keep the Programme on track.

2.2.6 The Programme Manager meets bi-monthly with the Project Leads from the 12 projects, and receives monthly highlight reports from the projects which identifies activities and any slippage against the milestones and indicators. This information feeds into the Board's monthly report.

2.2.7 The POPPs Performance Group is chaired by the commissioning lead for the PCT, the Director of Development and Commissioning (for priority groups) and oversees the performance activity of the Programme. The group is working to show evidence of the impact of the projects across the whole system, evidence that is being used in supporting the business cases for sustainability, and has representation from LPFT, ASC, PCT and the local evaluation team.

2.2.8 The POPPs Programme Office keeps a log of risks, issues and lessons learned which is regularly up-dated by the Programme Manager, and fed into the Board as required. It has also produced documentary evidence and information about the Programme, and learning events undertaken over the two years (eg Intermediate Care event November 06; Resource Centre learning event July 07; Case Studies booklet; Overview document of the 12 projects; lessons learned record)

2.3. Future requirements

2.3.1 Although the grand funding of £4.1m was for 2 years, it was acknowledged by the Department of Health that significant slippage was permissible, allowing the Programme to run into a third year. In accordance with this, the national programme which would have formally run from April 06 to March 08 is also extended, and the work of the National Evaluation Team is likely to be extended to October 2009.

2.3.2. The local evaluation report on the Leeds POPP Programme, commissioned from the University of Leeds, should be available by May 2008.

2.3.3 All POPP projects are expected to develop and implement sustainability plans for the projects/services funded through the POPP grant, and to ensure robust exit strategies for the closure of the Programme. This includes arrangements for mainstream funding for those projects/services considered successful in fulfilling the original aims of the Programme, taking into account the evaluation and performance information (*see Appendix 4 Leeds Sustainability Plan*).

3. Main Issues

3.1 Summary of progress to date

3.1.1 The Leeds Programme has consistently self assessed its RAG (red/ amber/ green traffic light) status as green/amber according to the DH definitions, which is described as “*fair progress, problems manageable, majority of pilot deliverables on schedule*”. Overall, we have been able to report that projects are meeting and some are exceeding their activity targets that were set in the Implementation Plans prepared for each project.

3.1.2 All the projects were required to submit their sustainability plan to DH by 12th October this year. (See Appendix 4 for copy of the plan) This outlines the process by which agreement will be reached on sustainability of the current POPPs projects/services, with final approval of the recommendations by the respective commissioning bodies being given by February 2008. All the projects recommended for future funding have now had business cases submitted to the respective commissioning bodies, and received support. SP funding has been formally agreed, with Leeds PCT and Adult Social Care funding subject to final approval of their financial plan/budget for next year, which will take place in February 08.

3.1.3 Recommendations have been agreed on the future for all 12 projects as follows:

PROJECT	RECOMMENDATION	FUNDING BODY
Liaison Psychiatry	Temp extension of funding for 08/09	PCT
Rapid Response	Temp extension of funding for 08/09	PCT
Resource Centres	Temp extension of funding for 08/09	PCT/ASC
Hospital After Care	Transfer of responsibility to SP – extension of contract for 12/18months and thereafter re-tendering exercise. This has now been agreed by the SP Commissioning Body	Supporting People (SP)
Community Support (home care)	Roll out of 3 teams to mirror Rapid Response roll-out – funding through re-configuration of in-house service	Adult Social Care (ASC)
Carer Support (dementia)	Temp extension of funding for 08/09 pending review of carer support services and their funding across the city	Adult Social Care (ASC)
Carer Support (other mental health)	Service in current form to stop at the end of POPPs funding – alternative approach to be negotiated	
Home Support Service for Older People (HSSOP)	Transfer of responsibility to SP – extension of contract for 12/18 months and thereafter re-tendering exercise. This has now been agreed by SP Commissioning Body	Supporting People (SP)

Community Development Worker (BME)	The older peoples post will not be extended beyond the 2 years POPPs funding – its role will be absorbed into the work of the existing CDW's to provide a none ageist service	PCT
SAP/CPA facilitation	This project has now concluded.	
Workforce Development	This project will finish at the end March 08	
Website	To absorb into Linkage Plus	

3.1.4. Representatives from the Leeds Programme met with Department of Health and CSIP in November to present the sustainability plan (*see Appendix 4*). Leeds was commended for its approach to sustainability and was informed that Leeds was in the top group of pilot sites nationally in this respect. The business cases developed by the Leeds Programme were also commended as examples of good practice, and the Department of Health was taking them to use as exemplar templates for the national programme.

3.1.5 The star ratings for ASC were announced nationally in November 07, and in the commentary on the Leeds judgement provided by the Commission for Social Care Inspection (CSCI), the Leeds POPPs programme was mentioned in the achievements section and described as “an exemplar”.

3.2 Key issues for the coming year

3.2.1 Two projects have now been secured and mainstreamed through Supporting People funding. Five projects have been recommended for extended funded for 08/09 to allow for further evaluation. Four projects will cease at the end of the grant funding, and one will transfer into Linkage Plus.

3.2.2 For those projects with temporary extension of funding, work will continue to ensure the Programme has clear evidence of their performance over the year, and the impact of the services on the whole system improvements that are expected and within the original aims of the POPP Programme. This work continues to be overseen by the Performance Group on behalf of the Programme Board.

3.2.3. For those projects where funding will cease, we have agreed closure plans with the providers.

3.2.4 The emphasis is to establish the impact of POPP projects on the whole system, and commissioners are actively involved in this work, with recommendations and decisions to be made in time for the 09/10 budget setting processes within the PCT and Adult Social Care.

3.2.5 In support of this, further business cases will need to be prepared for consideration next year to enable final decisions to be made on the future long term funding and sustainability of those projects/services.

3.2.6. The POPPs Programme will then conclude, and the Older Peoples Mental Health Strategy Group will oversee the ongoing development and improvement of older people's mental health services.

4. Implications for Council Policy and Governance

4.1 The Council is a key partner and provider of some POPP services, and as such must ensure that the Programme complies with Council requirements, and provides positive leadership in the realisation of the Programme.

5. Legal and Resource Implications

5.1 The Local Authority will be expected to contribute towards the overall sustainability of the POPPs services, as agreed by the partners, ideally within a joint commissioning and investment context. Initial recommendations have been submitted to the respective commissioning bodies, and further work to secure sustainability will continue as outlined in this report.

6. Conclusions

6.1 The Leeds POPPs Programme is the largest and most complex of the 29 national POPPs pilot sites, with the ambitious aim of whole system re-design of older peoples mental health services. It was always expected that the POPPs grant would begin the process of transformation, but that the work would continue beyond POPPs that will take several years to complete.

6.2 The Leeds Programme has made excellent progress against the Application and Implementation Plans it submitted as part of the Stage 2 process for POPPs funding, particularly given that it has only been in operation for 18 months, and some of the projects having been operating for only 12 months.

6.3 There are robust processes in place for managing and monitoring the progress of the Programme at both local and national levels, with clear accountability and governance arrangements in operation.

6.4 The Leeds Programme has received very positive external feedback from the Department of Health, Care Services Improvement Partnership and the Commission for Social Care Inspection

6.5 Positive progress has been made in relation to sustainability, with the outcomes and recommendations as good as could be hoped for at this stage of such a challenging and ambitious Programme.

7. Recommendations

That the Board notes the achievements made through the POPP Programme and considers whether it wishes to receive further reports on the whole system re-design of older peoples mental health services.