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National Evaluation of Partnerships for Older People Projects: Interim Report of Progress

Introduction

This report provides interim findings and key lessons learnt to date from the Department of Health's POPP programme (Partnerships for Older People Projects). The evaluation is due to present further findings in October 2008. This report will be of interest to localities taking forward strategies to promote independence for older people.

Key messages

Early findings encompass the following:

- There are early indications that POPP pilot sites are having a significant effect on **reducing hospital emergency bed-day use** when compared with non-POPP sites.
- Pilot sites are reporting **improved access** for excluded groups through proactive case finding, greater publicity and links with the voluntary sector.
- **Partnerships** between statutory organisations and the community and voluntary sectors have improved if compared with the perceived quality of partnerships prior to the initiation of POPP.
- Pilot sites are reporting that **older people's involvement** has increased within steering groups, commissioning, recruitment, provision and evaluation.
- Older people's health (including mental health) and well-being needs are **becoming better integrated within the wider strategic agenda**.

Background

Within POPP, a total of 29 local authority-led partnerships including health and third sector partners (voluntary, community and independent organisations) have been funded by the Department of Health (DH) to deliver and evaluate locally, innovative schemes for older people. The underlying aim of the 29 pilot projects is to create a sustainable shift in resources and culture away from the focus on institutionalised and hospital-based crisis care towards earlier and better targeted interventions for older people within community settings. The pilots cover a diverse spectrum of activity from low-level to high levels of need.

The POPP projects aim to:

- Provide person centred and integrated responses for older people;
- Encourage investment in approaches that promote health, well-being and independence for older people, and;
- Prevent or delay the need for higher intensity or institutionalised care.

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The National Evaluation of the POPP Programme

The Department of Health has commissioned a national evaluation of the POPP programme to assess to what extent these aims are being met and to enable learning to be shared across the country with non-pilot areas. In the longer term the findings from the national evaluation will help to develop the existing evidence base on the effectiveness of initiatives aimed at promoting independence and prevention as highlighted in the Health and Social Care White Paper *'Our Health, Our Care, Our Say: A new direction for community services'*. The national evaluation is being carried out by a partnership of the University of Hertfordshire, Personal Social Services Research Unit, University of Keele, John Moores University and University College London.

A number of methods are being used to explore the impact of the POPP projects including: Analysing activity reports and other key documents from the pilots; assessing the progress of the pilots toward National Public Service Agreement (PSA) targets (reducing emergency bed days and supporting more older people to live at home); analysing cost-effectiveness and measuring, through interviews and focus groups, to what extent POPP interventions are leading to changes in quality of life for older people.

Drawing on the outcomes of some of these methods, seven key areas are now being reported on. The key areas are:

1. The nature of the POPP Projects.
2. The activity of the POPP Projects.
3. The nature of the POPP Partnerships.
4. The involvement of Older People within POPP Projects.
5. Cost-Effectiveness.
6. Approaches to sustainability within the POPP Pilot Sites.
7. Key Learning Points and Achievements to date.

The findings within the report are based on the first six months of data from the POPP projects. These are therefore very early findings and may be subject to change. Final outcomes will be provided in October 2008.

1. The nature of the POPP Projects

The POPP programme has two 'waves' of pilot sites. Nineteen pilot sites were established in May 2006 and have developed 193 projects. A further 10 pilot sites came 'on stream' a year later (May 2007) with 52 projects. The pilots are delivering a diverse range of interventions aimed at promoting independence for local older people in line with local needs. The focus of the projects/ interventions includes;

- Community development to promote citizenship and volunteering.
- Providing better access to information, navigation services and peer support for older people.
- Health promotion activities to support healthy living.

- Low-Level or simple services for older people such as help with shopping, household repairs etc.
- Specialist services for older people with chronic or complex conditions.
- Pro-active case finding of older people at most risk of losing their independence and of hospitalisation.
- Integrated needs assessment and case management to prevent avoidable hospital admissions.
- Better support for older people following discharge from hospital.
- Use of technology such as Telecare.
- Pathway redesign.

Across this range of projects many of the pilot sites are working with their total 'older person' population, including those individuals with mental health needs, those at risk of hospital admission etc. The key areas of 'populations' the projects are working with incorporate:

- 30% are focused toward all older people in the population.
 - 13% are directed toward older people at risk of hospital admission.
 - 13% target older people with mental health difficulties.
 - 8% are directed toward carers of older people.
 - 5% are taking forward specific projects to develop culturally appropriate services, working closely with their black and minority ethnic populations.
- Of the 245 projects, only 17% are extensions of existing services; either 'rolled-out' county wide or set-up in a new locality. The extent of new services (83%) has, at this early stage, resulted in difficulties around expected service use as it takes time for the wider authority and partner agencies to know what new services may be available and the activities or interventions they may provide.
 - Not all the 245 projects are Local Authority led with 32% (n = 79) being provided by voluntary or private organisations.

2. The Activity of the POPP Partnerships

In exploring the activity of the 'Round 1' POPP projects, (19), over the first year of operation (May 2006—April 2007), it was reported that:

- 36,069 older people were in contact with, or referred to POPP projects.
- 23,699 individuals had received or were receiving a service within the POPP programme.
- Of those individuals receiving a service, almost two-thirds of users (63%) are aged 75 and over with a quarter of this sample (25%) aged 85 and over.
- Of those staff working in the POPP projects (n=1,068 WTE), 35% (n=378 WTE) are older people as volunteers whilst 20% (n=209 WTE) are drawn from voluntary organisations.

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3. The nature of the POPP Partnerships

Developing partnerships with other organisations to deliver integrated services is one of the key objectives within the POPP programme.

- At present, 298 organisations are involved across the 29 sites, with the majority of partners being voluntary organisations (54%, n = 162).
- Across the POPP programme, early findings indicate that partnerships between statutory organisations and the community and voluntary sectors have improved if compared with the reported strength of partnerships prior to the initiation of POPP.
- Some of the key challenges that have been reported within the local partnership structures include: Defining and setting roles and responsibilities of partner agencies; negotiating different 'cultures' within the partnerships; the lack of involvement of GPs in some areas; the difficulty of engaging with PCTs in a period of reconfiguration and building the necessary trust and confidence between the different partners.

4. Involvement of Older People within POPP Projects

- Across the 29 pilot sites, the involvement of older people has been reported at each stage of the project implementation. This has ensured that the views of older people have been integrated in the design of each local POPP programme.
- Of the 245 projects, the type of older people's involvement includes:
 - 92% of the projects reported they involved older people in the design of the overall POPP programme.
 - 95% of the projects indicate that older people are involved within governance processes (e.g. steering groups, project boards).
 - Within 43% of the projects, older people are reported to be involved in the recruitment process.
 - 77% of projects state that they are involving older people within the local evaluation, either through the design or through direct field work, carrying out interviews and focus groups.

5. Cost-Effectiveness

The data exploring the cost-effectiveness of POPP uses emergency bed-day use on a monthly basis between April 2004 and December 2006. A 'difference-in-difference' analysis between POPP pilot sites and non-POPP sites was carried out to enable a measurement of the differences of activity and subsequent costs around emergency bed-days prior to and after, the start of the POPP programme (May 2006). Further information on the analysis and 'difference in difference' model can be found at www.dh.gov.uk/en/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/DH_4099198

There are a number of caveats which should be considered when interpreting these results:

- Without a full randomised control trial, questions about the attribution of POPP effects must remain. Statistical techniques reduce but do not remove the possibility that some other cause explained the deviation from trend rather than POPP.
- The quality of the Health Episode Statistic Data needs to be considered. The analysis incorporates highly aggregated data so errors should average out, but the risk of errors is real.

With these caveats in mind, the **early findings** are:

- When compared with non-POPP sites, there are indications that POPP pilot sites appear to have a significant effect on hospital emergency bed-day use.
- The results show reductions against trend that would produce an average potential cost –saving in the order of; for every £1 spent on POPP, £1 will be saved on hospital bed-days.
- Despite such savings, the challenge for the POPP pilot sites will be in extracting or removing such savings from the secondary care contracts.
- Future cost analysis will explore older people's reported levels of quality of life alongside any data on overarching cost-effectiveness. This will ensure that any benefits to individuals resulting from their involvement in the POPP programme are captured.

6. Sustainability

A further key requirement of the POPP programme is that projects that demonstrate effectiveness must be sustained beyond the funding period. Pilot sites have reported a number of ways that sustainability will be promoted.

- The majority of sites identified using National policy mechanisms (e.g. Practice Based Commissioning, Payment by Results and the Health Act flexibilities) to ensure projects are sustainable.
- Local Area Agreements have been identified as a central mechanism to continue project development and sustainability.
- Some pilot sites are concentrating on empowering older people and the wider community to set up and take forward specific projects through Social Enterprise models.

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- Of the 245 projects running within the POPP programme in July 2007 it was reported that 161 (66%) will be 'mainstream' funded following the end of the POPP grant. The pilots are currently in the process of updating their sustainability plans.
- All the pilot sites emphasise the importance of negotiating with commissioners and partner organisations at a very early stage in any project evolution if sustainability is to be achieved.

7. Key Achievements & Learning Points to Date

Early stage data appear to indicate the following achievements:

Achievements

Organisational 'Culture'

- Improved partnerships between social services and the voluntary sector.
- Older people's health (including mental health) and well-being needs becoming better integrated within the wider strategic agenda.
- Increased and effective representation by older people within steering groups, commissioning, recruitment, provision and evaluation.
- Increase in the capacity of the voluntary sector to bid for and provide services.
- Greater recognition of the necessity of including the voluntary sector within service provision.
- Increased recognition across statutory services of the need for low-level services to sit within the overall health and social care economy.

Project Process

It has been reported by the pilot sites that the process of taking forward the POPP projects has led to:

- Improved multi-agency staff working.
- Development of shared procedures and protocols for cross-boundary services.
- Improved access for excluded groups through proactive case finding, greater publicity and links with the voluntary sector.
- Re-branding of services away from 'welfare' to health and well-being.

Learning Points

- **Time:**
 - The majority of sites have argued the necessity of a longer lead-in time if the projects are to be 'open for business' and demonstrating outcomes within the two year time limit.
 - The time taken to recruit new staff should not be underestimated.

- Sufficient time needs to be allowed to develop and write contracts, tenders and service level agreements.
- Ensuring appropriate and equal representation of older people requires focused work, training, support and time.
- **Governance**
 - It is necessary to set up and agree rigorous and regular reporting and accountability structures prior to the start of the projects.
 - High quality performance management can ensure early feedback of outputs to help projects refocus the service or intervention where necessary.
- **Outcomes**
 - If projects are to demonstrate effectiveness, datasets must be developed, robust base-line data collected and the focus should be on outcomes rather than outputs.

Next Steps in the National Evaluation

The National Evaluation will be working within six key areas over the next 12 months:

- On-going performance data will continue to be analysed to explore the activity across and within the POPP programme.
- Progress of the 29 sites toward the Public Service Agreement (PSA) targets will continue to be monitored and analysed.
- Cost-effectiveness data will continue to be collected and analysed at the PSA level, project level and at the level of the individual user through a number of research methods.
- The benefits of the POPP projects to individual users will be assessed through the on-going collection and analysis of quality of life data.
- Six sites will be selected for in-depth analysis. Within these sites, interviews and focus groups will be carried out with key staff to assess the barriers and facilitators to promoting independence with older people.
- Interviews will be carried out with older people within the six sites, both within and outside of the POPP projects, to assess what further value POPP is adding to the health and social care economy.

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POPP Pilot Sites

Further information on the 29 local authority-led pilot partnerships (listed below) and their interventions can be found at: www.changeagentteam.org.uk/POPP.

POPP 'Round 1' Pilot Sites - May 2006

- Bradford City Council
- London Borough of Brent
- London Borough of Camden
- Dorset County Council
- East Sussex County Council
- Knowsley Metropolitan Borough
- Leeds City Council
- Luton Borough Council
- Manchester City Council
- Norfolk County Council
- North Lincolnshire County Council
- Northumberland County Council
- North Yorkshire County Council
- Poole Borough Council
- Sheffield City Council
- Somerset County Council
- London Borough of Southwark
- Worcestershire County Council
- Wigan Metropolitan Council

POPP 'Round 2' Pilot Sites - May 2007

- Calderdale Metropolitan Council
- London Borough of Croydon
- Devon County Council
- Gloucestershire County Council
- Kent County Council
- Leicestershire County Council
- North Somerset County Council
- Rochdale Metropolitan Council
- Tameside Metropolitan Council
- West Sussex County Council