Executive Summary

1. The Inquiry into Older Peoples Mental Health Services in Leeds took place between October 2005 and January 2006, culminating in the report in April 2006.

2. A specific recommendation was for Scrutiny to receive information on the risk assessment and management strategies for the delivery of the POPP Programme.

3. This report summarises the overall Programme and outlines the performance and governance frameworks both at a national and local level to support the Programme.

4. The report highlights the key risks currently identified at strategic and programme level and mechanisms in place to address them.

5. The report concludes that robust processes are in place to support the evaluation, monitoring and governance of the Programme, and the major challenge is to deliver the evidence of the impact of the interventions to the satisfaction of local commissioning partners and the national team, and agree the exit/sustainability strategy within the lifecycle of the Programme, given its complexity and ambitious aim of supporting the whole system re-design of mental health services for older people in Leeds.

6. A glossary of terms is also attached to this report (see Appendix 3).
1.0 Purpose Of This Report

1.1 To provide information to Scrutiny Board as requested in recommendation 1 of the response to the Inquiry into Older Peoples Mental health Services in Leeds – April 2006. In particular to consider the risk assessment and management strategy for the delivery of the POPP Programme.

1.2 To inform Scrutiny Board of the key risks identified to date at Programme level and the mechanisms and strategies in place to help minimise those risks.

2.0 Background Information

2.1 Leeds was successful in attracting a grant of £4.1m over two years through its POPPs bid application to the Department of Health (DoH) – one of 19 successful applications and the largest of the Round 1 POPPs ring fenced grants. The Programme runs from April 2006 – March 2008.

2.2 The Leeds submission presented a plan to implement the development, improvement and overall re-design of mental health services for older people, based on work already done within the Older Peoples Mental Health Strategy Group (OPMHSG) and with the model agreed across the partner organisations involved.

2.3 The POPPs pump priming monies, over 2 years, allows the model and its pilot projects to be tested at sites across Leeds, before full implementation is rolled out. It brings new money into the system to allow this work to be done, helps to raise the priority and profile of this area of work, and encourages organisations to work together, in partnership, to achieve the desired strategic objectives and improved outcomes for service users and carers.

2.4 The challenge is to meet both the national and local objectives within the time-frame, to show evidence of the impact of the POPPs pilot projects, and to agree an exit strategy that satisfies all the partners and supports the long term sustainability of the new services beyond the 2 years grant funding. (See appendix 1 for more details of the 12 individual pilot projects).

2.5 There is a robust performance framework in place to support the Programme, both at a national and local level that aims to show how the Programme meets its key objectives. At a national level these include:

- Showing evidence of the effectiveness of prevention
- Showing how local partnerships across health, social care and independent sector can work together and shift resources across the local economies to support and sustain preventative services.
- Encouraging partnership and joint working, and a “whole system” approach to prevention
- Preventing over reliance upon acute or institutionalised solutions to the care of older people, (and in so doing reduce hospital admissions, lengths of stay in hospital, and admissions into long term care)
- Supporting progress in achieving the aims within the relevant NSF’s, including the NSF for Older people.
• Supporting the implementation of the White Paper “Our Health, Our Care, Our Say”, and in particular the chapter on “enabling health, independence and well-being”.

• Showing evidence of the cost-effectiveness of prevention

• Showing evidence of improved outcomes for older people and their carers, and a greater emphasis on empowerment and involvement.

• In addition to this, at a local level the objectives of the POPPs Programme also includes:-

  • To kick start the implementation of the strategy for older people with mental health needs

  • To show the effectiveness of the models of service delivery for older people with mental health needs

  • To take the learning from the pilot projects to inform longer term planning and implementation

  • To support the broader service changes and work streams within Making Leeds Better (MLB) by developing the dementia pathways and testing out the processes, partnerships and relationships that underpin the success of the MLB Programme

2.6 There are robust performance and governance frameworks in place to monitor and evidence the performance of the pilot projects, and to manage the risks associated with the implementation of a complex and high profile national Programme.

2.7 The national evaluation team, appointed by DoH, manages the national performance framework for POPP and will analyse the data from all the pilot sites across the country, including comparative analysis between sites, using 5 levels of evaluation, including:

  • Impact on national performance indicators (PSA targets - in particular “older people helped to live at home”; “supported to live intensively at home” and emergency bed days)

  • Quality of life indicators to measure the impact on older people

  • Analysis of local indicators, self selected by the pilot sites

  • Cost effectiveness analysis

  • Information from the local evaluations for all the POPPs pilot sites.

2.8 The local evaluation team, provided by Leeds University Institute of Health Sciences and Public Health Research and led by Mary Godfrey Senior Research Fellow), as well as supporting the national team, will also provide:

  • Common data set on all older people using POPPs services

  • Analysis of learning from the Leeds POPPs Programme
• Evidence of impact of local POPPs services on individuals over time
• Impact on the local health and social care system, and will use:-
• Analysis of data on all older people using POPPs services
• Tracking of a smaller sample of users over the lifecycle of the Programme, to look at their “journeys” through services over time and the impact upon them, and outcomes for them.
• In depth interviews with a smaller sample of users and carers
• Interviews with staff involved in the Programme

2.9 Quarterly reports are required for the DoH to monitor progress against the targets set out in the implementation plan. This includes a self assessment within an overall traffic light rating. The Initial Status Report was submitted in June with a rating of “green/amber” indicating “fair progress, problems manageable” The next report is due on 13th October in which the traffic light ratings have been slightly amended by DoH and are as follows:

• Green – good progress, no problems (all pilots on schedule)
• Green/amber – fair progress, problems manageable (majority on schedule)
• Amber/red - problematic (slippage with majority of pilots)
• Red – highly problematic (slippage on nearly all pilots)

2.10 The POPPs Programme Board (a multi-agency body representing all the partners to the POPPs Programme), provides local governance to the Programme, and meets monthly to oversee the budget and steer the management of the Programme, and forms part of the Older Peoples Mental Health Strategy Group (OPMHSG) which owns the strategy that the POPPs programme is beginning to implement, and in turn is a sub group of the Older Peoples Modernisation Team.

2.11 The Senior Responsible Owner (SRO) is identified as Mike Evans (Chief Officer for Adult Services within SSD), who represents the partnership and takes ultimate responsibility for the successful realisation of the Programme and its benefits (see attached POPPs Governance paper).

2.12 The Programme Manager is now appointed (Janice Simpson), who is responsible for the overall management and integrity of the Programme.

2.13 The 12 project teams are in place, each with a Project Lead, who meet monthly with the Programme Manager.

2.14 A reporting framework is in place to identify and manage the risks and issues that arise at Programme and Project level, which can be escalated to the Board, and above to the Modernisation Team or Executive if necessary.

2.15 The Programme is managed within the framework of Project and Programme management methodology that is embraced by the Council, and currently being implemented within Social Services.
2.16 A summary of the local governance arrangements is attached as appendix 2.

3. Main Issues

3.1 The key challenges for the Programme are:

- Delivering the expectations of all stakeholders (national and local) within the 2 year time-frame for the Programme, including the ability to demonstrate to the satisfaction of the key stakeholders the impact of POPPs on the local health and social care economies.

  *Actions include establishing a Performance Group involving all key partners; appointing to Finance and Performance posts to support the Programme working across health and social care to track performance and develop financial models to support sustainability and movement of funds across the local economies; working closely with the national and local evaluators.*

- The Leeds Programme is particularly challenging with the complex partnerships involved, and the POPPs initiatives embedded within larger change programmes (including MLB).

  *Actions include maintaining links with DoH Lead for POPPs and Health and Social Care Change Agent Team to ensure their support and recognition of the Leeds issues; ensuring there is effective communication between cross-cutting workstreams and appropriate representation/joint membership on key groups/Boards.*

- Instability within partner organisations, in particular the PCT changes resulting in changes in the personnel and structures that originally signed up to POPPs.

  *Actions include strategies to maintain the POPPs profile with PCT colleagues, including presentation at key forums.*

- Sustainability of the services beyond the 2 year funding, and the need to work with commissioners and providers to agree an exit strategy for the Programme.

  *Actions include a commissioning meeting specifically related to POPPs to begin discussions now about how to agree an approach to longer term sustainability; working alongside providers in LMHT and LTHT; input into MLB programme through the Modernisation staff team lead; using the existing mechanisms, processes and influences of the Modernisation Team.*

- Ensuring all stakeholders are informed/consulted with as appropriate to their involvement and impact and that the profile of the Programme is maintained nationally and locally.

  *Actions include the development of a local and national communications strategies for POPPs; arranging meetings with Communications leads in partner organisations; briefing of lead member for POPPs*
• Robust financial management to ensure the Programme does not over or under-spend. Currently there is reported slippage of £460k as the individual Projects have slipped on their start dates, but this remains committed money as the projects are allowed to role 25% over into the next year to allow for slippage, and the temporary posts are appointed to 2 year contracts. There are some pressures on the budget as projects identify unanticipated expenses not incorporated within the bid, that need to be addressed.

*Actions include the appointment of a finance office linked to POPPs; the establishment of a Performance Group to provide expertise and ownership from across the partnership; support from SSD financial monitoring unit and partner finance officers.*

4. Implications For Council Policy And Governance

4.1 As the host for the grant, a key partner and provider of some of the POPPs services, the Council must ensure the Programme complies with Council requirements, and provides positive leadership in the realisation of the Programme.

4.2 The Council, in its commissioning function, and its POPPs partners, will need to prepare plans to mainstream services where appropriate, (and agreed within the partnership as effective), in order to fulfill the commitment made when the partnership signed up to POPPs.

4.3 Failure to implement an appropriate exit strategy in line with the principles agreed could impact detrimentally on the reputation of the Council (and partners in POPPs) as the Programme has a high profile nationally, and is seen as a test bed for the progressing of the principles behind the White Paper, and for the Treasury to see the cost effectiveness of preventative services.

5 Legal And Resource Implications

5.1 POPPs links to Fair Access to Care on eligibility and enables commissioners to gather evidence and make a case for funding some lower level preventative services.

5.2 The expectation is that partner organisations will agree de-commissioning activity in order to free up resources to re-invest in new services and new models of service delivery. The Local Authority will be expected to contribute towards the overall sustainability of the POPPs services.

6 Conclusions

6.1 POPPs provides positive short term investment of cash and prestige into the city, as part of a national Programme.

6.2 Pump-priming monies are for 2 years only, after which commissioners will need to decommission some services to release resources for mainstreaming those services deemed to be effective in fulfilling the national and local objectives of the POPPs programme.

6.3 Robust governance and risk management arrangements are in place and are essential to the successful and effective management and delivery of this Programme at both a national and local level.
7. **Recommendations**

7.1 The Board is asked to note the contents of this report.

7.2 The Board to receive an up-date on POPPs implementation in September 2007.