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PSSRU

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

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PSSRU Discussion
Paper 2612

Introduction

This second interim report provides a summary of key findings from the National Evaluation of the Department of Health's POPP Programme. These summary findings are based on data collected and analysed over the last two years of the POPP programme (April 2006 to March 2008) and are made available to support emerging learning around prevention and early intervention. As the majority of the pilot sites still have one year to run, these findings, outcomes and subsequent discussion may be subject to change. All the issues and evidence on which these findings are based will be made available in the Final Report of the National Evaluation to be published in Autumn 2009.

Key messages

- 99,988 individuals had received, or were receiving, a service within the POPP programme across 470 projects and within 29 pilot site areas.
- POPP pilot sites continue to have a demonstrable effect on reducing hospital emergency bed-day use when compared with non-POPP sites. The results show that for every £1 spent on POPP, an average of £0.73 will be saved on the per month cost of emergency hospital bed-days, assuming the cost of a bed-day to be £120.
- The POPP projects are having an effect on how users perceive their quality of life as a whole. Following the project, users report they see their quality of life as improved.
- Users also reported that their health-related quality of life improved in five key domains, (mobility, washing/dressing, usual activities, pain and anxiety), following their involvement in the POPP projects.
- An analysis of those sites where data are currently available (11 out of 29 sites) appears to demonstrate the cost-effectiveness of POPP projects.
- The POPP programmes also appear to be associated with a wider culture change within their localities. Generally, there seems to be a greater recognition of the importance of including early intervention and preventative services focused toward well-being.
- POPP partnerships across the health and social care economy seem to have strengthened and accelerated developments around joint commissioning. In particular, there has been recognition of the value of involving voluntary and community organisations in service planning and delivery.
- Involvement of older people within the POPP sites appears to be focused on the delivery of services; almost half the staff in the projects across the POPP programme are older volunteers.
- To date only 15 (4%) of the total 470 projects across the POPP programme have indicated that they do not intend to sustain their service after the end of DH funding.

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 DH to deliver and evaluate local, innovative schemes for older people. The underlying aim of the 29 pilot sites is to create a sustainable shift in resources and culture away from the focus on institutional and hospital-based crisis care toward earlier and better targeted interventions for older people within community settings. The pilots cover a diverse spectrum of activity to meet low to high levels of need.

The POPP projects aim to:

- provide a person-centred and integrated response 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 institutional care.

The Department of Health has commissioned a national evaluation (NE) of the POPP programme to assess to what extent the 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 NE will contribute to the evidence on effectiveness of initiatives aimed at promoting independence, prevention and early intervention as highlighted in the White Paper *'Our Health, Our Care, Our Say: A new direction for community services'* and more recently in *'Putting People First - Transforming Adult Social Care'*. The NE is being carried out by a partnership of PSSRU (Kent), University of Hertfordshire, PSSRU (LSE), University of Keele, Edge Hill University and University College London.

The National Evaluation of the POPP Programme

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 the National Public Service Agreement (PSA) target (reducing emergency bed-days); analysing cost-effectiveness and exploring, through interviews and focus groups, the extent to which POPP interventions are leading to changes in quality of life of older people. Based on these data, the report focuses on initial findings in six key areas:

1. The nature of the POPP projects;
2. The POPP partnerships;
3. Involvement of older people within the POPP programmes;
4. The impact of the POPP Projects: Quality of life and cost-effectiveness;
5. Sustainability;
6. Key learning points and achievements.

1. The Nature of the POPP Projects

The POPP programme has two 'waves' of pilot sites. Nineteen pilot sites were established in May 2006 (Round 1) and have developed 381 projects. A further 10 pilot sites came 'on-stream' a year later (May 2007 - Round 2) and have initiated 89 projects. This gives a total of 470 projects across the POPP programme. The pilots are delivering a wide range of interventions aimed at promoting independence for local people in line with local needs.

Needs levels and project focus

The 470 projects have been stratified according to the level of need they are directed toward and their target populations. In exploring the level of need, the projects fall into three broad categories:

- 337 (71%) are focused toward '**Universal Services**', designed to support older people in maintaining independent lives within their own homes and to improve their general well-being. These services are 'universal' in that they are aimed at all older people and their carers within the POPP sites. Examples of such projects include Handyman schemes, Gardening, Shopping, Leisure and Signposting Services.
- 65 (14%) of projects involve the provision of '**Additional Support**' to support older people 'at risk' of admission to hospital. These services include Medicines Management, Telecare Services, Falls Services, Holistic Assessments and Mentoring Services.
- 36 (8%) services provide '**Specialist Support**' targeted to help older people at serious risk of imminent hospital admission. These include Community Rapid Response, Hospital at Home and Intensive Support Teams.

The final 32 (7%) projects do not provide services directly to older people, but are designed to support or 'underpin' the operation and processes of the projects. Examples include staff training, capacity building in the voluntary sector and needs mapping.

Across this range of projects, three-quarters (76%, 357) are including the total older person population, providing services for all those individuals whatever their presenting need or problem. Other services have focused their project more closely. These include;

- 14% (64 projects) directed toward those individuals at risk of admission;
- 14% (64 projects) targeted at older people with mental health problems;
- 9% (43 projects) focused on supporting the carers of older people;
- 7% (34 projects) supporting those older people who do not normally approach statutory services ('hard to reach');
- 6% (30 projects) facilitating early or timely discharge from hospital or residential nursing homes;
- 6% (30 projects) taking forward culturally appropriate services, working closely with black and minority ethnic populations.

Many of the pilot sites have a number of projects within their POPP programme and good links are being formed between the individual projects ensuring a robust programme of work.

Project activity

In exploring the activity of the Round 1 and Round 2 projects at year-end (March 2008), it was reported that:

- 99,998 individuals had received or were receiving a service within the POPP programme;
- of those users receiving a service, almost a third (30%) are aged 85 and over, with almost two-thirds (63%) aged 75 and over;
- the age range of services users is dependent on the focus of services, with 85% of those aged 85 and over accessing projects that provide additional or specialist support. However, almost a fifth (19%) are in receipt of 'universal services' (see p3 for definition). This suggests that services focused toward prevention and early intervention are being used by the 'total older person' population not just those in the younger age groups;
- just over a quarter of services users (26%) are referred onto other services. Of these, a quarter (25%) are referred to some form of health provision including hospital provision (7%), GP (6%), other health professional (8%) and mental health trust (3%). The other types of referrals are to social services (16%), voluntary organisations (17%), or a housing organisation (3%);
- of those staff working in the POPP projects (n=1,655 WTE), 43% (n=715) are older people as volunteers, whilst 16% (n=259) are drawn from voluntary organisations.

2. The POPP Partnerships

The POPP programme involves a range of organisations in the governance and delivery of projects.

- 522 organisations are involved across the 29 POPP pilot sites, including statutory organisations (secondary/primary care trusts, ambulance trusts, fire service and police), the third sector (voluntary and community organisations, housing associations and independent/private sector). The greatest number of partners is drawn from the voluntary and community organisations.
- Partnership between local authorities, voluntary and community organisations and PCTs appear to have been strengthened by the POPP programme. Of those individuals who responded to a questionnaire exploring partnership, 79% (444) agreed that partnership working had been strengthened between local authorities and voluntary and community organisations, 66% (343) that partnership had been strengthened between the PCT and voluntary and community organisations.
- The same questionnaire showed that where barriers to partnership were seen to exist, it was the PCT reconfiguration that affected the extent and strength of the partnership (66%, 343) and there were reported difficulties in ensuring full involvement with GPs (66%, 372).

- Without exception, the inclusion of voluntary and community organisations within the partnership appears to have improved knowledge of the different types of resources available within the third sector and how these can appropriately support statutory organisation activity.

3. Involvement of Older People within POPP Projects

The involvement of older people in the design, delivery and evaluation of POPP projects is an underpinning principle of the POPP programme. The interim findings indicate that:

- across the 29 pilot sites the involvement of older people has been reported at each stage of the project implementation. Of the 470 projects, 91% (430) reported they involved older people in their governance, 95% (447) in the design and structure of the intervention, 66% (331) recruited programme/project staff and 75% (352) of the projects involved older people as active researchers (rather than passive subjects);
- current data suggest that the extent and nature of involvement of older people is somewhat complex. There is some evidence that older people as users or citizens are represented across the POPP projects and there are some good examples of older people involvement. However, most reported involvement seems to come from voluntary organisations speaking on behalf of older people, rather than older people themselves. For example, in exploring older people's involvement in the recruitment of personnel (66%, 331 projects), the majority of members of recruitment panels are from voluntary or community organisations. These organisations sit on 74% (231) of the project recruitment panels compared with 26% (80) of projects that directly involve older people as users or citizens in this activity.
- when exploring older people's involvement within the local evaluation, only just over a quarter of the projects (27%, 129) have trained and involved older people as active researchers compared with 30% (144) that have involved older people in evaluation sub-groups (governance) and 17% (80) that reported older people gave feedback as service users. This appears to demonstrate a slightly more passive than active involvement within the evaluation.
- where older people are involved in the design and evaluation of the POPP services, this is largely in respect of 'universal services' designed to support older people in maintaining independent lives within their own homes and to improve their general well-being. Older people are seven times as likely to be involved in recruiting staff in 'universal services' as in those focused on 'specialist support' (services targeted to help older people at serious risk of hospital admission).

4. The Impact of the POPP Interventions

Two key impacts of the POPP projects are presented below: the positive change in quality of life and cost-effectiveness.

Quality of Life

In reporting on this area, the data are being drawn from a standardised quality of life questionnaire used within a sample of projects across the POPP programme. Those users who have completed the questionnaire to date (n=551), were asked to complete this questionnaire before and after their involvement with the POPP project.

There are a number of caveats to consider when interpreting these results:

- At this stage of the project, only the outcomes from the Round 1 sites are given. Data are not yet available from the Round 2 sites;
 - Data from only 11 sites within Round 1 are being drawn upon as administration is still on-going. This means that the indicative analysis, the extent (numbers) and distribution (sex, age, ethnicity, needs levels) cannot yet be extrapolated across the whole of the 19 sites.
- All users of the POPP project who completed the questionnaire reported that they considered their quality of life as a whole to be more positive following their use of those POPP projects that provide 'Additional Support' (e.g., Falls Services, Talking Therapies, Assistive Technology) and 'Specialist Support' (e.g., Case Management, Home from Hospital, Falls Rehabilitation).
 - The health-related quality of life of users in five key domains (walking; washing/dressing; usual activities - housework, leisure etc; pain and anxiety) were reported to have improved following their involvement in the POPP projects. When the POPP findings were compared with a similar sample of individuals drawn from the British Household Panel Survey, POPP users' quality of life was seen to rise relative to those who had not received the POPP projects. This suggests that it is the POPP projects rather than any other confounding variable that are creating improved levels of health-related quality of life.

Cost-Effectiveness

In exploring the overall costs of the POPP programme, three areas are focused upon. The *first* looks at whether there was a difference in the number of emergency bed-days and their consequent cost between the POPP Programme pilot sites (29) and those areas without a POPP programme. To do this, an analysis of the Long Term Conditions Public Service Agreement (LTC PSA) was carried out. The *second* analysis explores the costs of some of the projects with the changes before and after the POPP projects, seen in the health-related quality of life (Quality Adjusted Life Year) and using the Incremental Cost-Effectiveness Ratio (ICER). The results are then compared against the threshold adopted by the National Institute of Clinical Excellence (NICE). *Finally*, we look at whether there has been a change of costs in the type and extent of services used by individuals before and after the POPP project.

Emergency Bed-Day Costs: Long Term Conditions PSA

The data exploring the cost-effectiveness of POPP comprises emergency bed-day use on a monthly basis between April 2004 and December 2007. 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 before and after the start of the POPP programme (May 2006).

There are a number of caveats that 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;
 - The analysis only considers cost-effects. The improvement in outcomes of people who avoid the need for hospital admission should also be assessed in any analysis of cost effectiveness.
-
- When compared with non-POPP sites, there are indications that POPP pilot sites appear to be having a significant effect on emergency hospital bed-days use.
 - The results show reductions against trend that would produce an average potential cost saving: for every £1 spent on POPP, £0.73 will be saved on the per month cost within the local PCT on emergency hospital bed-days, assuming the cost of a bed-day to be £120.
 - There are some indications that the difference in emergency hospital bed-day use between the POPP and non-POPP sites may be reducing over the period of the POPP programme (April 2006 to March 2009). Further analysis will be carried out on this important issue.
 - Despite identifying potential savings, the POPP pilots are finding it difficult to extract these from secondary care providers. However, it may be that this is not the only way to realise savings and redirect funding into prevention. Further analysis will be carried out on this issue.

Cost-Effectiveness at the Project Level

To explore if the POPP projects are cost-effective, an analysis was carried out that combined the variations of the cost of the project and the change seen in the health-related quality of life (QALY). The results from this were then compared with the upper threshold adopted by the National Institute of Clinical Excellence (NICE) of £30,000. If the costs come under this threshold, then the projects can

be assumed to be cost effective. It should be noted that the caveats stated when reporting the quality of life (above) apply to these findings. The main findings were:

- No direct information as to the proportion of fixed (capital costs) versus variable costs (wages, utilities, etc) was available. Four assumptions were made that variable costs could amount to 25%, 50%, 75% and 100%;
- The results were that even in the less favourable variable cost assumptions of 75% and 100%, the costs remain £12,947 and £8,867 (respectively) **under** the threshold of £30,000;
- It is robustly concluded that those projects for which the data are available to date are cost-effective.

Service use change

Users within the POPP pilot projects who completed the quality of life questionnaire (n=551) were asked to provide details of the services they received within secondary care, their local surgery or health centre and their own home over the past three months, both before and after the POPP intervention. Each service use was costed and the mean difference recorded. It should be noted that the caveats seen above (quality of life) remain for the presentation of this analysis.

- Four resource types were explored within secondary care: the number of attendances at A&E, hospital overnight stay, clinic/outpatient appointment and physiotherapy appointments. A statistically significant difference in hospital overnight stay was found, moving from a mean of 8 days prior to the POPP projects to that of 6.4 days post the POPP projects. In costing the secondary care resources, a mean cost reduction of £497 was demonstrated for this user sample.
- Those resources explored within the health centre included GP surgery appointments/home visits and contact with the practice nurse. There were slight increases seen before and after POPP, leading to a mean cost increase of £36.
- In measuring service use within the users' own homes, it was found there was a reduction in Home Help/Home Care but an increase in Meals on Wheels, Social Workers and Community Nurse contact. This led to a small increase in mean cost of £51.
- Total mean cost change from pre to post POPP intervention was a £410 mean cost reduction. Such a cost reduction could be a cost saving if monies could be extracted and moved from the secondary care system.

5. Sustainability within the POPP Pilot Sites

Throughout the POPP programme the requirement is that, where projects have demonstrated effectiveness and improved outcomes, every effort should be made to ensure that improved outcomes are sustained. Sustainability should be achieved through service redesign such as redirecting funding from across the system (most commonly acute services or residential care) for reinvestment into preventative approaches or through mainstreaming successful POPP services and approaches. In respect of sustainability:

- 92% of individuals argued that mainstream funding was necessary; 85% that the POPP programme must be incorporated within the Local Area Agreement for sustainability to be achieved and 76% that POPP partner contributions were essential;
- Respondents argued that the greatest threats to sustainability were financial constraints (54%), an inability to demonstrate project effectiveness (41%) and government policy changes (40%);
- Respondents also argued that the threat was not necessarily due to financial constraints, rather an inability to extract money from secondary care organisations despite demonstrating reduced admissions.

The 19 Round 1 POPP pilot sites are required to conclude their piloting work by 31 March 2009. At the end of March 2008, with the exception of one site (which had completed as a pilot and had moved fully into mainstreaming), the remaining 18 sites were continuing to run for up to a further 12 months during which period they will incrementally move into mainstreaming. At the end of March 2008, only 15 (4%) of the total 470 projects across the POPP programme have indicated that they do not intend to sustain the service at the end of DH funding.

6. Key Achievements and Learning Points to Date

Achievements: Improved outcomes

- Improved accessibility of services to older people, including older people being more readily referred to specialist services.
- Provision of a wider range of services for older people from which to choose.
- Increased awareness by older people of the services available.
- Increased involvement of older people in service delivery.

Achievements: System benefits

There is a variety of practice across the 29 POPP pilot sites. There are indications that in a number of sites:

- POPP has led to more systematic, evidence-based and 'joined-up' systems for making investment and disinvestment decisions as part of the commissioning process;
- POPP sites have made effective use of a wide range of resources, services and skills available in the voluntary sector and there is now a more mixed economy of service provision to support local older people;
- New systems for referral and sharing of information have been established through POPP, which have improved the way in which different services work together;
- POPP has reinvigorated locality working with local older people to identify needs and inform commissioning processes not only for health and social care services, but also for wider well-being services.

Key Learning Points

- Prevention and early intervention services need to address the spectrum of need from promoting access to universal services for the general population through to addressing complex needs.
- A broad range of council services have a key contribution to make in delivering prevention and early intervention including, for example, housing, leisure, transport and community safety.
- Commissioning decisions should focus on value for money and *return on investment* rather than performance against budget.
- Different interventions produce different returns and it is important to be clear about this at the outset; some interventions produce net savings whereas other investments will improve older people's quality of life.
- It can be difficult to measure something that has been 'prevented': for example, the impact of 'simple services' that are focused on improving wellbeing such as provision of information, help with shopping etc. However, approximate impacts can be developed to inform commissioning processes using quality of life tools and routinely collected data.

The POPP Pilot Sites

Further information on the 29 local authority-led pilot partnerships (listed below) and their interventions can be found at: <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

Round 1 Pilot Sites

- Bradford City Council
- London Borough of Brent
- London Borough of Camden
- Dorset County Council
- East Sussex County Council
- Knowsley Metropolitan Council
- 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 South-wark
- Worcestershire County Council
- Wigan Metropolitan Council

Round 2 Pilot Sites

- 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