



Act now, save later

Partnership pilots save money and improve quality of life, says **Les Bright**

The second interim report evaluating 29 local authority-led pilot schemes, known as POPPs (Partnerships for Older People Projects), presents encouraging news on their performance (PSSRU 2008). These projects have been established for two years with funding from the Department of Health. The first phase – 19 projects – started in 2006, with the remainder a year later.

It is hoped that POPPs will prove the effectiveness of initiatives aimed at promoting independence, prevention and early intervention. POPPs aim to:

- Provide person-centred integrated responses to older people.
- Encourage investment in promoting health, wellbeing and independence.
- Prevent or delay the need for higher intensity or institutional care.

The operational activities are varied and often innovative, bringing together public, private, and voluntary organisations to deliver their services. Between them the 29 sites have created nearly 500 separate projects, reaching almost 100,000 older people – 30 per cent of them aged 85 and over. It is a tribute to the sustainability of the schemes that only 4 per cent of them are intending to end following the pilot period.

The projects fall into three broad categories:

- There are 337 which are focused on ‘universal services’ – aimed at all older people in their area – providing support to enable them to continue living independently at home and to improve their general wellbeing. Services include handyperson schemes, help with shopping and gardening and leisure activities: the kind of help that has been identified by older people as ‘make or break’ in enabling them to manage their lives.
- Sixty five provide ‘additional support’ to people at risk of admission to hospital, through telecare, falls services, medicines management, holistic

assessment and mentoring.

- Thirty six provide ‘specialist support’ targeted at older people at serious risk of imminent admission to hospital, through the work of rapid response teams, hospital-at-home schemes and intensive support.

A further 32 projects provide support services such as staff training, mapping needs and capacity building within voluntary organisations.

Actively involved

Involving older people in the design, delivery and evaluation of projects is an important principle of the programme, and there is evidence that this is being achieved. Three quarters of the projects made use of older people as researchers, rather than passive recipients of services, and in 95 per cent they were involved in the design and structure of interventions. However, the evaluators make clear that some of the reported involvement is with voluntary organisations speaking on behalf of older people, rather than individuals, so we should rejoice cautiously.

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Although the report is careful to point out that some findings are based only on the projects in the first phase, the direction of travel appears to be clear. Older people who completed a quality-of-life questionnaire, before and after becoming involved, and all of those who had used ‘additional support’ and ‘specialist support’ considered their quality of life to be more positive. Their health-related quality of life in key domains – walking; washing/dressing;

daily activities such as housework; and pain and anxiety had improved following contact with POPPs.

Cost savings?

To evaluate the programme’s cost effectiveness three areas were observed: the number of emergency bed-days and allied costs; the costs of bringing about improvements to people’s health-related quality of life; and whether there were changes in the cost, type and extent of services used before and after involvement with a project. These findings are also encouraging, though there are caveats. It seems that the programme is having a significant impact on the use of emergency beds with savings being predicted; and overall represents a cost-effective response to the populations served.

Whether you are a manager or a practitioner a key test is on the outcomes older people experience. On that basis POPPs can claim to have improved the accessibility of services, with people being more readily referred on to specialties; to have broadened the range of choices available and older people’s awareness of them; and to have increased older people’s involvement in service delivery.

The report acknowledges the difficulty in measuring whether prevention works, but there is little doubt that older people enjoy greater peace of mind when they are able call on help with everyday activities like shopping and help around the home and garden.

Finally, it’s difficult to argue with the secretary of state for health, who commented that the acronym POPPs ‘comes from the Department for Silly Names for Initiatives’ ■

Les Bright is an independent consultant and professional adviser to the Relatives and Residents Association

References

Personal Social Services Research Unit (2008) *National Evaluation of Partnerships for Older People Projects: Interim Report of Progress*. PSSRU, London.