# Tameside POPP

# Local Evaluation Report

**Institute of Public Care**

**Oxford Brookes University**

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# EXECUTIVE SUMMARY

## Introduction

The Partnerships for Older People Projects (POPP) programme was established in 2006. The aim of the programme was to deliver and evaluate through 29 local authority led pilots, locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities. Nineteen Round One sites were launched in 2006 and 10, including Tameside POPP, in 2007.

The principle aims of Tameside's POPP pilot, 'Opening Doors for Older People', were to:

- Promote a sustainable shift across the health and social care system, from a focus on acute or institutional care, towards earlier, targeted interventions aimed at improving the health, well-being and independence of older people in Tameside
- Reduce or delay admissions to institutional care or intensive care at home, and
- Support more older people to live longer in their own homes
- Increase the number of older people taking part in volunteering.

It was intended to achieve these aims through:

- The provision of large-scale targeted early intervention to older people and their carers in the first year through the development of a Check and Support service - CORA (Community Options for Remaining Active) provided by volunteers to people in their own homes:
- Strengthening of user engagement along with the provision of grants to expand existing and develop new services to support the health, well-being and independence of older people in the second year, known as the market development stage.

## Evaluation

The local evaluation framework covered a range of measures including: Whole System and Local Public Service Agreement data; data on service use, involvement of older people, and market development to establish how far the objectives of the POPP were achieved.

## Local context

Extrapolating the data from 2007-2008 indicates that without a shift in resources towards prevention and early intervention, the numbers of older people in residential and nursing care in Tameside are likely to increase by 26% between 2008 and 2020. Thus, Tameside has a pressing need to develop a preventive approach in order to enable more older people to live independently at home for longer, and to delay as long as possible their need for intensive support and care.

## Evolution of the POPP

The POPP project evolved during the course of the pilot. The original model assumed that the Check and Support service would signpost older people to relevant services and groups. However, it became clear through the follow-up visits that there was a

need for a greater level of support, either through 'hot hand-holding' or direct referral to services and the sign-posting was not effective. When this was undertaken, it increased the uptake of services as a result of Check and Support visits.

The original personalised information pack provided to older people at the follow up visit resulted in a degree of repetition, as different items on the checklist generated the same recommended services. As a result of feedback from volunteers and older people receiving the service, this was simplified and a shorter, more user-friendly information pack developed.

The initial target group of people aged 74 to 83 years old on multiple medications or multiple conditions but not in receipt of social care services was seen as too narrow by the project team, resulting in too few referrals, and the service has become more demand led by older people themselves available to all older people not in receipt of social care services. Thus, older people themselves may request the service. The majority of those receiving the service were aged 75 or above.

The recruitment of older volunteers with the necessary level of commitment presented a challenge to Age Concern, the partner organisation which acted as delivery agent for the Check and Support service. This initially affected the number of Check and Support visits which were carried out. However, the project team responded effectively and innovatively in their approach to sourcing volunteers, for example, through the use of social work students.

The development of the grant application and allocation process evolved in response to advice from the voluntary sector. The process of application, especially for the smaller fund, was simplified to enable and encourage small voluntary groups to apply. This helped to attract a broad range of groups, some of which would have been unable to obtain funds elsewhere for their efforts to promote the well-being of older people.

**Engagement of older people**

Both local authority staff, and older people themselves, repeatedly emphasised the effectiveness of the POPP in engaging older people, including those from BME communities. Older people have had involvement at all levels of the Opening Doors for Older People from membership of the Older Peoples Partnership and the CORA User Reference Group[1] to the Check and Support service which attracted over 80 members; membership of the grants allocation panels, and volunteers (63 volunteer advisers and 350 in groups funded by the POPP). A number of people contacted by the Check and Support service, subsequently became involved as CORA volunteers. CORA volunteers played active roles both as advisers and as promoters of the POPP at a wide range of events.

Older people's engagement has been an important element of the POPPs programme both in Tameside and across the 29 pilots. Local authority staff thought that the POPP has played an important role in strengthening the voice of older people in Tameside and in enabling them to contribute to the shaping and direction of services for older people. Voluntary activity by older people has increased as a result of the POPP.

[1] The CORA User Reference Group provided a forum for feedback from users of the Check and Support service on areas for improvement and potential areas for service development.

### Diversity

The project was successful in proactively targeting older people from BME communities, more than 24% of the older BME population have requested a Check and Support visit. Information leaflets and forms to request the Check and Support service were produced with images and languages of the three main BME communities in Tameside: Indian, Pakistani and Bangladeshi.

The ethnicity of all people using the Check and Support service was routinely monitored. Approximately 11% of the people who requested the Check and Support service were from a BME community: mainly Bangladeshi, Indian or Pakistani, a higher proportion than in the overall population of older people in Tameside.

The project was also successful in recruiting a relatively high proportion of volunteers from BME communities, possibly due to the work of the volunteer co-ordinator who gave talks at mosques and community groups.

### Partnership working

Partnership working has been a key element of the POPP pilots and Tameside has a number of well established partnership boards. Opening Doors for Older People has provided a useful vehicle to promote the older people's agenda through the Council's strategic partnerships.

The Older Peoples Partnership acted as project sponsor for the POPP and the project reports to the Partnership board on a regular basis. This has been an effective and successful relationship. The board is chaired by the chief executive of the largest local registered social landlord, and representatives include Adult Social Care, Community Safety, Welfare Rights, Sport and Cultural Services, Economic Development, the PCT, voluntary sector bodies, and local older people's organisations.

Partnerships with Community Safety, the Police and Fire services have worked particularly well and resulted in mutual benefits for those involved in terms of promoting their work and pooling resources. The partnership with the local voluntary sector has also achieved useful outcomes, although there have been challenges at some stages of the project.

Partnership with the PCT has been successful in terms of the early development and funding of the project. More recently severe financial pressures on the PCT have affected the ability of the PCT to contribute to the mainstreaming of the project without stronger evidence of the effectiveness of the POPP in reducing demands on health services. However, the development of social prescribing and a joint bid to the North West Joint Improvement Partnership indicate continuing positive collaboration between the two partners around developing low level interventions for older people.

### Promotion

A key element of the pilot has been its strong focus on outreach and promotion. A wide range of materials were developed to publicise the Check and Support service and the market development elements of the POPP which were circulated in a large number of forums: 4,000 quarterly newsletters, 30,000 flyers to accompany flu jab reminders. The approach was creative and developed some imaginative forms of outreach, including the involvement of older volunteers to provide peer to peer outreach at local events. Some promotion also took place via partner agencies, for example, the Community Safety Unit publicised the CORA Check and Support service

and vice versa. The success of the promotion and outreach work is demonstrated by the high proportion of self-referrals to the Check and Support service.

Promotion of the project has, until recently, been largely outward facing. With the mainstreaming of the project, there will be a need to promote the Check and Support service internally within the Council and with other service providers, such as, GPs and social housing providers.

**Impact on service users**

Assessing the impact of the pilot on service users has been a challenge. In the second year of operation, at least 40% of people receiving the Check and Support service accessed universal and sub-threshold services following a visit. Just less than £40,000 of additional welfare benefits were accessed in 2008-2009 by 24 older people following a Check and Support visit.

Access to these services has had an impact on those using them. Evidence from a number of case studies compiled by the project team both from the Check and Support service and the Social Prescribing project illustrate clearly the benefits perceived by older people receiving the service, in terms of access to practical and financial help, social support and reassurance. In some cases, older people said that the advice and help received as a result of a Check and Support visit had enabled them to remain in their own home.

Interviews with service users as part of the evaluation also confirmed the positive perception of those who had received the Check and Support service. A number of people had become involved in other groups as a result of the Check and Support service, for example, the borough-wide CORA User Reference Group and the Really Important Questions Network, as well as more local groups.

**Commissioning and market development**

The POPP has helped to uncover needs that were eligible for services from people who had not applied for social care, and sub-threshold needs that the council was not meeting. By raising awareness across the full range of council services, from libraries to community safety, of the need to plan services suitable for older people, it has helped to accelerate the preparedness of the council for the growing proportion of older people in the population.

The market development stage of the POPP has resulted in providing £225,583 of funding to 37 new and existing groups across a wide range activities aimed at promoting the health and well-being of older people. This has resulted in the identification of local groups and organisations that were not previously known to the council.

The POPP project has provided an important opportunity for Tameside MBC to explore a new approach to commissioning more personalised services, giving older people an influence in the development and expansion of existing services through analysis of the Check and Support service data and the grants allocated as part of the market development stage. In the future, a more systematic approach to market development is planned to reflect a deeper analysis of needs.

### Personalisation

Through the development of individually tailored signposting and referral, and the development of services to meet locally identified needs, the local authority has begun to make the move towards more personalised services. In addition, older people who received a Check and Support visit valued the one to one approach and welcomed the home visit. There was strong commitment among project staff and volunteers interviewed as part of the evaluation to the approach embodied in the POPP project.

The development of sub-threshold services achieved in the second stage of the project, and the identification of what services and groups are available at the local level, have provided a valuable role in the preparation for self-directed support. The planned preparation of locality directories has emerged from the POPP work and will provide a useful reference guide for those implementing self-directed support.

### Performance

More than 1,600 people have used the Check and Support service (more than half aged 75 or over) and 63 volunteers have been involved. As a result of the funding provided to more than 37 community, voluntary and self-help groups and other organisations through the second stage of the project, it is conservatively estimated that another 2,500 to 3,000 older people will benefit from the pilot and over 350 volunteers will have taken part.

Interviews with Check and Support service users and advisers, CORA volunteers, and older people's representatives indicate that the POPP pilot has contributed to improvements in the quality of life of many older people. Benefits have included reduced isolation, increased confidence, practical help in improvements to people's homes, benefits information and advice, home fire risk assessment, community safety services, and information and access to other sub-threshold services.

Establishing a direct causal relationship between the POPP project and changes in the use of higher intensity services is problematic given both the number of other variables which may affect service use by older people, and the relatively short time in which the project has been operational. However, performance indicators on the number of people receiving intensive home care per 1,000 population aged 65 and above has risen from 16.65 in 2006-2007 to 20.25 in the third quarter of 2008-2009, while admissions to residential or nursing care per 1,000 people aged 65 and above has fallen from 108.2 in 2006-2007 to 87.2 in the third quarter of 2008-2009 indicating the right direction of travel in terms of the project's aims to reduce admissions to institutional care or intensive care at home, and to support more older people to live longer in their own homes. Data on emergency bed day use indicate a slight fall between 2007-2008 and 2008-2009, while the percentage of older people attending accident and emergency rose from 17.2% to 18.6% between 2007-2008 and 2008-2009 with wide variation across the quarters. This is not however to suggest a direct causal link between these data and the POPP.

As part of maintaining the sustainability of the POPP, there has been a real shift in resources from residential care to fund the mainstreaming of the POPP pilot. This reflects the raised awareness of the needs of older people for low level targeted interventions; the shift in the council's organisational culture towards personalisation and prevention; and the perception of the POPP as an effective delivery vehicle.

### Economic evaluation

The project received £1.15 million funding over two years, of which £368,000 funded the work of the delivery agent and £260,000 was allocated to funding the market development activity. The time constraints of the POPP programme limit the ability to evaluate the long-term value for money of the POPP pilot because the impact of accessing sub-threshold services in the last two years is unlikely to affect higher level service use for several years to come. The lack of health data at this stage has also limited the ability to accurately assess the pilot in terms of outcomes.

### Sustainability

The project will receive mainstream funding of £450,000 a year for the next two years achieved through efficiencies made in the residential and nursing care budget. This is lower than the funding available for the pilot. Additional funding of £150,000 has been obtained to expand the social prescribing scheme from the North West Joint Improvement Partnership and NHS Tameside and Glossop (which will encourage GPs to refer vulnerable older people to non-medical community based support); and from Communities and Local Government in partnership with Supporting People to fund minor repairs and adaptations services for Check and Support service users. Further funds may be obtained from local registered social landlords.

The mainstreamed model of the POPP initiative will be brought in-house and retain the main objectives identified at the start of the pilot. The key elements of large-scale targeted early intervention, assertive outreach, case finding, active ageing, user voice and market development will be developed. Social prescribing will be expanded and new ways to increase volunteering by older people such as befriending and time-banking are planned.

The next two years will provide a useful opportunity to get a longer term picture of the overall impact and effectiveness of the POPP initiative in terms of reducing admission to institutional and hospital care. Performance monitoring will continue with a new set of indicators and performance framework.

### Facilitating factors

A number of factors contributed to the successful implementation of the POPP pilot in Tameside:

- Good existing partnerships
- Established forums for older people
- Commitment of programme staff
- Political support from members
- Good availability of resources
- Establishment of clear performance indicators against which to measure progress.

### Challenges to implementation

Correspondingly, some factors created particular challenges to implementation. While some were unique to Tameside, several have been highlighted by other POPP pilots.

- Tight timescale to establish project requiring user engagement and use of volunteers

- Different organisational cultures of statutory, voluntary and health sectors which resulted in some tensions around expectations, delivery of the Check and Support service, and follow-on funding
- Social workers slow to engage in referring people to Check and Support service
- Pressure to generate reports for frequent evaluation requirements
- Obtaining reliable quantitative evidence of impact of prevention and early intervention
- Shifting investment from health services into sub-threshold services.

## FUTURE DEVELOPMENTS

The local evaluation has found qualitative evidence of the positive impact of the POPP pilot on the quality of life and well-being of older people in Tameside. The available quantitative data indicate that it has coincided with a shift away from higher intensity, more costly services, and it has been able to achieve the objective of increasing volunteering by older people.

The initiative fits well with the current national policy agenda to provide personalised services and support early intervention and prevention. The pilot has placed the Council in a good position to develop commissioning and self-directed support.

Greater use of the data from Check and Support visits could be made to inform commissioning of appropriate services and a more systematic approach to market development is planned.

There is scope to increase the involvement of GPs, practice nurses and other primary care providers in referring people to the Check and Support services. Referrals could also be increased by social work assessment teams and providers of social housing.

There was some concern that more needs to be done to identify the most isolated older people *'the real shut ins'*. Greater involvement of primary care professionals may contribute to reaching this group, given that a number of people interviewed mentioned that they had found out about Check and Support from leaflets at their doctor's surgery.

With the completion of the pilot and the mainstreaming of the service, there is an opportunity to refine the service, widen its reach and the number of partner organisations which it works with. With the new model of delivery, it is expected that the costs of delivering the Check and Support service can be reduced. The main risk is the danger of losing momentum after the rapid development of the first two years.

## ACKNOWLEDGEMENTS

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## CONTENTS

# 1 INTRODUCTION

The Partnerships for Older People Projects (POPP) programme was established in 2006. The aim of the programme was to deliver and evaluate through 29 local authority led pilots, locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities. Nineteen Round 1 sites were launched in 2006 and 10 including Tameside POPP in 2007.

# 2 NATIONAL CONTEXT

## 2.1 Policy

Nationally, the POPP Programme aims to create a sustainable shift in resources and culture away from institutionalised and acute hospital care towards earlier and better targeted interventions for older people within community settings. The intention has been to achieve this through:

- Person centred and integrated responses for older people;
- Investment in approaches that promote health, wellbeing and independence for older people, and
- Prevention or delay of the need for higher intensity or institutionalised care.

The ageing population and the projected increases in demand for health and social care services present what the Cabinet Office Strategy Unit has described as one of ten key challenges facing the UK[2]. The population of people aged 85 and above is projected to increase by 40% in England between now and 2020. A wide range of policies and initiatives including the POPP programme have emerged as part of the government's response to our ageing society (see Figure 1) and the need for a transformation in the delivery of social care to meet the challenges presented by the demographic trends is recognised in the raft of government policies concerned personalisation, choice, early intervention and a focus on outcomes.

The origins of this shift may be traced back to the *National Service Framework for Older People* published in 2000 by the Department of Health, and *All our tomorrows: inverting the triangle of care,* a joint discussion document produced by the Association of Directors of Social Services and LGA in 2003, which promoted a national debate about the future of social services for older people. The document argued that services in the future needed to be delivered in partnership with others, integrated, community based, flexible and easily accessible. There must be different kinds of services to meet the needs of older people and their informal carers including an expansion of community services, and a reduction in residential and nursing home care.

The transformation of social care was signalled in the Department of Health's (DH) social care Green Paper, *Independence, Well-being and Choice*[3] and reinforced in the White Paper *Our health, our care, our say: a new direction for community services*[4] which confirmed the government's commitment to shifting resources into prevention,

[2] Cabinet Office Strategy Unit (February 2008) Realising Britain's Potential: Future Strategic Challenges for Britain, London: Cabinet Office.
[3] Department of Health (2005) Cm 6499, *Independence, Well-being and Choice*, London, DH
[4] Department of Health (2006) Cm 6737, *Our health, our care, our say: a new direction for community services*, London, DH

joint health and social care commissioning, and tackling health inequalities, promising care at or closer to home.

In 2007, *Putting People First*[5] set out several policy goals that are highly relevant to the POPP programme and the lives of older people today. These include:

- the provision of information, advice and advocacy, available to people needing support regardless of their eligibility for public funding;
- prevention of disability and early intervention to address problems that may be helped by timely support;
- a commitment that local authorities and the NHS will not use poor quality services;
- tackling loneliness and isolation;
- investment in new technologies; and
- the development of personal budgets.

The document highlights the role of the new *Performance Framework* and *Joint Strategic Needs Assessment*, and outcomes-focused commissioning in delivering services better suited to the diverse needs of current and future clients of adult social care. In providing a holistic and strategic assessment of a community's needs in order to inform commissioning for health and well-being, Joint Strategic Needs Assessments are likely to support the development of the kinds of sub-threshold services which POPP promotes.

Linked to Joint Strategic Needs Assessment, *Local Area Agreements* (LAAs) are now a key mechanism for the planning and prioritisation of local services. LAAs are expected to bring together social care, health, housing and other key agencies to find better ways of working. One of the four themes that LAAs have to address is 'Healthier Communities and Older People' which includes tackling health inequalities.

More recently, *Transforming Social* Care, Local Authority Circular LAC (DH) (2008)1, and its successor, *Transforming Adult Social Care*, Local Authority Circular LAC (DH)(2009)1, set out the vision for the development of a personalised approach to the delivery of adult social care, and how the Department of Health (DH) and sector leaders propose to develop a sector led programme to support councils with social service responsibilities in delivering this modernisation agenda. The original Circular provided details of the ring-fenced *Social Care Reform Grant* to help councils to redesign and reshape their systems over the three years from 2008.

Government objectives are now measured through performance against *Public Service Agreements* (PSAs) which include PSA 17 to tackle poverty and promote independence and well-being in later life measured by the number of people aged 65 and over supported to live independently; and PSA 18 to promote better health and well-being for all with a number of indicators including the proportion of people supported to live independently in their own homes.

Other policy documents and initiatives have been concerned specifically with the ageing population. *Opportunity Age: Meeting the Challenges of Ageing in the 21st Century* (HM Government, 2005) is the first ever cross government strategy for an ageing society and set out priorities for action to enable older people to play a full and active role in society. The strategy focuses on three key areas:

[5] NHS, LGA, ADASS (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*, HMG

- services - that allow people to keep independence and control over their lives as they grow older, even if constrained by the health problems which can occur in old age;
- active ageing - to enable older people to play a full and active role in society
- work and income - to achieve higher employment rates overall and greater flexibility for over 50s in continuing careers, managing any health conditions and combining work with family (and other) commitments.

The *LinkAge Plus* programme built on the proposals in *Opportunity Age* with the objectives of building a robust evidence base to support the economic case for joined up services in terms of delivering better outcomes for older people; testing the limits of holistic working; and building a body of good practice and lessons learned for other partnerships and communities thereby encouraging wider application of the approach, beyond pilot sites. Eight pilots were developed to provide older people with access to a wide range of more integrated, joined-up services, including: health and social care, volunteering opportunities, housing and transport.

This approach has been reinforced by the publication of the Social Exclusion Unit report, *A Sure Start to Later Life* (2006) which suggested that applying the Sure Start approach to reshaping children's services, could work equally well with older people. *A Sure Start to Later Life: Ending Inequalities for Older People* (SEU, 20006) identified a number of preventive services that a Sure Start service for older people could deliver: heating/insulation, home safety/security, cleaning, shopping, gardening, equipment, adaptations, community alarms, use of technology, handyperson/repairs, specialist housing, benefit take-up advice. The vision was for services to join-up better for older people, for there to be low level services which allow people to remain in their homes, and for there to be better access to information about housing choices. Health, social care and housing are exhorted to work together better to support older people.

A report by the Audit Commission in July 2008[6] concluded that *Opportunity Age* has had limited impact and that many councils could do more to create an environment in which people thrive as they age. They found that only a third of councils were well prepared for an ageing population, though a further third were making progress. Increased awareness, better engagement and innovation could help many older people without significant expenditure, and councils were exhorted to target services to tackle social isolation and support independent living and lead local statutory agencies and the community and voluntary sector in making the most effective use of local resources.

*Building Telecare in England* (Department of Health, 2005) provides local authorities and their partners with guidance on developing telecare services for their communities. Its aims include to: reduce the need for residential/nursing care; increase choice and independence for services users; contribute to care and support for people with long term health conditions; reduce accidents and falls in the home; and support hospital discharge and intermediate care.

In summary, a number of common threads run through recent government policy towards older people:

- Early intervention and prevention which aims to reduce or avoid the need for more intensive interventions at a later stage, such as care homes and hospital admissions.

[6] Audit Commission (2008) *Don't stop me now: Preparing for an ageing population*, London: Audit Commission

- Better targeting in order to use limited resources more effectively.
- Personalisation, increased choice and control for service users in recognition of the weakness of the previous one-size-fits-all approach to service provision and the research evidence of what older people want[7].
- Service provision closer to home as part of the delivery of a more personal and accessible service.
- Engagement of service users.

The different elements of the POPP programme embody these objectives and aim to deliver the desired outcomes.

## 2.2 Research

The evidence base for promoting early intervention and preventive approaches is underdeveloped. In research for the Wanless Review (2006), Natasha Curry[8] found that there was a strong financial case for reducing hospitalisation (particularly through falls) and for reducing the rate of institutionalisation by maintaining independence. However, the evidence as to what is effective in bringing about these reductions was rarely quantitative. Qualitative research suggests that preventive and low-level interventions are highly valued by older people and that they can be effective in maintaining independence.[9] [10] [11] [12] A number of studies have demonstrated that low intensity services, such as befriending, could maintain health and/or lead to an improvement in older people's quality of life and well-being based on their own assessment. Curry (2006) concluded that, in order to maximise the effectiveness of any intervention, it is important to target services carefully towards those who need them most. This finding informed the case-finding approach proposed in the Tameside POPP bid.

The evaluations of the Round One POPP and LinkAge pilots have provided some useful qualitative and quantitative evidence about the cost effectiveness of the promotion and development of early intervention and a preventive approach in the provision of services to older people. Evidence from the Round One POPPs indicates that for every £1 spent on prevention, £0.73 was saved on emergency hospital bed days. The strongest evidence of effectiveness has emerged in POPPs focused on higher end interventions aimed at hospital avoidance: partly because the line of causality is easier to demonstrate. Less is known about the impact of lower level interventions and preventive activities.

[7] Audit Commission Older People: Independence and Wellbeing, 2004
[8] Curry N. (2006) *Preventive Social Care: Is It Cost Effective?*, London, King's Fund
[9] Eds. Owen, T, & Bell L, (2004) Quality of Life in Older Age, (2004), London: Help the Aged.
[10] Kings Fund Working Paper (2005) Looking Forward to Care in Old Age, London: King's Fund.
[11] Hill, K, Kellard, K, Middleton, S, Cox L. & Pound E. (2007) Older people's views and experiences of resources in later life, York: Joseph Rowntree Foundation.
[12] Care Services Efficiency Delivery Programme (2007) Anticipating Future Needs, Available at: http://www.housingcare.org/downloads/kbase/2990.pdf

**Figure 1 - National Policy Context**

| | | | |
|---|---|---|---|
| Opportunity Age: Meeting the Challenges of Ageing in the 21st Century<br>HMG, 2005 | Planning Policy Statement (PPS) 3: Planning for Housing Provision<br>DCLG, 2006 | Putting People First - A shared vision and commitment to the transformation of Adult Social Care<br>HMG, 2007 | Transforming Social Care, Local Authority Circular<br>LAC (DH) (2008)1 |
| Our Health, Our Care, Our Say,<br>DH, 2006 | PSA 17 Tackle poverty and promote greater independence and well-being in later life<br>HMG, 2007 | World Class Commissioning<br>DH, 2007 | High Quality Care for All – NHS Next Stage Review Final Report – the Darzi Review<br>DH 2008 |
| A New Ambition for Old Age – next steps in implementing the National Service Framework for Older People<br>DH, 2006 | PSA 18 Promote better health and well-being<br>HMG, 2007 | Whole System Demonstrator Pilots<br>DH, 2007 | National Carers Strategy<br>DH, 2008 |
| POPP Pilots<br>DH, from 2006 | PSA 19 Ensure better care for all<br>HMG, 2007 | Independent Living Strategy<br>ODI, 2008 | Transforming Adult Social Care, Local Authority Circular<br>LAC (DH)(2009)1 |
| A Sure Start to Later Life: Ending Inequalities for Older People – Link Age Pilots<br>SEU, 2006 | PSA 21 Build more cohesive, empowered and active communities<br>HMG, 2007 | Lifetime Homes, Lifetime Neighbourhoods<br>DCLG, 2008 | National Dementia Strategy<br>DH, 2009 |
| Strategic Priorities in the UK The Policy Review<br>Cabinet Office, 2006 | Commissioning Framework for Health and Well-being<br>DH, 2007 | Evaluation of the Individual Budgets pilot programme: final report<br>University of York, 2008 | |

# 3 LOCAL CONTEXT

Tameside is part of Greater Manchester and includes both urban and rural areas. It ranks 56th as the most deprived authority area in England (based on average ranking of wards). Of the 141 Super Output Areas in Tameside, 10 are among the 5% most deprived in the country.

## 3.1 Older people population

According to projections from the Projecting Older People Population Information System (POPPI), the population of older people in Tameside aged 75 and above is projected to increase from 15,200 to 23,200 between 2008 and 2025, an increase of 53%. The numbers of people aged 85 and above will increase by 56% (see Table 1).

**Table 1 – Projected older people's population in Tameside to 2025**

| | 2008 | 2010 | 2015 | 2020 | 2025 | % change |
|---|---|---|---|---|---|---|
| People aged 65-69 | 9,700 | 10,300 | 12,600 | 11,000 | 12,000 | 24 |
| People aged 70-74 | 8,200 | 8,500 | 9,200 | 11,400 | 10,100 | 23 |
| People aged 75-79 | 6,300 | 6,300 | 7,300 | 8,000 | 10,000 | 59 |
| People aged 80-84 | 4,600 | 4,600 | 4,900 | 5,800 | 6,500 | 41 |
| People aged 85 and over | 4,300 | 4,400 | 4,700 | 5,400 | 6,700 | 56 |
| Total population 65 and over | 33,100 | 34,100 | 38,700 | 41,600 | 45,300 | 37 |

Figures may not sum due to rounding
POPPI, Crown copyright 2008

The proportion of people aged 75 and above living alone is projected to increase by 48% and the relatively small number of older men aged 75 and above who live alone is projected to increase by 79% between 2008 and 2025. As a proportion of the total population, the percentage of people aged 65 and above is projected to rise from 15.3% to 19.1%, and of people aged 85 and above to grow from 1.99% in 2008 to 2.83% in 2025. These increases, particularly in the number of very old people, will have an impact on future demand for health and social care.

Tameside has a smaller proportion than Greater Manchester, and England as a whole, of people from black and ethnic minority groups. There are estimated to be just over 1,000 older people from black and minority ethnic groups representing 3.2% of the older population. The largest minority ethnic groups in Tameside are composed of people of Indian, Pakistani and Bangladeshi heritage.

The Joint Strategic Needs Assessment (JSNA) recommended closer engagement with BME elders to support care pathway development, in particular the development of a range of service choices that meet the needs of these minority communities for both health and social care.

There are high concentrations of older people living alone in two wards: Denton South and Denton West, followed by Droylesden East, Ashton Waterloo and Dukinfield Stalybridge wards (according to the JSNA).

### 3.2 Older people's services

The growth in the older population is recognised in Tameside's JSNA as likely to place more demands on local health and social care services in the future. Extrapolating the data from 2007-2008 indicates that without a shift in resources towards prevention and early intervention, the numbers of older people in residential and nursing care are likely to increase by 26% between 2008 and 2020. At the end of 2006-2007, the rate of older people per 1,000 aged 65 and above in residential and nursing care was higher than the rate of the thirteen comparator authorities; and spending per head on older people was the second highest of the group of comparator authorities (over £1,000 per head). Thus, at the setting up of the POPP pilot, there was (and continues to be) a pressing motivation for Tameside to develop a preventive approach in order to enable more older people to live independently at home for longer, and to delay as long as possible their need for intensive support and care.

In addition to the financial imperative of a potentially rapid increase in the residential and nursing care budget, Tameside has had a long-standing commitment to supporting older people to live at home, and was performing significantly above the England average prior to the start of the POPP pilot (supporting an estimated 9.7% of the older population, compared with an average of 8% in England in 2007-2008). This commitment is reflected in two Local Public Service Agreement (LPSA) targets to increase the number of older people who use Direct Payments; and the number using sub-threshold services.

## 4 AIMS

The principle aim of Tameside's POPP pilot: Opening Doors for Older People was to help older people to stay at home in good mental and physical health, and to remain independent as long as possible, thereby reducing demands on residential and hospital care and intensive care at home.

The programme goals were to:

- Promote a sustainable shift across the health and social care system, from a focus on acute or institutional care, towards earlier, targeted interventions aimed at improving the health, well-being and independence of older people in Tameside
- Reduce or delay admissions to institutional care or intensive care at home, and
- Support more older people to live longer in their own homes
- Increase the number of older people taking part in volunteering.

It was intended to achieve these aims through:

- The provision of large-scale targeted early intervention to older people and their carers in the first year through the development of a Check and Support service - CORA (Community Options for Remaining Active) provided by volunteers to people in their own homes:
- Strengthening of user engagement along with the development, and in some cases sourcing, of new services to support the health, well-being and independence of older people in the second year.

This involved the provision of tailored support to older people and their carers at an earlier stage and in different ways from those possible under the application of the

FACS criteria. To do this required ensuring that the tailored support was found and used by those who were targeted, and in some cases the development and sourcing of new services.

# 5 EVALUATION

## 5.1 The approach

The evaluation of the Opening Doors for Older People Programme was conducted by the Institute of Public Care at Oxford Brookes University over the two years of the pilot. The national evaluation identified the role of the local evaluators as to:

- Support the development and monitoring of the knowledge base within the pilot site.
- Assess progress towards aims and objectives.
- Assist in providing information to the national evaluation.

The evaluation framework which was developed in consultation with the project team at Tameside MBC identified six further objectives for the evaluation of the programme. The primary objectives were to:

- Analyse the impact of the programme on service users' experience and quality of life.
- Analyse the impact of the programme on service configuration and the extent to which it promoted a redistribution towards preventative care.

Four contributing objectives were to:

- Describe, measure and profile the progress made by the programme.
- Examine the contribution of the programme to achieving national and local performance indicators.
- Analyse the cost effectiveness of the programme.
- Contribute to the national comparative evaluation of all POPP projects.

A suite of local performance indicators were developed by the POPP team in partnership with IPC which included: whole system and local public service agreement data, CORA Check and Support service data, data on the increasing involvement and engagement of older people; data on service uptake; and data on the development of sub-threshold services.

The evaluation which was based on the realistic evaluation model (which focuses on the context, mechanisms, and outcomes of the pilot), involved an analysis of data collected by the researcher, and of data routinely collected by the project team including activity data and performance indicators. The researcher gathered information using qualitative interviews with key informants, focus groups with volunteers, and analysis of responses to the quality of life survey. In addition, there was ongoing contact between the project team and the researcher on the progress of the pilot which provided information about the evolution of the project over the two years of the pilot.

## 5.2 Quality of Life questionnaire

The national and local evaluations of the Partnerships for Older People Projects (POPP) have involved a survey of older people about their quality of life before and

after receiving the services funded by each POPP. The aim was to obtain information about the profile of people receiving a POPP service and to monitor the impact of the POPP on older people through self-assessment in a range of aspects, including:

- Capacity to carry out the activities of daily living
- Health and quality of life
- Service use

To provide evidence of whether or not the POPP programme is effective in improving the quality of life of and well-being of older people.

The intention was to issue the questionnaire at two points, before and after receiving a POPP service in order to be able to assess the impact on older people and their use of services. However, both nationally and locally, there have been difficulties in generating satisfactory responses rates. The typical low response rates of postal questionnaires, combined with the profile of the respondents: frail, older people, has resulted in a disappointing response to the quality of life questionnaire.

In Tameside, the questionnaire was issued as a postal questionnaire initially to a sample of older people receiving a check and support visit; latterly, questionnaires were sent to all older people receiving the check and support visit to maximise response rates across all the POPP sites. It is not therefore possible to calculate precisely the response rate achieved. However, a total of 1,619 people have received a check and support visit, and responses have been obtained from 84 older people, representing a 5.2% response rate.

There were 21 responses to the follow up questionnaire. These were issued approximately six months after the first questionnaire and aimed to measure any changes in the health and well-being or service use of people who had received a Check and Support visit. This level of response does not give a statistically meaningful response, however, the results are reported where relevant as an indication of whether or not changes occurred.

# 6 BACKGROUND

Tameside Opening Doors for Older People was launched at the beginning of May 2007 as one of the Round 2 POPP initiatives. With grant funding of £1.15 million from the Department of Health, the programme was developed in response to the emerging national policy emphasis on prevention and early intervention services for older people; and the local context of a large and growing proportion of older people in Tameside's population.

Previous work in Tameside had resulted in a number of initiatives which laid the foundations for the development of Opening Doors for Older People:

- A pilot project in the Ashton regeneration area aimed at offering support and early intervention to reduce the risk of emergency admission to hospital. The project found evidence of unmet demand for low-level services and the value of face to face contact in the home.
- The development of a whole systems data model provided a means of looking at the relationship between different elements of the health and social care system with the objective of reducing admissions to residential care and the length of stay in hospital.

The Tameside Strategic Partnership had been in operation for some years. This incorporated eight work groups called thematic partnerships, each of which has a partnership agreement with the Strategic Partnership board against which progress is monitored on an annual basis. Two of the thematic partnerships were linked to the development of the POPP pilot: the Older People's Partnership and the Health Partnership. The former included older people themselves, representatives from organisations responsible for planning and commissioning services specifically for older people and universal services which older people need; and the latter included the PCT, local NHS Trusts, voluntary sector representatives along with council staff and members.

The establishment of the Older People's Partnership created a mechanism for promoting the well-being of older people through their involvement at a strategic level in the development of commissioning across health and social care.
Both partnerships had a strong interest in reducing the number of older people requiring institutional and high intensity services through increasing access and take-up of sub-threshold and community services.
The application for POPP funding was submitted by Tameside MBC on behalf of the Older People's Partnership in October 2006 with support from the PCT, Age Concern Tameside, Tameside Volunteer Centre, the St Peters Partnership, Tameside Older Peoples Action Group (TOPAG), the Really Important Questions network (RIQ), and Better Government for Older People (BGOP) after much consultation.

# 7 TAMESIDE POPP

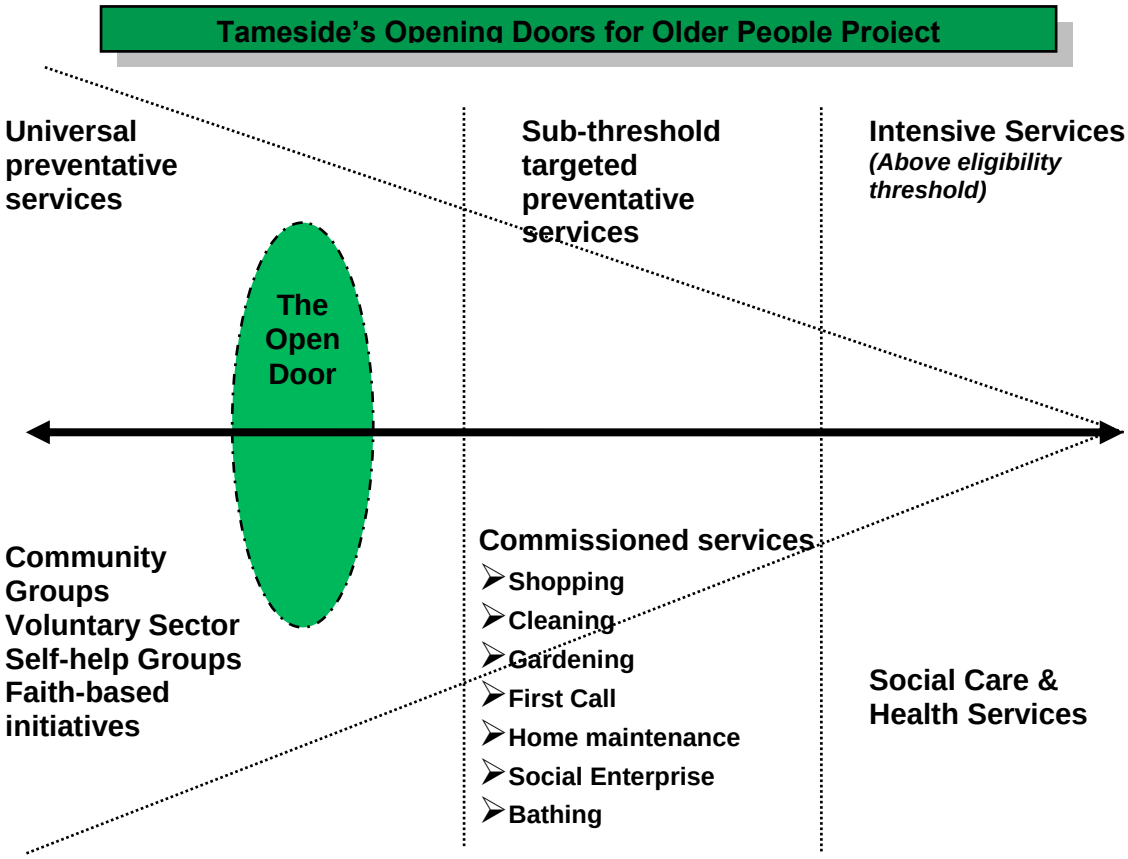
## 7.1 Delivery structures

Formal sponsorship and governance of the project was vested in the Tameside Older People's Partnership (OPP) which is responsible for delivery of the Older People's Quality of Life Strategy (2008-2011) and associated Action Plan. The partnership board meets quarterly and is chaired by the chief executive of the main local registered social landlord. Members included Adult Social Care, Community Safety, Welfare Rights, Sport and Cultural Services, Economic Development, the PCT, voluntary sector bodies, and local older people's organisations.

The Older People's Partnership (OPP) has seven key themes which have been identified by older people as key to their quality of life: creating a positive culture for older people; information, communication, choice and control; feeling safer in the community; lifelong housing; healthy lifestyle; adequate income; and getting around. Thus, the aims of the POPP programme aligned well with those of the OPP of encouraging older people to lead healthy and active lives with access to a range of services and opportunities to enable them to do so.

Figure 2 (below) illustrates the Council's model for the POPP pilot within the range of services for older people.

**Figure 2**




The project team for the POPP pilot was deliberately based in Ryecroft Hall, a local community centre, rather than in a council or PCT office as a way of embedding the project within the local community and freeing it from the constraints of traditional service delivery. The team was composed of: a Programme Manager (responsible for ensuring the overall Programme was delivered to plan); a Programme Office Support Manager (responsible for all aspects of the business and administrative support to the programme); a Business Support Analyst: (responsible for the collection, collation and reporting of performance data and information); and a project manager for each strand of the pilot.

The reporting arrangements involved regular quarterly reporting to the OPP and the Department of Health, as well as annual reports at the end of years one and two. The project was required to report performance against targets agreed with the Department of Health on emergency bed days and older people's Public Service Agreements (PSA) targets. A more detailed suite of Local Performance Indicators (LPIs) were developed by the POPP team in partnership with IPC. These covered: whole system data, CORA activity, engagement of older people, use of Check and Support by older people from BME communities, uptake of services, and market development.

### 7.2 Key activities

The POPP pilot had two strands: the provision of large-scale targeted early intervention to older people and their carers in the first year; and the strengthening of user engagement along with the development, and in some cases sourcing, of new services to support the health, well-being and independence of older people in the second year.

The first strand consisted in the development of a Check and Support service - CORA (Community Options for Remaining Active) provided by volunteers to people in their

own homes through case finding and assertive outreach (particularly to people aged 74-83, living in isolation on multiple medications or with multiple conditions).

Following a visit by a volunteer to go through a holistic and systematic checklist, each older person would be signposted, and in some cases referred, to a range of sub-threshold services and community groups tailored to their specific needs at a subsequent follow-up visit. An additional objective of the first strand was to strengthen the voice of older people through their involvement as volunteers in the Check and Support service and as members of the CORA User Reference Group.

The second strand (described as the "market development" strand) aimed to increase the range of sub-threshold services available to older people. This involved the setting up of a funding panel and mechanisms to solicit applications and allocate funds to a broad range of voluntary sector groups to develop the market in sub-threshold preventative services in Tameside. Two funds: one providing small grants up to £300 exclusively for the voluntary and community sector, and the second providing funding up to £60,000 were created.

## 7.3 Strand One: Large scale targeted intervention

### 7.3.1 Delivery of the POPP

Prior to the establishment of the POPP, Tameside MBC had shared experience with Tameside & Glossop PCT and local voluntary sector organisations through the Healthy Communities Collaborative of working with trained and committed volunteers. These volunteers went out into their local community and identified older people in need of low-level support, with the aim of befriending them and enabling them to access the information and services that they needed. The POPP pilot aimed to roll out this model across the borough, and set up a partnership agreement with Age Concern Tameside to act as the delivery agent to recruit, train and manage a team of volunteers aged 55 or above to provide the Check and Support service. To achieve this, Age Concern employed one whole time equivalent Volunteer Co-ordinator and 4 whole time equivalent Neighbourhood Co-ordinators to run the volunteer scheme. Interviewees reported difficulties in the relationship between the delivery agent and the local authority throughout the pilot which reflected differences in expectations about the pace of the work, case-finding, and organisational cultures.

### 7.3.2 Volunteers

At the start of the project, it was envisaged that a team of up to 100 local volunteers, aged 55 and above, would be used to carry out outreach and follow-up visits to older people in their own homes to the identify need for low-level services and signpost them to these services. This was based on anecdotal evidence from consultation with older people that indicated that older people preferred to receive services from people close to themselves in age. This approach provided a means for older people to be actively involved in the delivery of the POPP project as well as benefiting as users of the service. It was envisaged that a volunteer network would be developed composed of four teams covering different parts of the borough, but due to low levels of recruitment this did not materialise.

### 7.3.3 Volunteer recruitment

Volunteers were initially recruited by Age Concern. However, recruitment was more difficult than anticipated. By the end of the pilot a total of 63 volunteers had worked on

the Check and Support service (and an estimated 350 have been involved in the second strand of work discussed below). A number of volunteers dropped out due to ill-health or other changes in their circumstances. In interviews, a number of both local authority and voluntary staff queried the age restriction for recruiting volunteers was appropriate, as it excluded a pool of potential volunteers. There was a view that a community workforce model could have been more successful, providing useful experience and training to long-term unemployed people who might progress to employment in social care work. Another interviewee thought that targeting older volunteers had been a good strategy as it helped to raise the profile of older people as service deliverers not just service recipients, and that recruitment of older volunteers was not particularly difficult.

Volunteers themselves enjoyed taking part in the pilot, and expressed the hope that there would continue to be scope for volunteer involvement following the mainstreaming of the pilot in 2009. Some volunteers were recruited as a result of receiving a Check and Support visit themselves which provided them with the momentum to get involved in the POPP.

It is clear that recruiting large numbers of volunteers with the level of commitment required to a programme such as the Check and Support service presents a number of challenges.

> *'We don't get that many sustainable volunteers. Volunteering sounds good but getting hold of the volunteers was one of the biggest difficulties.'*
>
> Older person

As a result of the difficulties which arose around the recruitment and management of the volunteers by the delivery agent (Age Concern), the programme team responded flexibly and engaged volunteers in other roles, particularly around the promotion of the Opening Doors for Older People and other 'back office' roles. Involving social work students in providing the Check and Support service as part of their training helped to increase the capacity of the Check and Support service significantly during the summer of 2008.

In the mainstream phase of the project, the Check and Support service will be delivered by staff employed by the Council. This is a response to the perceived difficulty of recruiting, and limitations of using, volunteers to deliver the Check and Support service.

### 7.3.4 Profile of volunteers

The great majority of volunteers (70%) were female, with most aged between 55 and 74 years old, reflecting the age criterion for volunteers set out in the bid. More than a quarter (27%) were aged over 75 years old. The pilot was particularly successful in recruiting volunteers from minority ethnic groups. Where ethnic origin was known, 14% were from the Asian community, the main minority community in Tameside. This proportion is higher than the proportion of the total population of BME origin in Tameside. To have recruited significant numbers of BME volunteers was an important achievement of the POPP.

### 7.3.5 Volunteer training

The original Check and Support volunteers received a two day training programme and a volunteer code of practice was developed to ensure all volunteers reached a minimum standard. The code of practice covered all elements of using volunteers from

recruitment, induction and training to ongoing support, recognition and retention. Staff from the Community Safety Unit provided training to volunteers and project leaders to enable them to identify people at risk of crime.

It was not possible to sustain the original level of training as the project developed, when only one or two new volunteers were recruited a month, so the training evolved with a briefing and a number of visits shadowing more experienced volunteers, replacing the two day programme. This highlights the potential difficulty in maintaining quality standards in volunteer training given the small numbers that may be recruited at different times over the life of a project.

### 7.3.6 Referrals

A total of 1,619 older people have registered for the Community Options for Remaining Active (CORA) Check and Support service, and 1,135 received a visit and completed a Check and Support pro forma. The number of completed visits was significantly lower than the target of 2,300 which was based on achieving a minimum of 25 visits per week. The great majority of people (1,581) registering with CORA were self-referred, with a small number referred by their GP (28) and others (11). This was a departure from the original intention of pro-active case-finding people aged 74-83 on multiple medications or with multiple conditions but not in receipt of social care services which was seen by Tameside staff as having been too limited, and resulting in too few referrals. The service has become more demand led by older people themselves, and is available to all older people not in receipt of social care services.

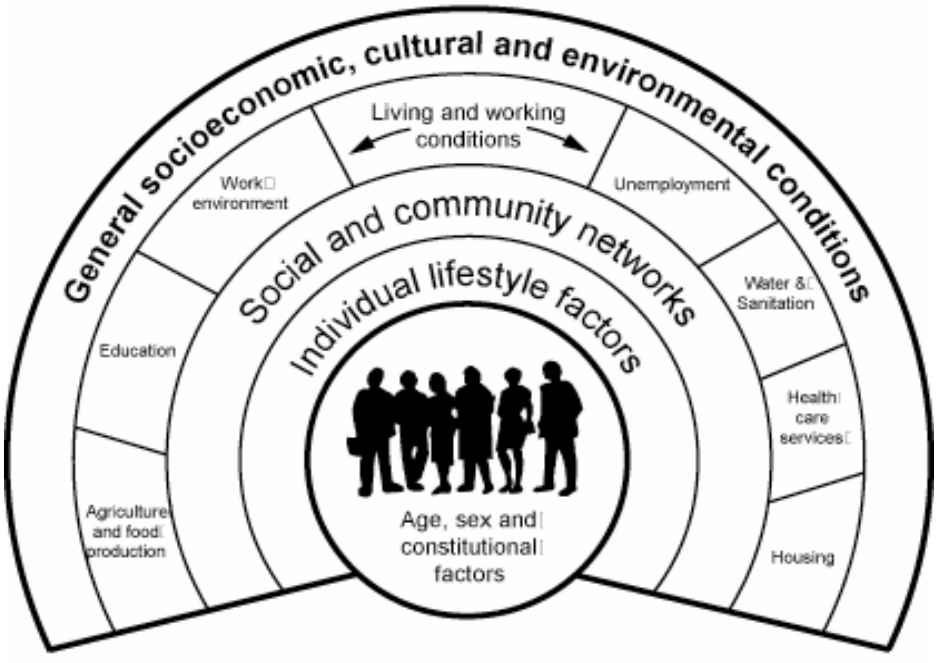
From monitoring records, it appears that social services, housing organisations, health trusts and the voluntary sector did not provide any referrals. However, in interviews, it was reported that referrals were being made towards the end of the pilot by social workers as the project had become established and awareness of the scheme among social care staff had grown.

Most of the service users who were interviewed had found out about the service through leaflets or publicity at their local GPs surgery. In terms of providing a targeted intervention, these findings indicate the value of using other services which are used by vulnerable older people to promote the service and identify those who would benefit from it. Health, social care and supported housing staff are all likely to encounter people in their day to day activities who could be referred to the Check and Support service, and raising their awareness of Check and Support will be an important aim for the future development of the service.

### 7.3.7 Check and Support visit

On contacting the Opening Doors for Older People project, older people were offered a standardised Check and Support visit in their own home by a volunteer. The volunteer used a questionnaire which covered a range of factors known to affect a person's health, well-being and independence, based on Dahlgren and Whitehead's Social Model of Health (Figure 3).

**Figure 3**




From: Dahlgren & Whitehead (1991) *Policies and strategies to promote social equity in health*, Stockholm: Institute of Future Studies.

The questionnaire was developed in consultation with older people and a range of stakeholders in the months leading up to the launch of the pilot. Questions covered a number of themes: health and emotional well-being; economic well-being; quality of life; dignity and respect; making a positive contribution; exercise of choice and control; and freedom from discrimination and harassment. A self-assessment, web-based version of the CORA questionnaire was also made available on the project's web-site.

An information pack was developed which was provided to people receiving a Check and Support visit. This included a magnifying glass, low energy light bulb, a medication tube with a green cross, and pens. The medication tube is a way of ensuring that in an emergency, medical staff are aware of what medications a person is taking.

### 7.3.8 Follow up visit

After each Check and Support visit, the older person received a follow up visit where they were provided with personalised information and advice based on their responses to the questionnaire during the initial home visit. A six month follow up visit was offered. The original intention was to signpost older people to relevant services or other appropriate sources of help and support; however, the volunteers found that many people were reluctant to contact services themselves, and that signposting was not effective. Over time, direct referrals were also provided subject to the older person's preference and consent. There was some debate about whether or not this would create dependency among older people, but most of those interviewed considered that this was an appropriate and necessary response to the reluctance of older people to ask for help. Other signposting services elsewhere have encountered the reluctance of some older people to follow up the advice or information they receive, and have also responded with direct referrals where appropriate (eg Kent Care Navigators, Dorset Wayfinders).

Signposting and referrals were made to a wide range of services and groups, including:

- Financial and benefits advice
- Handyperson services
- Falls prevention
- Crime prevention
- Home and fire safety
- Assistive technology and telecare
- Befriending
- Social and lunch clubs
- Day care services
- Home maintenance and gardening services.

The main services to which people were signposted or directed by the CORA volunteer advisers were concerned with help to stay at home, medical and health services, and social activities. Table 2 sets out the numbers of people signposted to different services and organisations through Check and Support during the pilot

**Table 2: Services to which people were directed by Check and Support over two years (07-09)**

| Type of service | Service | No. 2007/08 | No. 2008/09 | Total |
|---|---|---|---|---|
| **Age Concern Services** | Befriending scheme | 422 | 553 | 975 |
| | Community support groups | 340 | 451 | 791 |
| | Handyperson service | 215 | 334 | 549 |
| | Counselling & loss service | 199 | 307 | 506 |
| | Falls prevention service | 249 | 205 | 454 |
| | Advice on financial management | 179 | 224 | 403 |
| | Volunteering | 74 | 61 | 135 |
| | Hospital aftercare service | 65 | 17 | 83 |
| **Carers** | Carers Centre | 195 | 245 | 440 |
| | Carers assessments | 189 | 45 | 234 |
| **Engagement and empowerment** | PALS | 329 | 525 | 854 |
| | Patient Advice & Information Service | 352 | 445 | 797 |
| | Expert Patient Programme | 258 | 261 | 518 |
| | User Involvement Team | 109 | 105 | 214 |
| **Finance/economic well-being** | Joint Pension Service | 319 | 581 | 900 |
| | Citizens Advice Bureau | 248 | 372 | 620 |
| | Tameside Customer Services | 272 | 216 | 488 |
| **Healthcare/medical** | GP/Primary care | 462 | 614 | 1076 |
| | Chemist/pharmacist | 391 | 436 | 827 |

| Type of service | Service | No. 2007/08 | No. 2008/09 | Total |
|---|---|---|---|---|
| | Vision First | 239 | 393 | 632 |
| | Tameside Deaf Association | 201 | 332 | 533 |
| | Continence Advice Service | 57 | 320 | 377 |
| | Medicine Helpline | 251 | 25 | 276 |
| **Help to stay at home** | Community Safety Unit | 461 | 623 | 1084 |
| | Community Response Service and Telecare | 461 | 618 | 1079 |
| | Fire Risk Assessment Service | 462 | 616 | 1078 |
| | Integrated Community Equipment store | 416 | 584 | 1000 |
| | Housing Options | 290 | 340 | 630 |
| | Home Shopping Services | 232 | 361 | 593 |
| | Anchor Staying Put Service | 216 | 335 | 551 |
| | Energy Efficiency Advice Service | 47 | 49 | 96 |
| | Tameside Home Services | - | 94 | 94 |
| | Greenside Gardening Service | - | 76 | 76 |
| **Lifestyle and socialisation** | Library Information Services | 459 | 607 | 1066 |
| | Tameside Sports Trust | 454 | 585 | 1039 |
| | Social Aids | 439 | 568 | 1007 |
| | Luncheon and social clubs | 197 | 268 | 465 |
| **Transport** | GMPTE | 323 | 377 | 700 |
| | Ring and Ride | 323 | 377 | 700 |
| | Miles for Smiles Scheme | 213 | 286 | 499 |
| **Well-being** | CRUSE | 199 | 347 | 546 |
| | Affinity Health Care | - | 116 | 116 |

Feedback from the volunteer CORA advisers led to improvements in the information provided in the personal information packs to reduce duplication and make them more accessible. In addition, improvements were made to the recording of referrals.

A total of 288 follow up visits were carried out over the life of the pilot. This was significantly below the target of 1,950, reflecting in part a shortage of volunteers. Some of the CORA volunteer advisers identified delays in providing both the initial Check and Support visit and follow-up visits which reflected the need for more volunteers to carry out the visits. The planned recruitment of full-time staff to carry out this work as part of the mainstreaming of the project should facilitate the provision of an improved service.

Figures for the six month follow up visit routinely offered to all those receiving the Check and Support service were lower than anticipated at the outset of the project.

This may be partly associated with the shortfall in the number of volunteers recruited. However, a significant proportion of people contacted to arrange a follow up, declined a visit because they felt that they did not need any additional information or support beyond what they had originally received. This has affected the ability to collect evidence on the outcomes of the Check and Support service. The future model for service delivery will maintain close, ongoing contact and support planning with people using the Check and Support service in order to monitor effectiveness and maximise the take-up of advice and information.

### 7.3.9 Take-up of Check and Support

All the people interviewed who had received a Check and Support visit were very positive about the service, and said that they would recommend it to others (and in some cases had already done so):

> *'What can I say? It's made me realise I don't need to be isolated and on my own. There are people out there who can help me...While I was in hospital, I told all the older people about CORA and what's available.'*
>
> *Service user*

However, take-up of the Check and Support service was below the original target for the two years and the reasons for this are not entirely clear. One factor may be the need to allow enough time for a project like this to become established: project staff thought that it also reflected the reluctance of older people to make use of these kinds of service, and the tendency only to look to help in a crisis. This potentially presents a challenge for all preventive and early intervention services for older people. Other POPP pilots have identified similar concerns.

### 7.3.10 Take-up of Universal Preventative and Sub-threshold Services

The local performance indicators included a number of indicators which aimed to measure the take up of services by people as a result of the Check and Support service. However, measuring the take up of universal and sub-threshold services as a result of receiving the Check and Support service has been difficult, partly due to the lower than expected number of six-month follow up visits (see above). In addition, universal and sub-threshold services do not normally record the reasons why someone has contacted them or whether they have been referred to the service. It was not therefore possible to obtain accurate and reliable data on how many people followed up on the information and advice that they were signposted to.

In the second year of the project, subject to the consent of the individuals concerned, the project directly referred people to up to 20 key universal and/or sub-threshold services. The main services to which people were directly referred were: home fire risk assessments, home maintenance and gardening services, welfare and pensions advice (Table 3). Community response and community services were also significant services for referral. CORA advisers said that people often asked for information about reliable 'handymen', gardening services, home adaptations especially for the bathroom, and alternatives to public transport.

**Table 3: Services to which people directly referred from April 2008**

| Service | No. of referrals |
|---|---|
| Home fire risk assessment | 171 |
| Home maintenance | 154 |
| Welfare and pensions | 152 |
| Community safety | 57 |
| Community response | 40 |
| Befriending – Age Concern | 21 |
| Tameside Home Services | 13 |
| Social services | 12 |
| Information & advice – Age Concern | 8 |
| Falls prevention – Age Concern | 4 |
| Benefits Check – Age Concern | 3 |
| Carers Centre | 3 |
| Deaf Association | 2 |
| Dementia Groups – Age Concern | 2 |
| Carbon monoxide tester – Help the Aged | 1 |
| Carers UK | 1 |
| Choice Shop – cleaning | 1 |
| Citizens Advice Bureau | 1 |
| Community physiotherapist | 1 |
| Continence Advisory Clinic | 1 |
| Occupational therapist | 1 |
| Patient Information Centre | 1 |
| Tameside Council | 1 |
| Welfare Rights Derbyshire | 1 |
| Wheelchair Centre | 1 |

It should be emphasised that this indicates the *minimum* level of take-up of sub-threshold and universal services in the second year of the pilot. As a percentage of the total number of people receiving a Check and Support visit in the second year, a minimum of 42.5% of service users accessed universal and sub-threshold services following a visit. Of these, a total of 25% maintained a preventive service, and 32% maintained a sub-threshold service[13].

[13] "Maintained" defined as three or more "visits" to/uses of one such service between 6 month check up visits, OR one or more visits to/use of one such service between least two or more consecutive 6 monthly check up visits.

Case studies compiled by the project team and qualitative interviews carried out by the researcher indicate that older people used the information and advice provided to access a range of services and activities (see Appendix A). For example, one interviewee had become involved in the Really Important Questions Network and the Disability Forum, accessed the taxi voucher scheme, home delivery of medication, the Age Concern handyperson service and hired a cleaner through the Choice Shop as a result of receiving the Check and Support service; and a second had received a home fire risk assessment and smoke alarm, accessed private care services through the Choice Shop; and become involved in the CORA User Reference group.

#### 7.3.11 Healthy Lifestyle Initiatives

A total of 470 direct referrals to healthy lifestyle initiatives were made during the first half of 2008-2009. In addition to this, the project team estimated that projects and schemes contributing to healthy lifestyles and health improvement under Strand 2 of the project would directly benefit more than 2,000 older people in the borough (LPI 14a).

#### 7.3.12 Telecare

More than 1,000 older people were signposted to the council's Community Response and Telecare service over the life of the pilot. A total of 40 people were directly referred to the service from April 2008 on (LPI 15a). The actual take-up of telecare services was lower than anticipated which may reflect difficulties of obtaining accurate data. In addition, older people living in sheltered housing with a warden may not have considered that they needed a telecare service as well as the warden.

#### 7.3.13 Welfare benefits

More than 1,000 older people were signposted to various forms of financial advice and support during the project. This included the local Citizens Advice Bureau, Age Concern and the council's Pension Service Joint Team. From April 2008, 98 people were directly referred to the Pension Service Joint Team and 154 people accessed welfare benefits information and advice (LPI 16a). The Joint Pension Service has now begun to collect information directly on people using their service as a result of a Check and Support visit. Just under £40,000 of additional benefits have been accessed as a result of these contacts in 2008-2009. Twenty-four people obtained an average of an extra £32 per person per week.

#### 7.3.14 Social isolation

Forty-five people were identified through the Check and Support service as socially isolated (LPI 19) and nearly 400 of those visited expressed some degree of isolation. These people were signposted towards a range of social and community activities and groups to reduce their isolation and improve their well-being.

Volunteer advisers mentioned isolation as a particularly common problem which they had encountered on their visits, finding that people often did not know of available groups and activities locally, and were sometimes concerned about going to a new group on their own.

In addition, a total of 12 people were referred to social care services during the life of the project.

### 7.4 Profile of Check and Support service users

Given the very high level of self-referral to the scheme, there was the possibility that the service would not be able to reach the target population. However, analysis of the profile of people receiving the Check and Support service (where age was known) indicates that the majority of service users were aged 75 or above (the age at which the need for health and social care services tends to rise steeply) (Table 4). The service has been successful in reaching the very old: 17% of those receiving the Check and Support service were aged 85 and above, while 13% of the older population in Tameside as a whole are aged 85 and above. This indicates that the service has reached a more frail population than originally envisaged.

**Table 4: Age profile of referred service users**

| Age group | Number | % |
|---|---|---|
| Under 50 | 8 | 1 |
| 50-54 | 16 | 1 |
| 55-59 | 34 | 2 |
| 60-64 | 139 | 9 |
| 65-69 | 206 | 14 |
| 70-74 | 253 | 17 |
| 75-79 | 297 | 20 |
| 80-84 | 285 | 19 |
| 85-89 | 187 | 12 |
| 90-94 | 67 | 4 |
| 95+ | 9 | 1 |
| Total | 1501 | 100 |

Some additional information about the profile of people accessing the Check and Support service is available from an analysis of the Quality of Life questionnaire (which was sent to a sample of people receiving the Check and Support service). These results should be treated with a degree of caution due to the low response rate (5.2%).

Three-quarters of respondents receiving a Check and Support visit were women, which is a rather higher proportion than that in the total older population in Tameside. Nationally, the norm for older men is to remain married until they die, often with their partners providing care and support. It is likely that an over-representation of women receiving Check and Support visits (as seems indicated by the survey results) reflects that the POPP project has been effective in reaching a particularly vulnerable group, as many older women live alone. This appears to be confirmed by the high proportion of respondents who were widowed (61 percent) and the two-thirds (67 percent) who lived alone. Only one quarter (26 percent) of the survey respondents were married.

The majority of users came from Ashton, Denton and Hyde with the lowest number of users living in Broadbottom, Hollingworth, Mottram, Hattersley and Mossley.

Older people living in sheltered housing are generally better linked into available services through the support they receive as sheltered tenants. Those living in their own homes are at greater risk of isolation and lack of awareness of available services.

More than four-fifths (82 percent) of those responding to the survey lived in their own home, while 15 percent lived in sheltered housing and nearly four percent lived in residential care. This compares with 74% of 65-74 year olds, 62% of 75-84 year olds, and 50% of those aged 85 and above in Tameside overall (ONS, 2001). Thus it seems that the pilot was able to reach a higher proportion of home owners than exists in the general Tameside population of older people.

More than two-thirds (68 percent) of those responding to the questionnaire had some mobility problems, and more than half (51 percent) had some difficulties performing their usual activities, such as housework and leisure activities. Extrapolating national prevalence rates to predict mobility problems, it would be predicted that around 15 percent of the older population of Tameside would have difficulty managing one mobility activity on their own, eg, getting up or downstairs (POPPI). Just over one quarter (26 percent) of respondents had difficulties washing and dressing themselves and a small number of people (6) responding to the questionnaire were unable to perform activities of daily living. Thus, it appears that a higher percentage of people with mobility problems or difficulties in performing activities of daily living received a Check and Support visit than would be expected based on borough wide data.

More than two-thirds (68 percent) of respondents to the Quality of Life survey had moderate pain or discomfort and a small but significant proportion (14 percent) had extreme pain or discomfort; and more than half (52 percent) of those responding to the survey had experienced serious illness. A similar proportion of respondents (52 percent) were anxious or depressed which is considerably higher than the proportion (15 percent) that might be predicted in the population in Tameside aged 65 or more (POPPI).

From the above analysis, it appears that the profile of people responding to the survey indicates that the Check and Support service reached the more vulnerable members of the older population in the borough in terms of their household circumstances, health and well-being. One CORA volunteer adviser expressed concern however, that more was needed to be done to reach the most isolated older people *'the real shut ins'*.

The respondents were asked about their use of health and social care services over the last three months. Their responses indicate that more than half had had a hospital clinic or outpatient appointment; and seen a practice nurse. More than four-fifths (82 percent) had attended their GP surgery in the last three months (see Table 5). This indicates the potential benefits of working with health services both to promote Check and Support services, and the potential value of social prescribing in directing vulnerable older people towards other services and sources of social support.

**Table 5**

| Health services used in the last 3 months | Percent |
|---|---|
| Hospital physiotherapy or OT appointment | 19 |
| Attendance at A and E | 26 |
| Stayed in hospital overnight | 21 |
| Clinic or outpatient appointment | 55 |
| Attended GP surgery | 82 |
| GP home visit | 19 |
| Phoned surgery for advice | 28 |
| Saw practice nurse | 61 |
| Saw chiropodist | 11 |
| Saw physiotherapist | 2 |
| Saw counsellor | 5 |

Table 6 shows which social care and other council services had been used by respondents in the last three months. Nearly one in five (19 percent) had been visited by a social worker or care manager, and one in thirteen (14 percent) had received home care or home help. This appears to indicate that some of the people receiving Check and Support visits were above the eligibility threshold and therefore not part of the original target group for the POPP programme.

**Table 6**

| Social care and other services used in the last 3 months | Percent |
|---|---|
| Received Meals on Wheels | 8 |
| Received home care/ home help | 14 |
| Social worker/care manager visited | 19 |
| Home library/mobile library visited | 9 |
| Have community/personal alarm | 37 |
| Used community/personal alarm | 6 |
| Received changes to your home, eg, stairlift | 8 |
| Used bus pass | 69 |
| Used Dial a ride | 21 |
| Used library | 24 |
| Used day/drop in/resource centre | 3 |
| Used lunch club | 10 |
| Used community/leisure centre | 19 |
| Used hospital transport | 13 |

Survey respondents were asked about what help they had received from friends and relatives in the last three months. Apart from help with shopping, which exactly half of respondents had received, more than half had not received informal help with the activities covered by the questionnaire (see Table 7). This could be explained by the relative health and independence of respondents, or by a degree of unmet need, social isolation, or a combination of these factors. The responses also indicate the range of help received and the significance of help with activities such as transport and gardening that are not traditional elements of formal care services.

**Table 7**

| Help received from family or friends in the last 3 months | Percent |
|---|---|
| Shopping | 50 |
| Providing transport | 49 |
| Housework/laundry | 43 |
| General support | 40 |
| Gardening | 30 |
| Personal care | 17 |
| Preparing meals | 17 |
| Stayed off work to help respondent | 14 |
| Looking after pets | 2 |

The majority of those receiving the Check and Support service appear to be making regular use of primary care services, and this means that there is scope both for working with primary care to promote the service, and also the potential for the POPP work to reduce the pressure on these services by referring people on to other services.

### 7.5 Strand 2 – Market Development

The second stage of the POPP pilot aimed to increase the range of sub-threshold services available to older people and was known as the 'market development' stage. The purpose was to use feedback from the Check and Support visits to inform the commissioning and delivery of new services to meet any unmet needs identified through the visits.

A gap analysis was carried out in the early stages of the project and identified a range of services which needed to be developed or expanded, including: development of a home and garden maintenance service; expansion of healthy living initiatives; expansion of befriending services; development of low level counselling services; expansion of home efficiency and community safety initiatives; increasing the capacity of social and community groups; provision of reliable financial advice and support; and development of volunteer services.

On the basis of the gap analysis and feedback from older people, the following areas were identified as priorities for the market development stage of the project:

- Home and garden maintenance services
- Volunteer based personal transport services

- Falls prevention
- Home health care and exercise schemes
- Home efficiency and home and community safety initiatives
- Befriending and buddy schemes.

Two funds were established to make grants: a larger fund which funded projects up to the value of £20,000 and a small grants fund which funded projects up to the value of £300. The funding was promoted by the POPPs project team, T3SC – the local third sector coalition and Help the Aged. A Meet the Funder event was organised by the POPPs team to publicise the funds with support from T3SC and other groups, along with publicity in the quarterly CORA newsletter (see below).

T3SC disseminated information about the two funds through its database of 800 local organisations, and through its network of older people's groups (TOPAG). In addition, T3SC worked directly with 11 groups on their applications for funding, including 3 groups applying to the larger fund.

The two funds attracted a broad range of applications. Applications for the small grants scheme were made exclusively by voluntary, community and faith sector groups, while the larger fund accepted applications from statutory services.

The setting up of the market development strand was completed in spite of three changes in project manager for this element of the pilot. Although this may have had some effect on continuity, it was not something mentioned by those involved in the grant process, the voluntary sector or older people's representatives as having affected the delivery of this part of the pilot.

### 7.5.1 Funded activities

A total of £225,583 was allocated in grants through the POPPs project to a total of 37 organisations, of which 77% went to voluntary, community and faith organisations and 23% to the statutory sector.

Four grants of approximately £20,000 went to: St Peters Partnership; the Museum of the Manchester Regiment; the local Volunteer Centre; and the Sports and Physical Activity Alliance. Other groups receiving funds from the larger fund included: Khusham Did, Bibliotherapy, Libraries Computer Buddies, and Dukinfield Drop in.

Examples of the type of activity funded are set out below:

- Sports and Physical Activity Alliance - to provide a rolling programme of 6 week introductory sessions that focused on a variety of sports and physical activities including bowls, badminton, swimming, table-tennis and dancing, allowing older people to experience activities that they may not have played before or for some time.
- Khusham Did – Women's Social & Lunch Club - Expansion of luncheon club provision and a range of activities including visits to places of interest to increase participation and reduce social isolation.
- Computer Buddies - operated by Tameside Libraries delivering targeted provision of free one to one computer guidance for older people at specific venues, eg, Pensioners House, as well as in Libraries, by volunteer computer buddies.

- Bibliotherapy - operated by Tameside Libraries providing facilitated book reading in four groups across Tameside, including Pensioners House, as a means of improving mental health and reducing social isolation.
- Dukinfield Drop in – establishing a drop-in centre in Dukinfield to promote the mental and physical well-being of older people, providing a meeting place, advice, activities and a social centre for older people.

The smaller fund was administered by Help the Aged which provided matched funding of £5,000. The fund aimed to replicate the success of a similar fund established in Manchester. The application process was kept as simple as possible and the POPPs team took advice from voluntary sector professionals on how to do this. Based on this advice, the application forms were simplified and the criteria for funding were kept relatively open in order to facilitate and encourage applications from groups with little or no previous experience of applying for funding.

Activities funded included: exercise classes, transport, day trips and equipment for groups such as social, craft and walking groups (see Appendix B). Interviews with those involved indicated that the small fund enabled groups to obtain funding unavailable elsewhere for activities that contributed to the well-being of older people in Tameside. Interviewees (both local authority and voluntary sector) stressed the disproportionately large impact of relatively small amounts of money in enabling small voluntary groups to achieve their objectives. Previous experience from a similar initiative in Manchester indicated that success in bidding for small amounts of money could help to develop the confidence of groups and lead to more ambitious bids and activities in the future.

Based on monitoring information, it has been estimated that the larger fund has benefited between 2,500 and 3,000 older people in Tameside through the projects and initiatives which it has funded, while the smaller fund is estimated to have benefited up to 1,000 older people. In addition, approximately 100 additional volunteers aged 55 and above are calculated to have benefited from the small grants fund.

### 7.5.2 Grant allocation panels

As part of the market development stage, grant panels were established to administer the two funds. The grant panel for the larger fund was composed of the POPP project manager, social care commissioners and providers, representatives from the voluntary sector and service users. The grant panel for the smaller fund was composed of a representative from Help the Aged involved in administering the fund, the POPP project manager, and an older people's representative. Concerns among some older people's representatives about the transparency of the process were allayed once the panels were up and running. Stakeholders were generally positive about the grant application and allocation process.

### 7.5.3 Future funding

There were some concerns about whether this level of funding could be sustained when the pilot is mainstreamed. In addition, local authority procurement rules were identified as a possible future obstacle: anything over £20,000 requires three formal expressions of interest; and above £60,000 a full-scale tender is required. Maintaining the flexibility of the current system will be important to encourage the entrepreneurial and creative approach which developed during the pilot, and to enable smaller and less experienced groups to access the available funds.

In the first year of market development, the main priority was to stimulate the market in the development of services which met the needs identified through the Check and Support service. Future plans for the service involve a more systematic alignment of market development and commissioning processes to ensure that funding is distributed across the borough to reflect identified needs. The approach provides a model for future micro-commissioning to facilitate the development of self-directed support in the future.

The planned preparation of locality directories has emerged from the POPP work and these will provide a useful reference guide for those implementing self-directed support. These directories will indicate what services and groups exist at the locality level and contribute to the identification of any gaps where further development or funding is needed.

### 7.5.4 Inward investment

During 2007-2008, the POPP pilot attracted £98,500 from NHS Tameside and Glossop to support initiatives promoting health improvement and the reduction of health inequalities. Monies from NHS Tameside and Glossop were combined with POPP funding to support initiatives within the total funded by the project which had particular relevance to health improvement and the promotion of healthy lifestyles, including borough wide exercise classes and health walks.

The project also attracted £5,000 match funding from Help the Aged for the small grants fund (see above).

### 7.5.5 Social prescribing

During the summer of 2008, a small-scale social prescribing scheme was developed with funding from the pilot and the support of the Chair of the local professional executive committee (PEC). The scheme was developed in partnership with seven local GP practices to pilot ways in which Practice Based Commissioning (PBC) could be used to commission the CORA Check and Support service to enable older patients to access low level interventions to support their health, well-being and independence.

The aim was to encourage GPs to refer people to the Check and Support service with a social prescription where they were identified as potentially able to benefit from low level, non-medical support, for example: people who visit the doctor with concerns about debt; people who have been bereaved and are struggling to cope; people who may need assistance with cleaning, shopping, laundry or home maintenance; people who are isolated or lonely; and people on multiple medications.

A total of 28 social prescriptions for people aged 78 years old on average were made to the scheme. Most of the social prescriptions were focused on social isolation and remaining independent. Early feedback to the project team from both the older people and GPs taking part was very positive. A GP involved in the scheme commented that all those who he had referred had found the service very helpful. In one case, a patient had been given a range of options to enable her to be less reliant on her daughter, but it was not clear that it had reduced her reliance on the NHS. The same interviewee expressed reservations about the potential link with PBC however, this may be due to the slow implementation of PBC.

It is planned to develop and extend the model to cover more primary care practices with a focus on people with mild or moderate mental health needs in partnership with the North West Joint Improvement Partnership and NHS Tameside and Glossop.

### 7.6 Outreach and publicity

A key element of the pilot has been its strong focus on outreach and promotion. From the outset, publicity material associated with the project has had a common logo, house style and colour scheme which has contributed to the development of a well established 'brand'. This contributed to raising awareness about the project among the public.

A wide range of materials were developed to publicise the Check and Support service and the market development elements of the POPP. Information about the project in the form of posters, banners, leaflets, flyers, and a freepost card for people to use to request the service were widely distributed across Tameside. In addition, a web-site: http://www.tameside.gov.uk/popps provided details of the project and related events, copies of newsletters, and a copy of the CORA questionnaire for on-line self-assessment.

A combination of leaflets, flyers and postcards were distributed to libraries, GP surgeries, pharmacies, councillors' surgeries, local RSLs, voluntary and community groups, and local neighbourhood and community centres. 30,000 flyers were included in the flu jab reminder letter sent out by the PCT to all households which included a person aged 65 or above.

A regular quarterly newsletter was produced throughout the project. By the end of the project, approximately 4,000 copies were produced for each issue, along with an on-line version. This was circulated to everyone who registered for a Check and Support visit, all GPs, pharmacists, councillors, hospitals, senior managers of council services, sheltered housing schemes, voluntary groups, libraries, PALS and the patient information centre. It was also used to publicise the POPP at a range of community events attended by project staff.

Additional publicity was provided through the Council's free quarterly newsletter which is distributed to 90,000 households in the local authority; and through pieces on the local community radio station.

A large two day launch event took place at the start of the pilot in April 2007, attended by over 250 people. An implementation plan was developed to ensure that outreach events were delivered across the borough. Each quarter throughout the two years of the pilot, events and outreach were focused on a different area. Volunteers and staff attended a wide range of events including: the BME Housing Support Conference, Falls Prevention Day, annual Really Important Questions conference, Men's Health Day, and Britain in Bloom Neighbourhood events.

> *'I've been to a couple of POPPs events and they're always full of older people – a plus to the project.'*
>
> Voluntary sector worker

Some promotion also took place via partner agencies, for example, the Community Safety Unit have publicised the CORA Check and Support service and vice versa. The POPP part funded and POPP project staff attended Crucial Crew, an event organised by the Community Safety Unit on behalf of the Crime and Disorder Reduction Partnership which was attended by over 140 people. The event was designed to address fear of crime in older people; raise awareness of personal and community safety around the home; and increase knowledge of facilities to improve the quality of life of older people and local services available in Tameside.

Promotion of the project has, until recently, been largely outward facing. With the mainstreaming of the project, there will be a need to promote the Check and Support service internally within the Council.

The success of the promotion and outreach work is demonstrated by the high proportion of self-referrals to the Check and Support service. However, it is worth noting the particular role that local GP surgeries can play: a number of interviewees had found out about CORA from leaflets they had picked up at their local practice.

### 7.7 Involvement of older people

The pilot was characterised by a high level of involvement of older people. Consultation and engagement of older people and carers contributed to the development of the original POPP bid as members of the Tameside's Older People's Partnership (Programme Sponsoring Group). Membership of the OPP included older people's representatives from the Better Government for Older People (BGOP) network and Tameside Older People's Advisory Group (TOPAG). Interviewees from these groups were positive about their involvement in the project and the role it had played in raising awareness of the needs of older people in the borough:

> *'It's brought more older people within the structure – not just to CORA but with other older people's groups as well….and brought a great deal of people out from their shell.'*
>
> Older person

> *'POPPs allowed us to think about how to listen to people at a small group level….The greatest learning for us has been the service user engagement.'*
>
> Manager, Tameside MBC

The Older People's Partnership was felt to give older people *'more clout'*: Some staff thought that services for, and communication to, older people have changed as a result of user involvement in the pilot. The one area of concern was around a lack of older people's involvement in discussions about future development after the end of the pilot. From the perspective of the voluntary and community sector, there *'probably could've been a clearer sharing of what happens post March 31st'*.

A key element of the success of the pilot has been the active involvement of older people throughout the life of the project, both as volunteers and through their membership of the Older People's Partnership, the CORA User Reference Group, and the Strand 2 funding panels. In some cases, people have moved from receiving the Check and Support service to joining the User Reference Group and then to becoming a volunteer adviser.

The purpose of the CORA User Reference Group was to gather information from users of the Check and Support service to find out what their experience of CORA had been; to identify areas for improvement; and to identify potential areas for the development or enhancement of services for older people. Membership of the CORA User Reference Group rose to over 80 people during the life of the project.

The Opening Doors for Older People project formed the theme for the TOPAG's annual conference in 2007. The conference was organised through T3SC and attended by over 180 older people and a wide range of independent and voluntary sector organisations.

### 7.8 Resource and cultural shift

The project has resulted in a real shift of resources over the next two years away from residential care into targeted prevention. The shift has been accompanied by increased recognition across the public and community sectors of the need for low-level, universal and preventive services. The pilot *'got people thinking about low level interventions' (Manager – Tameside MBC)*. Local authority staff agreed that there had been a growth in awareness about the health and well-being needs of older people across the local authority. The POPP scheme made: *'other parts of the council think about older people and work with the voluntary sector too' (Manager – Tameside MBC)*. These needs are now better integrated within the Council's wider strategic agenda, eg, two Local Public Service Agreement targets are to increase the number of older people who use Direct Payments; and the number using sub-threshold services.

Achieving a shift in resources from the health sector has been more challenging. Under severe financial pressure, health partners have asked for a high standard of evidence to justify shifting resources into prevention work. Reports from other POPPs indicate that this has been a challenge elsewhere, particularly where pilots have asked for a shift in resources out of the acute sector in response to a reduction in emergency bed days.

The POPP has contributed to increasing recognition of, active involvement and engagement of older people and their representatives at both strategic and operational levels of the council. Council staff thought that this involvement was felt to have resulted in better and wider recognition of their needs by commissioners and service providers, not just within social care, but in other areas of local authority activity, for example, community safety.

The development of new partnerships between the local authority and the voluntary and community sectors has helped to create in most instances a better mutual understanding between the different sectors, for example, working on the market development strand with the T3SC, and on volunteer recruitment with the local Volunteer Centre.

### 7.9 Performance

Five categories of performance data were collected as part of the monitoring and evaluation of the POPP pilot. These were:

- Whole System and Local Public Service Agreement (LPSA) data
- CORA Check and Support service data
- Data on increasing the involvement and engagement of older people
- Data on the uptake of services
- Market development data.

This section focuses on the Whole System and LPSA data as the results of the other categories are discussed elsewhere in this report.

Overall, Tameside's performance in relation to the national PSA targets and the Whole System performance indicators is consistent with the aim of reducing the use of acute and institutional care for older people. However, the nature of the relationship between the POPP inputs and the performance outcomes is not clear. A number of local authority and external stakeholders expressed scepticism about the ability of a preventive project to achieve results in the relatively short time span involved in the pilot. In addition, the sheer number of other variables which could affect the

performance indicators limited the possibility of drawing conclusions about a clear line of cause and effect. Nevertheless, the indicators do indicate the right direction of travel, and this was mirrored in many of the first round POPPs pilots.

The number of people per 1,000 population aged 65 and above who are helped to live at home in Tameside (LPSA/PAF 32) was 97.3 in 2006-2007. At the end of 2008-2009, the rate was 102.91. However, this change does not reveal the considerable fluctuation in the rate over the duration of the pilot from between 79.1 to 103.5 in 2008-2009. There are clearly other factors at play, and it would not be appropriate to draw conclusions from these data.

In 2006-2007, 16.65 per 1,000 people aged 65 and above in Tameside received intensive home care (LPI 1/PAF 28). By the end of the third quarter of 2008-2009, this had risen to 20.25, an increase of 21.6%. The increase in the rate has been gradual but steady over the two years of the project.

The number of older people receiving intensive home care as a percentage of those receiving intensive home or residential care (LPSA/PAF B11) has also been rising from 30 in 2005-2006, to 33 in 2007-2008 to 35.31 at the end of the third quarter of 2008-2009.

In contrast, admissions to residential and nursing care have been in decline. In 2006-2007 the out-turn was 108.2 per 1,000 people aged 65 and above, which dropped to 102.6 in 2007-2008, and to 87.2 at the end of the third quarter of 2008-2009. This indicates a reduction of 24% in the rate of admission over the lifetime of the project. There may be some association between the increase in the proportion of older people receiving intensive support in their own homes and the reduction in the rate of admission to residential and nursing care. The trend in Tameside corresponds with a steady and continuing national decline in the numbers of older people in institutional care in recent years.

In 2005-2006, the number of emergency bed days used per head of weighted population was 159,471 according to the Department of Health. In 2007-2008, this fell to 87,089; and fell slightly again in 2008-2009 to 86,736. This decline is in the right direction, however there is no evidence of causal relationship between the POPP project and the change in the number of emergency bed days used per head of the weighted population in Tameside.

The proportion of attendances by people aged 65 and above attending Accident and Emergency as a percentage of the total has varied considerably over the period for which data are available, probably due in part to seasonal factors: older people are significantly more likely to attend A&E during the winter months. In 2007-2008, the proportion was 17.2%, rising slightly to 18.6% in 2008-2009. However, these data conceal wide fluctuations across the year from 11.5% to 19.1%. Overall, the proportion appears to be increasing slightly, which parallels wider national trends.

Reliable data on falls have been difficult to obtain as hospital records do not make clear whether or not the reason for admission is due to a fall (LPI 4a). Nationally, one-third of people over 65 in the community fall each year, and data from the CORA Check and Support questionnaire indicated that over 42% of people who completed the questionnaire had experienced one or more falls in the preceding six months.

It has also been difficult to measure reliably the number of older people accessing community based falls prevention groups and classes (LPI 4b) due to problems with data collection methods. New data collection arrangements were established in 2009

with Age Concern to attempt to record the numbers of people wanting to join the Falls Prevention Scheme as a result of contact with the Check and Support service.

All of the 374 people using the Check and Support service who reported a recent fall were advised to contact their GP and signposted to the Community Falls Prevention service provided by Age Concern, along with a range of other schemes such as gentle exercise and health walks. In 2008-2009, nine people are known to have accessed the Falls Prevention service as a result of the POPP.

During the second quarter of 2008-2009, 108 people took part in community exercise classes and health walks supported by the project. However, it is not know whether they joined these activities as a result of a Check and Support visit. Accessing falls prevention, home maintenance and exercise activities may potentially contribute to a reduction in falls.

### 7.10 Economic evaluation

The Department of Health provided grant funding of £1.15 million over two years for the pilot, with £454,000 budgeted for the first year, and £700,000 for the second year, (including £368,000 to fund the work of the delivery agent over the two years). In the second year, £260,000 was allocated to funding the market development activity.

A robust economic evaluation of the Opening Doors for Older People based on the costs and benefits that can be measured and valued is not possible. In principle, an economic evaluation should consider the costs and benefits to all stakeholders affected by the intervention under consideration irrespective of whether they are 'cashable' or not. However, the availability and quality of the data would severely limit the usefulness of an economic evaluation at this stage.

Available performance data in some areas are problematic, and the very nature of the benefits of a programme involving prevention and early intervention to promote the wellbeing and health of older people makes valuation difficult. In addition, the relatively short period of implementation completed so far, combined with the evolving nature of the pilot, and changes in delivery arrangements in the future mean that conclusions about long term sustainability and effectiveness would be tentative (if not speculative).

There is some quantifiable data on additional benefit take-up as a result of the Check and Support service which is likely to be below the actual figure. In 2008-2009, £39,936 of additional benefits were accessed by 24 older people as a result of the Check and Support service.

Although a clear relationship between delaying or preventing admission to residential care or nursing care cannot be demonstrated, it is possible to indicate the potential savings to the social care budget. In 2007-2008, the average weekly cost of residential and nursing care in Tameside was £402 per person per week. Assuming the alternative is an intensive home care package of 10 hours a week (£137) plus one day care session (£40), every week that prevents an older person going into residential or nursing care may achieve a saving of £225; or £11,700 per annum. Nationally, the average length of stay in residential care is about 30 months, so enabling one older person to avoid admission to residential or nursing care could potentially save £29,250 in total.

The average cost of an in-patient bed day for an older person has been calculated by the Personal Social Services Unit at Kent as costing £153 (£1,071 per week). Thus every week an older person is an in-patient in an acute hospital, for example, as a

result of hip fracture caused by a fall, costs over £1,000. It has been estimated that the total cost of treating a hip fracture is in the region of £10,000 and more than £25,000 if full-time residential care is necessary.

Other potential savings which may be achieved through the Check and Support service, include a potential reduction in house fires as a result of home fire risk assessments and the provision of smoke alarms. The average cost of a house fire has been estimated at £8,452.

### 7.11 Impact on service users

Assessing the impact of the pilot on service users is also a challenge. In the second year of operation, at least two fifths of people receiving the Check and Support service accessed universal and sub-threshold services following a visit. Just under £40,000 of additional benefits were accessed in 2008-2009 by 24 older people following a Check and Support visit. Clearly, access to these services will have had an impact.

Evidence from a number of case studies compiled by the project team both from the Check and Support service and the Social Prescribing project illustrate clearly the benefits perceived by older people receiving the service, in terms of access to practical and financial help, social support and reassurance (see Appendix A). In some cases, older people said that the advice and help received as a result of a Check and Support visit had enabled them to remain in their own home.

Interviews with service users as part of the evaluation confirmed the positive perception of those who had received the Check and Support service. On the practical side, one interviewee highlighted the information about the handyperson service and home fire risk assessment. On the social side, another interviewee who had been feeling very isolated following a stroke and a bereavement said that as a result of the Check and Support visit, she got *'my confidence back and [found] outlets to go to…I've joined many clubs since then'*.

A number of people said that they had become involved in other groups as a result of the Check and Support service, for example, the borough-wide CORA User Reference Group and the Really Important Questions Network, as well as more local groups. One interviewee suggested that more help could be provided through befrienders accompanying older people to new groups, as coming to a group for the first time could be intimidating.

Evidence from the Quality of Life survey is based on twenty cases where people responded to both the initial and the follow-up questionnaire. It is therefore of limited value. However, in terms of health and well-being, there is evidence of both improvement and decline: reported mobility problems increased from 14 to 16 cases; while problems with self-care, and ability to carry out usual activities, declined from 9 to 7 cases and 13 to 12 cases respectively.

In terms of the use of health care services, again there was both a rise and fall in service use: the number of people visiting their GP and receiving physiotherapy in the last three months fell from 2 to 1; while attendance at A&E rose from 1 to 4; and receiving a GP home visit rose from 1 to 2 cases.

There was no change in the use of social care services, although there was an increase in the numbers of people with community alarms from 6 to 8, use of dial a ride from 4 to 5, attendance at drop in centre from 0 to 1, and use of hospital transport from 1 to 2.

An additional outcome from the service which was mentioned by the CORA advisers was the impact on service users' relatives. Some relatives welcomed the Check and Support visit as it helped to prompt family members to take up services, such as pendant alarms, which they had been reluctant to use.

### 7.12 Diversity

The project was proactive in targeting older people from BME communities. Information leaflets and forms to request the Check and Support service were produced with images and languages of the three main BME communities in Tameside: Indian, Pakistani and Bangladeshi. The Volunteer Coordinator at Age Concern worked with BME communities in Ashton including visits to mosques, community centres and lunch clubs to reach older people from local BME communities.

The ethnicity of all people using the Check and Support service was routinely monitored. Approximately 11% of the people who requested the Check and Support service were from a BME community: mainly Bangladeshi, Indian or Pakistani, a higher proportion than in the overall population of older people in Tameside where an estimated 3% are of BME origin. By the end of March 2009, 24.4% of the BME community aged 65 and over had requested the Check & Support service.

The project was also successful in recruiting a relatively high proportion of volunteers from BME communities: 14% (of those whose ethnic background was known) came from a minority group. Four Indian, two Pakistani, and one Bangladeshi volunteers were recruited. As part of the volunteer training programme, all volunteers were provided with cultural competence and disability awareness training. An Equalities Impact Assessment was also carried out following the Council's established format.

## 8 SUSTAINABILITY

The OPP's Quality of Life Strategy for Older People and Action Plan includes a priority derived from the POPP project to '*support a sustainable shift in culture and resources towards earlier and better targeted interventions for older people within the community'*. This priority has committed the OPP to sustain the focus on the cultural and resource shift to earlier and better targeted interventions, developed by the POPP, over the longer term.

The project will receive mainstream funding of £450,000 per annum for the next two years achieved through efficiencies made in the residential and nursing care budget: a slight reduction in funding, relative to the pilot. This period will provide a useful opportunity to get a longer term picture of the overall impact and effectiveness of the POPP initiative in terms of reducing admission to institutional and hospital care. Performance monitoring will continue with a new set of indicators and performance framework.

Additional funding of £150,000 has been obtained to expand the social prescribing scheme from the North West Joint Improvement Partnership (JIP) and NHS Tameside and Glossop to twenty practices in Tameside and develop non-medical community based support for vulnerable older people including locally based time-banking schemes; and from Communities and Local Government in partnership with Supporting People to fund minor repairs and adaptations services for Check and Support service users. Further funds may be obtained from local registered social landlords.

The initiative fits well with the current national policy agenda to provide personalised services and support early intervention and prevention. The pilot has placed the Council in a good position to develop commissioning and self-directed support. The main risk is the danger of losing momentum after the rapid development of the first two years.

## 9 FUTURE DEVELOPMENTS

With the completion of the pilot and the mainstreaming of the service, there is an opportunity to refine the service, widen its reach and the number of partner organisations which it works with. With the new model of delivery, it is expected that the cost per visit can be significantly reduced.

The mainstreamed model of the POPP initiative will be brought in-house and retain the main objectives identified at the start of the pilot. The key elements of: large-scale targeted early intervention, assertive outreach, case finding, active ageing, user voice and market development will be developed. There were plans to embed the Check and Support service within wider adult social care services. Social prescribing will also be expanded and new ways to increase volunteering by older people such as befriending and time-banking are planned. This will provide scope to increase the involvement of GPs, practice nurses and other primary care providers in referring people to the Check and Support services. Referrals could also be increased by social work assessment teams and providers of social housing.

There was some concern that more needs to be done to identify and target the most isolated older people: *'the real shut ins'* as one CORA adviser put it. Greater involvement of primary care professionals may contribute to reaching this group, given that a number of people interviewed mentioned that they had found out about Check and Support from leaflets and publicity at their doctor's surgery. Some staff also thought there was: *"a fair bit to do in terms of case-finding"*.

The project team plan to develop the market development element of the project by aligning it with locality directories, active ageing centres, the ChoicE shop, and health service priorities. As well as working to sustain existing projects, schemes and initiatives funded by the pilot into the long term, the market development strand will concentrate on working with partners to extend and increase the capacity of schemes, groups, community and social enterprises to support older people's health and well-being. Greater use of the data from Check and Support visits is planned to inform commissioning of appropriate services and a more systematic approach to market development.

A team of five whole-time equivalent Community Care Officers (CCOs) have been appointed to undertake the Check and Support service, but there will continue to be a role for volunteers in supporting outreach and case finding work. Time banking and buddying schemes are also being explored as a means of maintaining and developing the role of volunteers.

The mainstream model of the Check and Support service will involve five key elements: assessment; real time information and advice; support planning and brokerage; follow up contact; and review. Thus the CCOs will carry out a home visit to assess an older person in terms of the CORA questionnaire, after which they will be provided with advice and information on the spot, and where appropriate a direct referral using remote technology. The hope is that the use of remote technology will speed up people's access to services. The CCOs will provide ongoing support to maximise take

up of services identified in the assessment which could include arranging for a befriender or accompanied visits. Follow up contact will be made by another visit or phone call for a minimum of six weeks after the initial visit, and the outcomes recorded in terms of services taken up. Each intervention will be reviewed on a six monthly basis.

Overall management of the project will move to the Senior Management Team of Community Services Adult Services, with regular updates and quarterly reports provided to the OPP. The CORA User Reference Group will continue, and links with other older people and their representatives will be maintained.

Some staff felt that the POPP had enabled the authority to move its thinking on prevention further forward than other authorities, and effectively given Tameside a headstart on transforming social care.

# 10 ENABLING FACTORS

A number of factors have been identified as contributing to the successful implementation of the POPP pilot in Tameside:

- Good existing partnerships
- Established forums for older people
- Commitment of programme staff
- Political support from members
- Good availability of resources
- Establishment of clear performance indicators against which to measure progress.

## 10.1 Good existing partnerships

Partnership working has been a key element of the POPP pilots and Tameside has a number of well established partnership boards. Opening Doors for Older People has provided a useful vehicle to promote the older people's agenda through the Council's strategic partnerships.

The Older Peoples Partnership acted as project sponsor for the POPP and the project reports to the Partnership board on a regular basis. This has been an effective and successful relationship. The board is chaired by the chief executive of the largest local registered social landlord, and representatives include Adult Social Care, Community Safety, Welfare Rights, Sport and Cultural Services, Economic Development, the PCT, voluntary sector bodies, and local older people's organisations.

Partnerships with Community Safety, the Police and Fire services have worked particularly well and resulted in mutual benefits for those involved in terms of promoting their work and pooling resources. For example, the average age for victims of bogus callers is 79 to 83 which fits well with the target group for the POPP; the Check and Support service makes regular referrals to the Community Safety Unit and Unit staff take CORA leaflets with them when they visit local groups. The partnership with the local voluntary sector has also achieved useful outcomes, although there have been challenges at some stages of the project.

Partnership with the PCT has been successful in terms of the early development and funding of the project and participation in the OPP. More recently severe financial pressures on the PCT have affected the ability of the PCT to contribute to the

mainstreaming of the project without stronger evidence of the effectiveness of the POPP in reducing demands on health services. However, the development of social prescribing and a joint bid to the North West JIP indicate the continuing positive collaboration between the two partners around developing low level interventions for older people.

### 10.2 Established forums for older people

Older people's engagement has been an important element of the POPPs programme both in Tameside and across the 29 pilots. The POPP has played an important role in strengthening the voice of older people in Tameside and in enabling them to contribute to the shaping and direction of services for older people. Voluntary activity by older people has increased as a result of the POPP.

Stakeholders repeatedly emphasised the effectiveness of the POPP in engaging older people, including those from BME communities. Older people have had involvement at all levels of Opening Doors for Older People through: at a strategic level, their membership of the Older Peoples Partnership; the CORA User Reference Group which attracted a substantial membership; membership of the grants allocation panels; and as volunteers. A number of people contacted by the Check and Support service, subsequently became involved as CORA volunteers. CORA volunteers played active roles both as advisers and as promoters of the POPP at outreach events.

### 10.3 Commitment of programme staff

The Tameside project team were highly motivated and responded to the evolution of the project flexibly and enthusiastically. Where circumstances required, they adapted the original model in order to meet their objectives. A number of interviewees commented on the high level of commitment of the programme staff and their willingness to go the extra mile in working to achieve the project objectives.

### 10.4 Political support from members

The eight Tameside District Assemblies provided useful support to the outreach element of the POPP pilot:

> *'Have had support from elected members and District Assemblies. We've done the rounds there and had councillors working with us in terms of outreach and case finding.'*
>
> POPP staff

Interviewees commented on the active role played by a number of councillors in promoting and supporting the work of the pilot. Overall, the pilot enjoyed good political support from members which contributed to its success.

### 10.5 Good availability of resources

There was a shared consensus among stakeholder that the POPP programme was well resourced and that this contributed to the successful implementation of the project. The total budget for the two years of the pilot was £1.15 million, with the bulk of the spending in the second year to fund the range of services and activities that constituted the market development strand. This level of resourcing will not be available in the next two years, however funding for start-up costs will not be required now the service is well established.

### 10.6 Establishment of clear performance indicators against which to measure progress

From the outset, an evaluation framework was developed which set out performance indicators and targets against which to measure progress. The regular quarterly reporting mechanisms provided a useful means to measure and drive performance throughout the pilot.

## 11 CHALLENGES TO IMPLEMENTATION

Correspondingly, some factors created particular challenges to implementation. While some were unique to Tameside, several have been highlighted by other POPP pilots.

- Timescale
- Different organisational cultures of statutory, voluntary and health sectors
- Social workers slow to engage in referring people to Check and Support service
- Pressure to generate reports for frequent evaluation requirements
- Obtaining reliable quantitative evidence of impact of prevention and early intervention (to support)
- Shifting investment from health services into sub-threshold services.

### 11.1 Timescale

Due to the input of financial and staff resources by Tameside, the project team were perceived to have *'hit the ground running'* and were able to provide the Check and Support service from the start of the pilot. However, some interviewees thought that two years was an unrealistic time interval in which to achieve the objectives set for the project. In particular, there was a view that a scheme involving the recruitment and training of volunteers required a longer lead in period to attract recruits and build capacity.

Another effect of the two year limitation was to have reduced the time available at certain points in the development of the project to fully consult with some stakeholders. A few interviewees thought that more time would have allowed fuller involvement of other partners and older people's representatives in discussions about the mainstreaming of the project. However, given reporting and other practical constraints, this was not possible to the extent that some would have liked.

There were conflicting views about the pressure to generate regular reports to meet the evaluation requirements of the pilot. While some welcomed the regular updates on progress to the OPP, there was also the perception that the frequency and depth of reporting required diverted staff time from delivery tasks.

### 11.2 Different organisational cultures of statutory, voluntary and health sectors

In interviews with stakeholders across the local authority, health and voluntary sectors, it was clear that the different organisational cultures of these sectors did create some tensions from time to time in the implementation of the project. For example, the reluctance of the PCT to provide financial support to the mainstreaming of the project, reflected a different financial regime and competing condition specific priorities. From the PCT perspective, stakeholders felt it was difficult to see how the POPP project fitted with existing care pathways and the current local NHS priorities of Coronary and Vascular Disease (CVD), mental health and alcohol, and children's services. PCT staff thought that there was insufficient evidence to justify spending one third of their development budget on the POPP approach. Closer working with the Health Partnership Board, Clinical Advisory Groups and the Long Term Conditions Board were

seen as potentially more effective ways to engage with the health sector. Investing in the future development of POPP was seen as a risky strategy at a time of financial stringency for the PCT.

For the voluntary sector, differences in expectations and understanding of terms such as 'market development', which were used to describe the second strand of the POPP pilot, created some tension between the public and third sectors. There was a concern among some interviewees that bringing Check and Support in-house would weaken its credibility with third sector organisations, although the ongoing provision of grants to develop and maintain voluntary sector services was likely to strengthen relationships with voluntary and community sector bodies. However, both the local authority and the voluntary sector worked to adapt to the other's different organisational culture, for example, in the development of the grant allocation process.

### 11.3 Social workers slow to engage in referring people to Check and Support service

Although senior managers involved in assessments were aware of the POPP pilot, referrals from the assessment team were slow to come through. This partly reflects the POPPs focus on outreach to external groups and events. Teams involved in assessing eligibility have now started to make referrals following direct discussions with the assessment team, and reflect increased awareness of, and confidence in, the Check and Support service. Hospital social workers were about to start to referring people for a Check and Support visit towards the end of the second year of the pilot.

### 11.4 Obtaining reliable quantitative evidence of impact of prevention and early intervention

Because of the large number of variables which affect the health and well-being of older people, and the time it may take for a low level intervention to delay or prevent the need for more intensive or institutional care, the pilot faced a serious challenge in obtaining robust quantitative evidence of the impact of prevention or early intervention on older people's health and well-being. It has not just been the difficulty of demonstrating a causal relationship, but in addition, most universal and sub-threshold services would not normally record where a contact or referral has come from. This makes it hard to provide evidence that a Check and Support service has resulted in increased take-up of services.

While this did not affect the delivery of the project, it has created difficulties in providing evidence of sufficient weight to make the case for a shift in resources from the NHS into low level sub-threshold and universal services. Many POPP pilots have experienced similar difficulties in achieving a shift in investment away from NHS services into those aimed at prevention and promoting well-being. The lack of quantitative data continues to be an obstacle, although there is a considerable body of qualitative data which illustrates the impact of prevention and early intervention.

## 12 CONCLUSION

Tameside POPP aimed to achieve a sustainable shift in resources away from a focus on acute or institutional care towards earlier, targeted interventions; reduce or delay admissions to institutional care or intensive care at home; support more people to live longer in their own homes; and to increase the number of older people taking part in volunteering. It will take more than two years to achieve these objectives, and other

factors both national and local will also affect whether or not the outcomes can be achieved.

The available evidence indicates that overall the direction of travel of changes in the use of local social care services are consistent with the POPP objectives. There has been a significant shift of resources away from residential care into the targeted intervention of the Check and Support service. There has been a gradual but steady increase in the rate of older people receiving intensive home care, and a corresponding decline in the rate of to residential and nursing care, which corresponds with a wider national decline in admissions to care homes. However, evidence of changes in health service use is not yet available.

Qualitative evidence indicates that the POPP has enabled vulnerable older people to remain in their own homes, enabled them to access a wide range of services, and increase their participation in social and community groups. As a result of the POPP, the number of older people taking part in volunteering has increased, both directly as CORA advisers and promoters of the Check and Support service, but also in the groups funded through the market development strand and elsewhere. Overall, the evidence is not conclusive that the POPP objectives have been achieved, however, the qualitative evidence is positive.

In addition, the POPP has contributed to a better recognition of the needs and potential contribution of older people at a strategic level. It has worked as a catalyst in driving the older people's agenda through the Council's strategic partnerships. Older people have been able to influence and take part in decision making at the strategic level and commissioners have become more aware of the need for low level interventions.

In terms of sustainability, the future of the Check and Support service and the market development is established for the next two years when more evidence will be available about the impact of Check and Support on the take-up of low level sub-threshold services, along with whole systems data covering a longer period of time. Stakeholders mostly viewed the POPP model as sustainable because of the commitment of social care staff and the resources available; however, one interviewee suggested an alternative to a central team of advisers, involving a more dispersed approach in multi-disciplinary teams. It has helped position the local authority in a strong position for the implementation of personalisation and self directed support.

The POPP will continue to evolve. The appointment of in-house staff, greater use of referrals and monitoring of service uptake, improvements to the market development strand based on a closer analysis of the gaps in the market and results from the Check and Support service are all changes scheduled for the end of the pilot phase.

**Institute of Public Care**
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## APPENDIX A

Sample case studies

Mrs P is 81 years old and lived alone since her husband died a few years ago. She has a number of conditions and is on multiple medications. After a fall while gardening, she lost confidence and stopped gardening in case she had another fall. Following a Check and Support visit, Mrs P contacted the Community Response Service and now receives a range of telecare products and services which have reduced her fear of falling and given her the confidence to start gardening again. Check and Support also provided information about the Home Library Service which she now uses regularly.

Mrs H is 61 years old and lives alone. She requested a Check and Support visit which resulted in a Home Fire Risk Assessment by the Fire Service and had a door chain and identislot fitted by the Community Safety Unit. She expressed an interest in doing some voluntary work and has become a CORA adviser.

Mrs A is 86 years old and suffers from angina. She was referred to Check and Support by her daughter. Following a Check and Support visit, her need for a gas fire was identified. She was provided with details of First Call which provided details of a local gas fire supplier who fitted a fire for her. Help with cleaning was also needed and the CORA adviser arranged for her to have a cleaner.

Mr A is a full-time carer for his wife who has dementia. He had been paying privately for carers to come in and help him for 30 minutes each morning and when he needed to leave the house. He did not receive any benefits. After a Check and Support visit, he was referred to the Pension Service and applied for attendance allowance; to Adult Services for a carer's assessment; and the Carers Centre where he can access support for short breaks, social contact and peer support. He was also provided with information on Dementia Support Groups.

## APPENDIX B

Projects funded through small grants scheme in second stage (market development)

All Saints Micklehurst Community Bingo – Purchase of bingo machine

Anchor Trust Sheltered Housing Scheme

BAPS (Asian Women's Group) – Trip to temple

Denton Blind Centre – Coach hire

Droylsden Townswomens Guild – Expenses for speakers at meetings

Fairfield Floral Arts Society – Demonstrations by qualified floral arts demonstrators

Flowery Fields Sheltered Housing Scheme – Social committee

Get Crafty – Christmas party and entertainment for members

Golden Girls Senior Citizens Dance – Christmas trip for members

Happy Milers – Purchase of walking equipment

Hattersley Healthy Walkers Group – Day walking trip for members

Hattersley Yoga and Health Group – Contribution to the cost of yoga classes

Hattersley Line Dancers

Ogden Court residents group – Christmas meal out for residents

St George's Guild – Funding for speakers

St Martin's Community Church – Tutor fees

Stalybridge Art Club – Day trip for members

Tameside Retired Teachers Association – expenses for speakers at meetings

Tameside Stroke Awareness Support Group – laminator for calendar

Tameside Women's Prime Time Group – Room hire and tutor fees

Trenchard Court Residents Association – Social event for residents

Unison Retired Members Association

## APPENDIX C

Interviewees

| | |
|---|---|
| Stephanie Butterworth | Director, Adult Social Care, Tameside MBC |
| Paul Dulson | Assessment Business Manager, Tameside MBC |
| John Dunne | POPP Programme Manager, Tameside MBC |
| Stuart Eyres | TOPAG |
| Alan Garland | Age Concern |
| Vicki Gee | POPP Project Manager, Tameside MBC |
| Martin Garnett | Service Unit Manager, Tameside MBC |
| John Hazlehurst | Head of Adults, Joint Commissioning, Tameside PCT |
| George Knight | Help the Aged |
| Lisa Lees | Community Safety Unit, Tameside MBC |
| Ian Munro | Chair, Older People's Partnership & Chief Executive, New Charter Housing Association |
| Debbie Murray | Community Safety Unit, Tameside MBC |
| Tony Okotie | T3SC |
| Raj Patel | Chair, PEC, Tameside PCT |
| Melanie Sirotkin | Director of Public Health, Tameside PCT |
| Phil Spence | Lead Officer, Older People, Tameside MBC |
| Sue Vickers | Volunteer Centre |
| Sandra Whitehead | Unit Business Manager, Planning and Commissioning, Tameside MBC |