



**University of Brighton**

## Working towards prevention: Evaluation of the West Sussex POPP

This summary looks at the key findings of the independent evaluation of the West Sussex POPP commissioned by West Sussex County Council (WSCC). The evaluation was undertaken by the University of Brighton with research support from WSCC to undertake the Quality of Life questionnaires with older people. The evaluation ran for the two year period of the pilot and concluded in July 2009.

### Key points

- The initial client base for the POPP was significantly older and more frail than anticipated with the 85+ age group much more in evidence than the 'younger old'
- A 'person centred approach' is helping older people to feel comfortable approaching the service and to feel that it is there to help them.
- POPP is meeting a previously unmet need for low level and prevention services particularly around practical help, welfare benefits take up and social isolation.
- The integration with other services is key to the success of POPP and it is acknowledged that better integration is needed at a local level particularly with local primary care services.
- The amount of time and energy taken up by the implementation process was significant and the tendering and recruitment processes particularly drawn out. The resulting more limited period for the pilot makes it difficult to show long term benefits at this stage.
- The role and contribution of the voluntary sector has been significant to the way POPP has developed and is seen by older people.
- The pilot has challenged organisations and agencies with different ethos and ways of working to work in partnership. The commitment of staff and the 'collaborative skills' of key individuals have helped this process.

**Research  
Findings**

July 2009



## Background

The Partnerships for Older People Project (POPP) Programme is one of a number of national government policy initiatives which seek to ensure quality of life for people in later life. There have been 29 pilot sites funded to deliver POPP services and the West Sussex POPP was one of the ten pilot sites allocated funds in the second stage of the programme.

The original broad aims of the West Sussex POPP were;

- to improve the quality of life of Older People in West Sussex in ways they identify themselves
- to enable Older People to have greater personal control over their health and well-being, to remain independent wherever possible and to be free from discrimination

The model used for the West Sussex POPP was conceived as a whole system approach capable of accessing and responding to the needs of individuals and developing the capacity of the broader community to respond to the needs expressed. The key components of the model were identified as;

- involving statutory and voluntary agencies in working collaboratively to develop an integrated, locally based single point of access service that was more older person centred in approach;
- through the formation of Neighbourhood Networks encouraging the development of collaborative working across the voluntary and community sector and the development and support of community based groups and activities for older people;
- setting up Older People's Reference Groups through which the 'older voice' could be heard and older people could become more involved in the development of services aimed at them

The evaluation worked over the period of the pilot with groups of those involved with the POPP at operational and more strategic level to gain an

overall picture of how it was operating, the challenges and benefits to those involved, the anticipated long term outcomes and the short and medium term changes achieved within the project period.

The impact on older people receiving POPP services was sought through the use of a shortened version of the national POPP evaluation Quality of Life Questionnaire and interviews with selected users of the service.

The evaluation looked at the development of the Community Partnership Teams (CPTs), the Neighbourhood Networks (NNs) and the community based engagement work and included the views of key stakeholders.

A number of key themes emerged from the evaluation and this summary considers these from the different perspectives of those involved.

## Who is the current client base for POPP?

Interviews with CPT and Community Engagement Staff (CEWs) indicated that the client base was significantly older than anticipated.

More people aged 85+ and fewer of the 'younger old' were referred to the CPTs than anticipated. This meant more direct intervention and less prevention work than they had expected. Many of these older people were also significantly frailer than had been anticipated and had a number of needs. Some were in need of more support than the CPT could offer and had to be referred to mainstream services.

From the CEWs perspective they were seeing some very much older people who were still active and whose need was for socialising opportunities and varied activities.

Data from questionnaires and interviews reinforced this view from staff. The statistics from the baseline questionnaires indicated that 80% were aged over 75 (39% over 85) 14% were aged between 60 and 75 and only 2% were aged under 60 (4% did not state age). 73% were female and of these 42% were aged 85 or over. On a scale of 0 to 100, with 100 being the best imaginable health state, 47% reported their health state was 50 or below.

For example, a 92 year old woman living alone had been referred to the CPT by her son and within a couple of days had received meals on wheels and an additional Zimmer, smoke alarms had been fitted by the Fire Service and she had been put in touch with a housework agency that she could afford. She commented

*there are lots of things I can't do at 92! They were really wonderful. I wouldn't be without them. It has made a difference to me.*

An 88 year old man caring for his wife was supported to claim a Carers Allowance and Attendance Allowance and highlighted the level of unmet need that the POPP was tapping in to:

*We were surprised because the whole thing has opened up a big window of help that we knew nothing about. We just carried on, at our time of life; we didn't expect to get help from anybody you see. We thought...if help was coming it would be routed through the doctor you see. We weren't aware of what we could get they (CPT) suggested it.*

Difficulties contacting and engaging more isolated older people were a shared concern for both the CPTs and the CEWs. Contacting older people in the more socially and economically deprived areas and dealing with the particular difficulties of the large rural areas in the county were identified as particular challenges:

*It is one of the challenges of the job lonely isolated people by definition are the hardest people to contact*

In some areas staff had prioritised developing relationships with Black and Minority Ethnic (BME) communities. It was becoming clear that whilst the proportion of people within BME communities who are reaching old age is increasing, the critical mass of numbers is not always enough in most areas to generate resources for specific tailored help. This challenges services like POPP to develop appropriate responses for these communities which in some instances are seen to require specialist provision.

One challenge for both the CPTs and the CEWs was advertising their service to as broad a group

of older people as possible, in a way that enabled people to identify support relevant to them now or in the future. The CPTs were finding that a lot of 'younger' older people did not yet see the services as relevant to them as they were 'not there yet' and teams were working to promote the prevention potential of POPP amongst this group. CEWs were also starting to engage older people of all ages to take part in or develop activities around things they enjoyed doing. Through volunteering older people were learning about what POPP could offer and helping to spread the word into the broader community.

## Person centred approach

The ethos of POPP at all levels was that older people's views and needs should drive developments. One of the challenges identified by CPT staff was a tendency amongst older people to be reluctant to seek help - they 'managed'. This, coupled with a concern that any contact with a statutory agency might result in them losing independence or choice had made it difficult to encourage people to take up services. The approach of the CPTs and particularly the role of the Community Link Workers (CLWs) was starting to allay such fears and to encourage older people to see the service as aimed at them and available to meet their needs.

The feedback given to staff and our interviews with older people indicate that once in contact with the CPT people have found the service has made a big difference to how they feel and cope and to the services and benefits they have been able to access.

Despite some problems in sorting out the boundaries between the two sets of community based staff (CLWs and CEWs), as the pilot progressed these two roles have provided a developing link across the POPP. Older people coming into contact with either CLWs or CEWs can be cross referred, therefore gaining access to group activities and volunteering opportunities, or to services and benefits. It is the needs and wishes of the older people that determine the help they receive. The link between these two sides of the model also increases the opportunities for 'word of mouth' recommendation to circulate within the broader community. It is anticipated that this will

encourage familiarity and take up.

One of the significant experiences of CPT staff has been the importance of being able to spend time with older people. This not only allows them to understand more fully what the presenting and less obvious issues are, but also makes the person feel they have been heard and understood:

*they could ask us anything from I need someone to walk the dog to I've got an appointment at the dentist I'm terrified and I need someone to take me*

## Responding to need

By the end of the evaluation it was evident that POPP was responding to significant levels of need and beginning to meet a gap in low level and prevention services. From the CPT perspective a high level of practical support was being required and offered and they were seeing an increase in take up of welfare benefits amongst those referred to them. They were responding to problems resulting from social isolation as well as to problems experienced by carers of older people. Joint work in many areas with the Fire Brigade was meeting needs for safety advice in the home.

The number of self referrals was increasing. The employment of staff from the BME communities as CLWs in Crawley was enabling a better reach into those communities and was developing understanding of factors affecting their take up of services.

Neighbourhood work was developing in response to individual referrals and to the findings of the gap analyses. This was addressing a broad spectrum of need from social isolation to support with the more complex needs of dementia. Bringing people together who enjoy playing the same game or just for tea and chat were examples of simple but effective ways of reducing isolation - particularly in the rural and more socially deprived areas.

There were examples of beneficial cross over between the work of the CPTs and the NNs. There were examples of initiatives that could impact both on health and social isolation: responding to the need for lone and isolated men to have support with cooking, and encouraging previously keen walkers to meet socially for a town walk.

## Local integration of services

Throughout the early stages of the evaluation interviewees identified difficulties in relation to integrating POPP within the overall service system. These difficulties related to awareness, different cultures of working, duplication and recognition and the challenges were common across a number of the aspects of POPP. As time progressed such difficulties were being more clearly recognised and action was being taken to surmount them.

### The CPT perspective

From the CPT perspective better integration with primary care on a local level through GP surgeries was seen as essential. This was not just to ensure that the team was able to access older people needing their services, but also to promote the particular contribution that the multi agency team could make to local provision. In many areas the relationships with GP surgeries were undeveloped and it was felt that the value of the POPP contribution was not broadly recognised. The Unique Care pilot in Worthing seemed to provide a way for the services to work together more productively and as the evaluation was finishing this way of working was due to be rolled out to GP surgeries in other parts of the county. The case finding process previously used successfully as part of the HEPOP programme was also being introduced.

Strategic partners acknowledged that the restructuring of the West Sussex Primary Care Trust (PCT) during the pilot had not helped them to engage fully with POPP, and the need to create much more effective linkages between POPP and locally based primary care and community based health services was fully accepted.

The formation of the Joint Commissioning Board was seen as a positive contribution to this ongoing process. Building relationships with primary care was thought to be made more difficult by the fact that the project was seen primarily as a social care service. However, it was felt there was some improvement in understanding of the *inter connectedness between healthy communities and individual health and well-being*.

Linkages with Adult Social Care were more developed as many of those staff seconded to the

CPTs had strong links into the locality teams they had worked for. These staff connections, coupled with many CPTs being based in Adult Social Care locality offices, created a route to fast track clients into more acute or higher level services. However the loss of experienced staff to the locality teams in a period of local and national shortages of suitably qualified staff was considered to have created pressure on the locality teams and, in turn, pressure on CPTs to pick up more needy clients than had been intended.

The employment of the CLWs by voluntary organisations was acknowledged as creating structural and management problems for the CPTs and for the employing voluntary organisations. However the inclusion of the voluntary sector within the CPTs had brought with it staff with different and relevant experience and connection with the specialist skills and expertise of key voluntary sector providers.

The inclusion of health, social care and voluntary sector knowledge and experience within the teams was recognised as enabling the CPT to be seen as a more independent community based service which encouraged older people to use it.

### **The NN perspective**

The initial Gap Analysis undertaken by each NN enabled a base line of community provision and activity to be established and a fuller picture to be developed of the varied levels of existing activity in the area. This was seen as helping to avoid duplication, and develop potential for sharing and linking groups and resources. It was helping to identify the needs of smaller sections of the broader community and enabling groups to be developed to support them.

However, there remained concern that too much was being developed 'new' without sufficient reference to existing voluntary sector provision and some organisations saw threats to some long standing services and to quality control. The use of a standard model across all areas was seen as creating overlap in some cases and as being insufficiently flexible to work with existing fundraising, link worker and community development roles in both voluntary and statutory sectors.

The linkages that were being made through the NN were significant. Groups were developing knowledge and understanding of each other's interests and priorities and the networks were enabling collaborations between small and larger organisations and those with a broader remit regionally or nationally.

Not only were networking relationships developing but there were also convergences of groups and interest around some significant cross community issues like transport and dementia which were serving to raise the profile and level of activity on these issues.

### **Working in partnership**

*Partnership working is not to be underestimated*

It was broadly accepted by those involved in POPP that both opportunities and challenges for working in partnership were significant.

### **The CPT perspective**

One of the biggest challenges for the CPTs was to work across the different cultures and ways of working of the organisations involved. The early development of the teams was hindered by structural and management issues which included the lack of a single lead role, the number of different line managers, separation between team members in some cases and insufficient space to meet together in others.

Possibly more importantly the ways of working were different and all the teams struggled with boundaries around assessment and responsibility. There was a voluntary sector management perspective that their contribution was not equally valued and whilst some staff on the ground agreed with this many were increasingly positive about how their teams were developing.

### **The NN perspective**

The NNs were seen as an opportunity for partnership working to develop. It was hoped that strong local relationships would be built and that the networking between organisations would develop understanding, avoid duplication and ensure that the voices of the voluntary and community sector were better heard and valued.



By the end of the evaluation there was evidence from the networks that more collaboration was taking place, better understanding was developing and smaller organisations felt more included and supported.

Some of the bigger partners, particularly those employing staff, were clear that they had been able to promote their services more appropriately to some communities as a result of the connections made in the network. It was also clear in some areas that within networks there were opportunities to start to look collectively at some of the more long term issues.

Networks were developing at different rates and those in areas that had previous collaborative structures around older people's services were more advanced. There had been significant challenges to partnership working as a result of the competitive tendering process and working through these had delayed the development of partnership working in some areas.

*they are wanting us to work in partnership but putting us in a position of direct competition*

POPP was providing an opportunity for both strategic and operational links to develop. Staff interviewed saw the Older People's Reference Groups (OPRGs) in each NN area as a developing opportunity for older people to be more actively involved in discussing services and developments.

The engagement with older people was more developed in some areas than others depending on whether similar forums had been in existence and how those were linking with the OPRGs. Those involved in setting up the groups were seeking to involve people who hadn't previously been active in forums and suggested that this was happening slowly.

The views of older people themselves were not sought in this part of the evaluation but there was acceptance from POPP staff that the challenges in involving older people lay in creating structures in which they felt comfortable contributing and where they felt in control of the process rather than tokenistic members.

Volunteering was seen as another way to involve older people, including those who do not feel

comfortable in meetings. Numbers of volunteers were growing slowly and there was recognition that volunteering was not straightforward for everyone and in some cases older people might also require services and support themselves. There was awareness that it might be unrealistic to anticipate that large numbers of older volunteers would come forward, and that generational factors affect the perception both of volunteering and of 'managing for yourself.' An ongoing service would need to be flexible to respond to changing needs and expectations.

### **Partnership across all three sectors**

Voluntary sector participants saw the relationships that were developing through POPP as contributing to greater equality amongst sectors and enhancing the value and respect accorded to their contribution. One suggested that one objective for the sector was

*to give statutory agencies particularly ones we are not engaged with a really positive experience of working with the voluntary sector... an opportunity to break down those barriers and help people get an understanding of the benefits to their clients of us working together*

Statutory stakeholders recognised that the complexity of their organisations, the financial challenges they faced and the need to respond to government policy would continue to make collaboration difficult. The restructuring of the PCT during the course of the POPP pilot had not helped them to take as full a role in the POPP as they would have wished and they recognised the need to rebalance this. There was also recognition of the particular voluntary sector contribution to the development of partnership working.

*they moderate the way the public sector behaves quite a lot they have much more of a client focus than a bureaucratic focus shall we say. The way they think and talk is different and it's very good that we share that thinking*

### **Complex models**

The complexity of the model developed for the POPP was acknowledged from all sides. In the

early stages of the evaluation the overall model was not well understood and the different pace of development of the CPTs and the NNs was not helpful to ensuring effective linkages. Delays in the tendering processes and the complexity of employment arrangements had also made it difficult to realise the full potential of the model in the first phases of POPP.

Where the model was working well there was evidence that some roles were instrumental in this. Having both the CLWs and the CEWs in place and with good communication between them was helping as was having a neighbourhood network co-ordinator with good links to the CPT. There was some evidence that things were working better where there were clear management links between the NNC and the CEWs and where the supervision and management relationships in the CPT had been positively agreed.

There were considerable reservations about adopting the same model in each area. The fit with existing ways of working was problematic in some areas, and existing partnerships and roles in some cases had to adapt or change to work with it. Equally significant was the concern that the model had been developed for an urban area and would not necessarily be able to deal with the challenges of the more rural areas.

There was concern from some stakeholders and from the voluntary sector that the relationships between POPP and the District and Borough Councils and Local Strategic Partnerships were not well developed and that this had caused confusion and overlap on the ground.

## Implementation

All sides agreed that the implementation had taken much longer than had been hoped for. The tendering process was experienced by the voluntary sector as too bureaucratic, and coupled with a complex recruitment process across a number of areas and partners this had caused significant delays to the implementation timetable. As a result some of the areas had only been fully operational for a year or less when the evaluation concluded.

The tendering process had required a lot of hard work and time from voluntary sector organisations

and both they and statutory stakeholders were concerned about the stress that process had put on their capacity. Voluntary sector partners felt that insufficient time had been allowed for the development of effective bidding partnerships and it was suggested that there should have been more awareness of the potentially divisive impact of a competitive tendering process on the sector.

However, having survived the process, both sides had learnt from the experience. Interviewees said this would inform the development of voluntary sector commissioning strategies and improve the skills of the voluntary sector to deal with future tendering opportunities.

The importance of key individuals and those who were '*collaborative workers*' in the implementation process was recognised. This coupled with a '*can do*' attitude in many situations was seen as having significantly helped to get the model up and running successfully.

## Other benefits

- POPP was seen as having provided an opportunity to bring different skills and experience into the sector and the route for this had been the employment of the community based staff through the voluntary sector.
- Many voluntary sector organisations recognised that the profile and understanding of their organisations were raised through their involvement and that collaboration was increasing the reach of the services they could provide together.
- Many smaller organisations had welcomed being part of what was happening and felt better informed and recognised as a result.
- The statutory health and social work staff welcomed a return to more community based ways of working and felt that they could make a difference.
- Being a pilot gave a sense to many that they could try things out and learn from what worked and what didn't.

## Conclusion

The evaluation acknowledges the challenges of the context in which the pilot was developing. West Sussex has an increasing number of people living into old age likely to need input from services and a diverse population with pockets of affluence and deprivation. The rural nature of much of the county makes transport and access to services more difficult and the needs and cultural differences of ageing BME communities in parts of the county increase the complex service needs.

Two years is a very short period over which to demonstrate long term outcomes resulting from the implementation of a preventative approach to working with older people. Results indicate short term changes and some medium term outcomes that, if these ways of working are sustained, could generate the anticipated long term outcomes.

Despite the delays in implementation and the complexity of the model the evidence of the evaluation suggests the two pronged model was an appropriate approach to adopt in the West Sussex context. Whether the same model is as appropriate in all areas and whether it is sufficiently robust to meet the pressure that prevention initiatives face from mainstream services is less clear.

The experience and ethos of the voluntary sector has made an important contribution to the development of sensitive and supportive services for older people and the community based response to social isolation.

## About the research approach

Using a partial Theory of Change approach the evaluators sought to capture the process of change as much as the achievements. This involved working with team members as early as possible after the establishment of CPTs and NNs to explore their thinking about ways of working in order to achieve outcomes, and then later to reflect on the successes and challenges and consider how they had adapted or learnt in the process.

Data about older people referred to CPTs was collected by means of questionnaires and interviews. Questionnaires were a shortened version of those used by the national evaluation team and proved to be not entirely appropriate to the client group.

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## For more information

**The West Sussex Partnerships for Older People Project (POPP): Working towards prevention 2009** by Marian Barnes, Phil Cotterell, and Naomi Smith from the University of Brighton and Chris Rainey, Di Hughes and Susan Davies from West Sussex County Council is an independent evaluation commissioned by West Sussex County Council.

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