

## **Strategic Evaluation of a UK Partnerships for Older People Project**

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*This paper examines some of the major issues and policy surrounding evaluation of UK government intervention projects for Older People. It reviews some of the literature concerned with facilitators and barriers to such initiatives, evaluation approaches that can be considered for this type of project and models of standards that can be applied to such projects, when outcomes are concerned with quality of life and well being of service users. The paper generates some debates surrounding the methodological development of evaluation approaches for public projects especially when considering that evaluation for the Older People Projects is undertaken on two levels (local and national) and the stakeholders can range from government bodies through to communities, families and individuals. Finally this paper generates a forward local evaluation plan for the Knowsley UK project that considers a salutogenic orientation.*

Field of Research: Public Governance and Public Policy relating to Business

### **1. Introduction**

The Partnerships for Older People Projects (POPP) is a £60m programme led by the UK Department of Health to establish a number of innovative pilot projects to test the effectiveness of different models of preventative approaches. Their aim is to assist the wider health and social care community make the strategic shift towards prevention that UK government policy now sees as a priority. The POPP programme is seen as a very important test bed for the preventative shift that the UK wider health and social care community is expected to make in future years, (White Paper, UK, 2006). It is therefore being supported by the Change Agent Team, part of the Care Services Improvement Partnership which supports the implementation of the Government's policy commitments for all care services. This support occurs in a number of ways. In particular, there is a commitment to extracting the learning from the pilots and disseminating this as effectively as possible to the wider health and social care community:

The first round of the POPP programme started in April 2006 but notification of success to applicants was received at the beginning of that year. Twenty-nine partnership bids emerged from a rigorous evaluation of the bids that were received and Liverpool John Moores University (LJMU) was selected as the evaluator for the two year POPP programme run in Knowsley, Merseyside near to Liverpool, UK.

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The successful UK bids provide a real opportunity to test a range of different approaches for making a systemic and sustainable shift towards prevention. They encompass a range of new models of service, all of which are potentially replicable and all of which are designed to shift the balance of services away from high level needs towards earlier, preventative interventions. Most importantly, the POPP have the potential to deliver the outcomes set out in a recent agenda (Green Paper, UK, 2005). A close examination of the pilots reveals just how tightly aligned they are to this new agenda.

The outcomes for social care include: Improved Health; Improved Quality of Life; Making a positive Contribution; Exercise of Choice and Control; Freedom from Discrimination or Harassment; Economic Wellbeing and Personal Dignity (*ibid*).

There are a number of distinctive service models being trialled in the pilots, including:

1. Telecare – linked to the forthcoming 'Preventative Technology Grant'.
2. Empowerment and involvement – of older people, in a voluntary or paid capacity,
3. Access – to all older people within some of the most deprived areas of authorities.
4. Workforce redesign and organisational development – for more seamless working at operational levels.

## **2. The Knowsley POPP Project Outline**

Knowsley is one of the five metropolitan districts of Merseyside. It covers an area of 33 square miles (8,651 hectares) and has a population of approximately 150,600 people, living mainly in a number of suburban townships including Huyton, Kirkby, Prescott, Whiston, Halewood, Stockbridge Village and Cronton. The Knowsley project is based on partnership between the Social Services Department and other Knowsley Metropolitan Borough Council Departments, the Primary Care Trust, specialist NHS Trusts, voluntary and community groups, housing agencies and older people, themselves, all of whom have been closely involved in the bid development. It is further supported by the local hospital trust and other organisations such as the Fire Service and Department of Work and Pensions.

The Partnerships for Older People project aims to make a significant contribution to the achievement of the overall aim of the Local Area Agreement pilot and the specific targets detailed within it.

The project also:

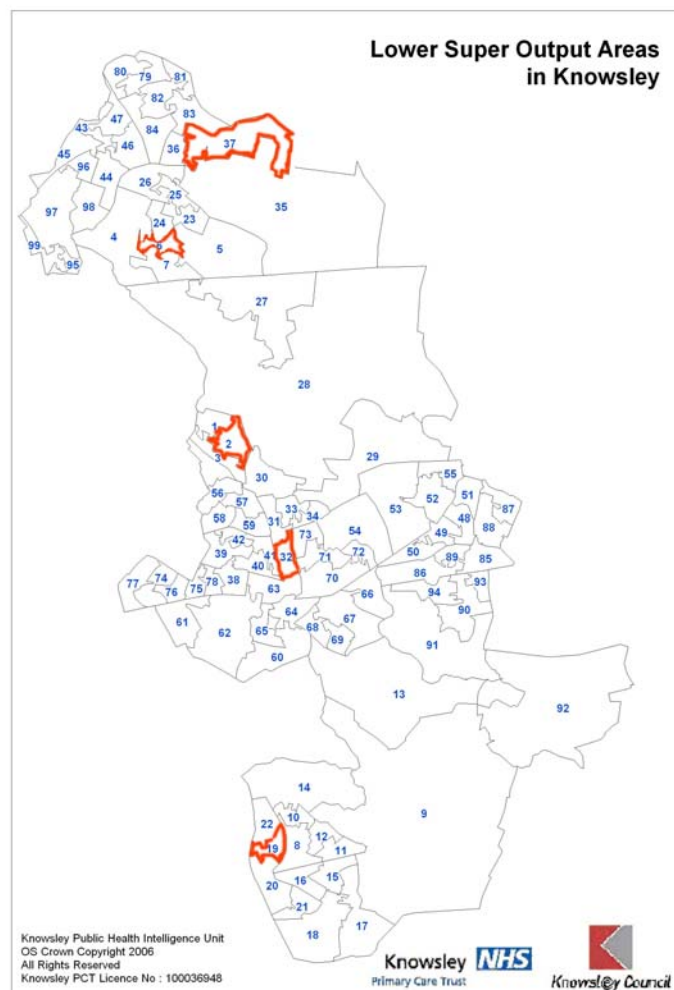
1. Aims to tackle the entrenched social and cultural factors that lead to poor health. Focus on well being and prevention will be everybody's business.
2. Builds on existing, well established partnership arrangements and extends the approach and services already developed in Knowsley,

bringing the issues of health and well being to the doorsteps of older people.

3. Aims to develop a system of prevention and care, applying a synergistic approach such that the total effect on health and well being is greater than the sum of the separate interventions.

The project outcome will be an integrated community based model of care and well being adopting a “whole system approach”. This will reinforce and extend well being and health promotion services, whilst ensuring that a robust infrastructure exists for higher level needs, to prevent admissions to hospital and facilitate discharge. A clear focus will be to include older people with mental health needs and their carers across the range of developments. The target population was identified using Social Marketing. This has prioritised the most deprived areas of the Borough, in order to make an early impact on the health and well being of older people. The areas identified usually experience both adverse socio-economic and health outcomes.

The target areas were identified through preliminary analysis of Super Output Areas (SOA), undertaken by colleagues in Public Health and the Council Planning Department. The top five were identified. This analysis included the location of older people (Figure 1), including those living alone, levels of deprivation and poor health, and use of mainstream social care services (extracts Table 1).



**Figure 1: Lower Super Output Areas in Knowsley, Merseyside UK, Source Knowsley Public Health intelligence Unit**

Location in Knowsley	Super Output Area	Knowsley rank of deprivation	Knowsley rank over 60s Population	Total ranking Score	Over 60s population	% SOA Pop
Northwood	37	10	9	19 (1 <sup>st</sup> )	416	23%
Stockbridge	2	15	12	27 (2 <sup>nd</sup> )	392	26%
Cherryfield	6	14	17	31 (3 <sup>rd</sup> )	384	25%
Longview	32	18	14	32 (4 <sup>th</sup> )	391	26%
Halewood	19	29	4	33 (5 <sup>th</sup> )	463	34%

**Table 1: Lower Super Output Areas, details, Source Knowsley Public Health intelligence Unit, Merseyside UK**

The project elements consist of:

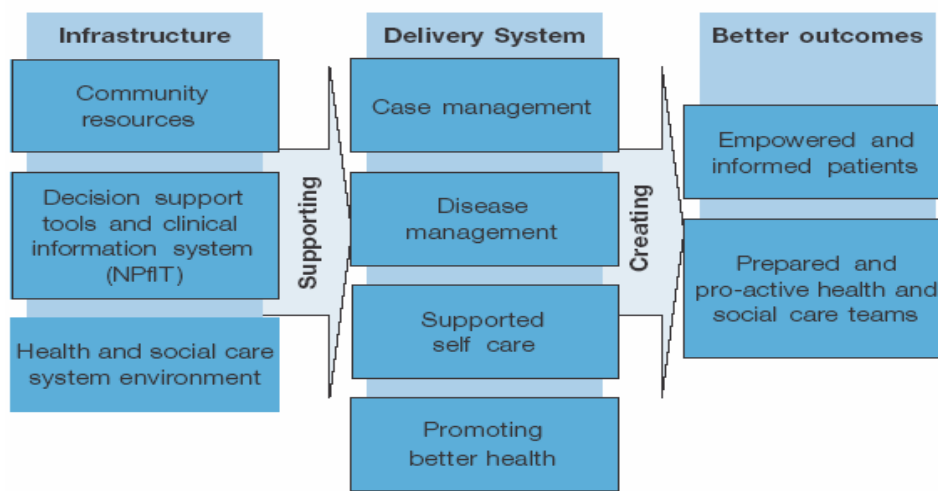
- I. The I Kan approach – This consists of an "I know someone in Knowsley who can" I Kan team to pilot a new approach to prevention and well being. This team is based upon a unique and innovative partnership comprising social services, health providers, other council departments, housing providers and voluntary sector organisations and will have a limited life span. The team will generate an integrated, broad based and enduring approach to supporting the well being of older people, encouraging appropriate timely intervention service take up by older people, with a target of 400 older people in each of the top five Super Output areas.
- II. A peer based mentoring/befriending service - With Age Concern Knowsley it provides a peer based visiting service and works in partnership with Knowsley's community based Ageing Well service. The project includes the establishment within Age Concern Knowsley of a post to collate and maintain information.
- III. A flexible support worker service - This is also able to respond to crises and sudden or fluctuating changes in need. The project creates five additional posts that will support discharge from hospital in a more timely fashion. Additionally The project proposes the creation of a Transitional Adult Placement Service to be provided by the Personal Services Society (PSS) a voluntary organisation.

### 3. Literature Review

Due to their size there is a wide range of problems that the pilots seek to address. They range across: Hospital and/or care home admissions; Older people with mental health problems; Early identification and support; Specialist services; Hospital discharge support; Assistive Technology (notable in Knowsley) and Training.

The POPP pilots contribute a lot to the Long Term Conditions agenda. If analysed against the NHS and Social Care (LTC) Long Term Conditions Model (see Figure 2 below), there are clear linkages between many of the 'building blocks' and this model and many of the POPP pilot initiatives (Department of Health UK, 2005). 'Promoting better health' which underpins the LTC model is fundamental to so many of the POPP pilots. POPP also delivers on the 'health and social care system environment' building block with its testing of many different models for implementing resources shifts away from reactive service, both vertically from acute to primary, but also horizontally across the health and social care agency boundary.

**The NHS and Social Care Long Term Conditions Model**



**Figure 2: Supporting people with long term conditions, Source: (UK Department of Health, 2005)**

In terms of Public Health, many of the POPP pilots provide targeted interventions to improve people's health and well being. Some pilots are particularly strong on this element; for example, service integration is a particular feature of the Knowsley POPP.

Apart from the obvious benefits to individuals, one of the key drivers for making a preventative shift is to alleviate the pressure on acute and institutional services. A number of mechanisms to shift resources where needed include: Joint Commissioning; Local Area Agreements; Health Act Flexibilities; Systems redesign: New roles and ways of working; Care Trust as lead commissioner; Payment by Results; New tariff; Practice based commissioning and Building on Innovations Forum work.

(Robinson *et al*, 2006) has examined both facilitators and barriers to health promotion additionally outlining several perspectives that informed this. First, from an interpersonal health behaviour perspective, social cognitive and/or learning theory is seen as informative, based on its assertion that behaviour is a product of the interaction between individual and environmental factors. Second, from a planning perspective is the identification of enabling and impeding factors for health promotion operating at individual, organizational, and environmental levels as part of the *precede-proceed* model of health

promotion planning. Thus, facilitators and barriers can be categorized as attitudes that predispose action, skills, and resources that enable change and feedback that reinforces change. Finally, socio-ecological theory highlights the importance of interconnections between groups and organizations and the broader environmental context that influences health promotion efforts positively and negatively. They contend that the focus has been on one of three linked stages of health promotion practice:

1. capacity building that is, resource, infrastructure, and skill development for planning, programme development, etc.; (Joffres *et al.*, 2004);
2. programme implementation (Taylor *et al.*, 1998); and
3. evaluation and/or research (Rootman *et al.*, 2001).

Facilitators and barriers have also been studied at one of several levels including communities (Robinson & Elliott, 2000), coalitions and/or networks (Foster-Fishman *et al.*, 2001), and public health organizations (Riley *et al.*, 2001).

(O'Neill and Simard, 2006) have posed a series of five questions surrounding the evaluation of projects, they include: why evaluate; what should be evaluated; who is the evaluation for; who should undertake the evaluation and how should the evaluation be performed. They arrive at three conclusions:

- I. It is essential that those involved in opportunities make a critical examination of their work to demonstrate to funding bodies, that results justifying their investments are reached.
- II. There is a need to strongly reject a uniform and monolithic approach to evaluation. Tension will always exist between groups or individuals on the priorities for evaluation methods to achieve them.
- III. Each project must equip itself with an evaluation process meeting its own needs, in order to achieve a consensus on evaluation amongst the various stakeholders.

(Judd *et al.*, 2001) warn that community-based health promotion often emphasises elements of empowerment, participation, multidisciplinary collaboration, capacity building, equity and sustainable development. They go on to say that this opposes equally powerful notions of evidenced-based decision-making, accountability and with funders' and government decision makers' preoccupation with measuring outcomes.

The counter argument is that optimal standards for community-based health promotions depend on the circumstances. That is, standards should be set from a salutogenic orientation (*ibid*) a concept adapted from earlier proposals (Green and Kreuter, 1999). There is a development of eight types of standards (Judd *et al.*, 2001) and the authors recommend that each type be considered in planning the evaluation of community-based health promotion projects. The standards are arbitrary; experiential (community); utility; historical; scientific; normative; propriety and feasibility.

## 4. Methodology

The evaluation of the POPP sites is that of a two level evaluation. LJMU as the local evaluators support the National Evaluation. The role of the National Evaluation is to ensure that the specific core and subsidiary data from each of the sites can be centralised ensuring a robust overview of the progress of each site. Such data will also be measured against comparative data from across England to enable an assessment of the impact of the POPP sites against the impact of other activity, such as specific policy requirements. We evaluate based on the fact that evaluation specialists name several reasons, increasingly focused on the capacity of stakeholders to find something useful and relevant in these operations (Patton, 1997; Lincoln and Guba, 2000).

The overall objective of the project (linked to targets) is to address the high levels of health and socio-economic deprivation in Knowsley, which leads to a high level of reliance on acute and emergency health, and social care services. In empowering people to take charge of their health and well being, there is an expectation that measurable improvements in these aspects of people's lives will result. An objective is to also empower communities and increase their engagement in addressing the health and well being agenda.

A range of people from different disciplines and older people themselves will acquire further skills and knowledge therefore improving well being and quality of life and to develop, with the evaluation partners, a range of indicators relating to 'quality of life' that will signpost the direction of travel in respect of achieving longer term aims. In the shorter term it is expected that the I Kan team and mental health components of the scheme will have a measurable impact in reducing reliance upon emergency and/or hospital care, and institutional care, and increase the use of community based services as targeted below (Table 2).

<b>Service Area/Targets</b>	<b>2006/07</b>	<b>2007/08</b>
1. Reduction in numbers of A and E attendances	120	197
2. Reduction in emergency hospital admissions	73	150
3. Reduction in in-patient mental health bed days	506	760
4. Avoided category c calls	45	133
5. Avoided Ambulance Trust call outs	36	75
6. Reduction in care home placements	7	7
7. Increased take up of intensive long term home care	7	7
8. Increased take up of intensive short term home care	73	150
9. Increase in the proportion of older people accessing low level prevention or protective services such as meals, shopping, telecare, befriending services provided by the council/voluntary sector	LAA target is to increase from 3% to 4%. In POPP targeted areas it will be 5%	LAA target is to further increase to 4.5%. In POPP targeted areas it will be 5.5%
10. Increased attendance at health events, campaigns or activities LAA target (currently 10, 415)	increase by 5.7% to	LAA target to be agreed

In POPP targeted areas	11,000 increase by 6.5%	
11. Reduction in number people aged 75+ admitted to hospital where primary diagnosis was injury caused by fall or hypothermia	In POPP targeted areas to decrease by further 25% on 2005/06 out turn	In POPP targeted areas to decrease by further 20% on 2006/07 out turn

**Table 2: Knowsley Project Targets**

The methodologies used involve a range of quantitative and qualitative measures for evaluation and focus on operational processes, outputs and outcomes. Quantitative approaches used aim to yield appropriate metrics and data from surveys to measure quality of life and well being and the qualitative approaches involve evaluation and analysis of desk research and feedback through consultation with key stakeholders, in the form of focus groups or individual interviews, in order to support an evaluation of user involvement. This postpositivist position is used as the informer of decision makers, policy makers and change agents (Guba and Lincoln, 1994). The intended plan for this work aims to facilitate reporting to meet local quarterly reporting requirements over two years as well as monthly data returns to the national evaluators. Using dedicated researchers, it is felt that this allows for a hands-on action learning approach. It is envisaged that this structure would allow for identification of emerging issues and elements of change processes and provide outcomes to inform development and feed into the Project Lead Network/National Evaluation. The hegemony is “in control of publication, funding promotion and tenure.” (*ibid*).

The Local Evaluation Team research approaches therefore include the following:

1. Stakeholder and service user voices (interview and focus groups)
2. Documentary Analysis
3. Service user data set
4. Quantitative data collection for quality of life and well being evaluation (older people and this group with mental illness), local quantitative indicators and evaluator design
5. Data collection in respect of computer use (Age concern initiative)
6. Case study development from all of the above

The National Evaluation Team data requirements include the following:

- I. Returned Public Service Agreement (PSA)
- II. Analysis, using comparative data, of progress of POPP sites against Long Term Care (LTC) target.
- III. Quality of Life/well being questionnaire results (national evaluator design)
- IV. Cost data from localities
- V. Local Indicators which include forecast targets

To ensure that the Evaluation is robust and rigorous, two specific quality assurance measures have been set up. The first is through a monitor from



the UK Department of Health Advisory Group (and Steering group) key activities of the evaluation will be monitored and guidance provided. This group will be involved at a micro-level. The local evaluators operate through an evaluation workstream with two representatives from the local older people's voice as well as stakeholder managers from each of the project areas. Quality assurance is also being managed through approval of the LJMU Research Ethics Committee and Governance from the Knowsley Metropolitan Borough Council.

## 5. Discussion

On the POPP programme there are many innovations and many different models of service redesign. This variety can mostly be encapsulated within the following themes: Timely or early interventions; Low level support; Empowerment and involvement; Cultural change and Joint working.

What is very marked within the POPP programme is:

1. The extent to which 'empowerment and involvement' is such a strong feature of many of the projects.
2. The way in which so many of the pilots so far have developed a 'whole system' approach to prevention.

What is very marked with the Knowsley POPP so far is:

- I. The importance of partnership working
- II. The strategic thrust of the project is systemic.
- III. Processes are robust

A traffic light system of project reporting is in operation to funders, and currently this Knowsley pilot project has a green light status. This is positive in light of the possible facilitators and barriers identified earlier (Robinson *et al*, 2006). So far on this project, with green light status there is a robust approach.

## 6. Conclusion

The evaluators of this project aim to focus on processes, outputs and outcomes. In planning the way forward this evaluation will proceed as follows:

*For operational processes* a qualitative evaluation surrounding stakeholders will occur supported by an adapted balanced scorecard approach (Aidemark, 2001)

*For outputs at the local level* documentary analysis will occur throughout the project lifetime and project activities will be quantified. Service user data sets will be evaluated to incorporate demographic and personal health data, team involvement, referral records as well as quality of life and well being evaluation, complemented by evaluations of older people with mental illness. Local quantitative indicators will be identified to exemplify the project and

coupled with computer use data (Age concern initiative). This direction will allow for model development with a salutogenic orientation in addressing how the evaluation should be performed (O'Neill and Simard, 2006). A consensus on evaluation amongst the various stakeholders is important for developing the project.

*For outputs at the national level* there will be PSA and LTC target analysis based upon returns as well as Quality of Life/well being questionnaire results and cost data from localities. This evaluation will be across national projects.

*For outcomes at the local level* PSA and LTC targets, as well as quality of life and well being indicators, serve as imposed measurable outcomes. However coupling this data of arbitrary; experiential (community); utility; propriety and feasibility standards, whilst engaging stakeholders in inclusive empowering dialogue (Judd *et al*, 2001), should serve to help to yield new knowledge that will contribute to health, well being and quality of life of individuals, families and the community of Knowsley.

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