

Evaluation of the Kent INVOKE POPP Programme

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RESEARCH
SUMMARY

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BACKGROUND

Within the Partnerships for Older People Projects (POPPS), a total of 29 local authority-led partnerships including health and third sector partners (voluntary, community and independent organisations) were funded by the Department of Health to deliver and evaluate local, innovative schemes for older people. The POPP projects aimed to:

- provide person-centred and integrated responses for older people
- encourage investment in approaches that promote health, well-being and independence for older people
- prevent or delay the need for higher intensity or institutionalised care

The underlying aim of the 29 pilot sites was to create a sustainable shift in resources and culture away from the focus on institutional and hospital-based crisis care toward earlier and better-targeted interventions for older people within community settings. The pilots cover a diverse spectrum of activity from low-level to high-level need.



NHS
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THE KENT INVOKE PROJECT

The Kent POPP programme, Independence through the Voluntary Action of Kent's Elders (INVOKE), was one of the 29 sites, receiving funding of £1.5m over two years. The programme started in May 2007 and ended in March 2009. The INVOKE programme was a partnership across the different local statutory, voluntary and user organisations. The overarching aims of the INVOKE programme were to:

- Support older people to stay independent in the community through the provision of 'new types of support': the extra assistance older people need when facing life-changing circumstances and long-term health problems.
- Ensure older people were at the centre of any care provided, enabling choice and control through integrated (statutory and voluntary) care and support.
- Focus the development of services for older people on the prevention of ill-health and promotion of wellbeing.
- Reduce avoidable admissions to hospital and care homes through the provision of intensive home-based interventions.

In pursuit of these aims, three specific services were identified as paramount to pilot within the INVOKE Programme: the Community Matron Support Worker (CMSW), Care Navigator (CN) and Community Information and Liaison Assistant (CILA). These services were designed to work as an overarching 'programme of support' addressing the spectrum of population needs highlighted through the 'Kaiser Permanente' triangle.

3,629 individuals received a POPP service

more people used the services than expected – the forecast service use was overachieved by the second year of operation

PROJECT ACTIVITY

In exploring the activity of the Kent INVOKE programme at the end of the project (March 2009) it was reported that:

- 3,629 individuals had received or were receiving a service.
- Of those users receiving a service, almost half (46%) were aged 80 and over, almost two-thirds (65%) aged 75, and over three quarters of the sample (78%) aged 70 and over.
- Roughly, just under half the sample were widowed (42%), with a greater majority (52%) living alone.
- The overwhelming majority of users were retired (91%), with the remainder reporting that they were receiving long-term sickness or disability benefits.
- Almost half of the INVOKE users (48%) were drawn from areas of severe deprivation.
- The forecast service use was overachieved by the second year of operation.
- Almost two-thirds of service users were referred on, or signposted to other projects. When the different projects were explored, the referral patterns were different. The CNs referred on 83% of all their service users, compared with a 17% referral rate for the CMSWs.
- Of these service users, 12% are referred to some form of health provision, 28% to voluntary organisation services and 8% to either social care or housing provision.

THE IMPACT OF THE INVOKE PROJECT

The Questionnaires (QoL)

- The standardised quality of life tool (QoL) included questions on quality of life, service use and satisfaction.
- In exploring the changes in quality of life, service use and satisfaction, 144 user responses were analysed: a good response rate within the national POPP programme. Users completed the standardised quality of life tool prior to the INVOKE projects and following service use (three months for CMSW service users; two months for CN service users).
- Those users who completed the QoL survey, reported similar demographics as those within the overall INVOKE projects; indicating that the sample was representative.

Users of the CN service reported a 4% increase in health-related QoL in three months. Users of the CMSW service increased their QoL by 81%.

Changes in Health Related Quality of Life (HRQoL)

- Users of the INVOKE project reported a substantially lower base-line health-related quality of life than that would be expected from comparison with the national population. Users reported

Figure 1 Actual Change in Health-Related Quality of Life Scores (EQ-5D): Mean change pre- and post-intervention by CNs and CMSW services

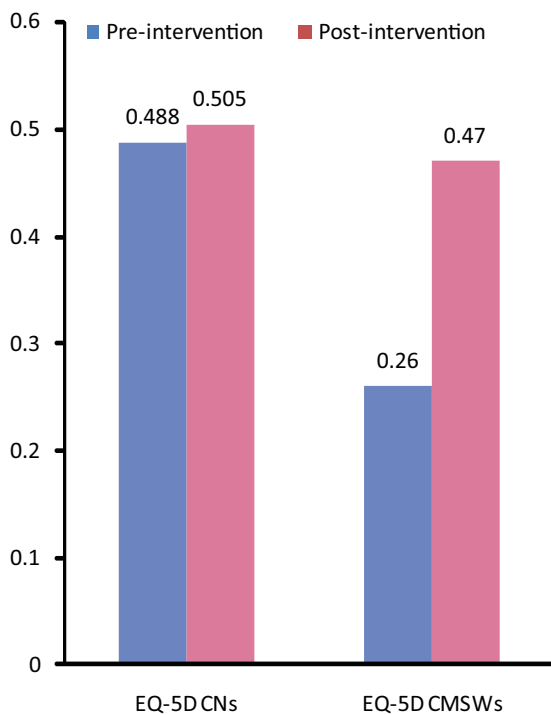
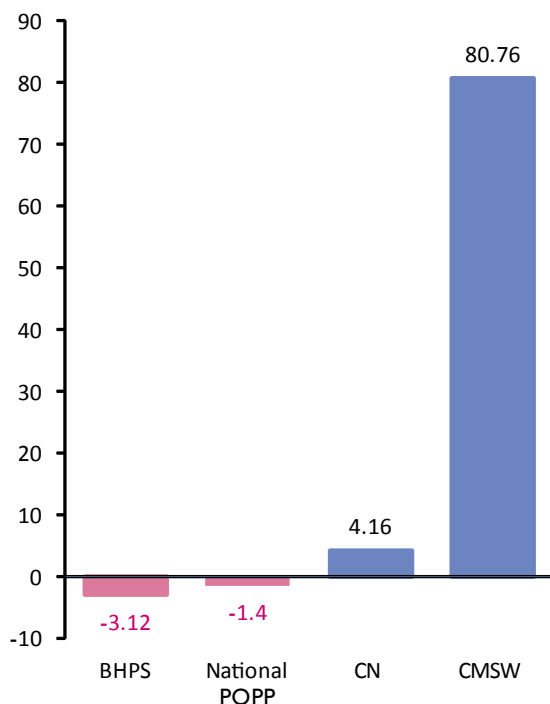


Figure 2 Percentage variation in HRQoL for individuals drawn from the BHPS, national POPP and those respondents within the Kent CN and CMSW services.



between over one third (35%) and three-quarters (86%) lower HRQoL.

- Such low base-line scores provided an indication that simply maintaining levels of HRQoL would be a successful outcome for the projects, given that individual levels of health were extremely low at base-line and likely to decline.
- Users reported that their HRQoL improved in five key domains (mobility, washing/dressing, usual activities, pain and anxiety) following their involvement in the INVOKE projects.
- Users of the Care Navigator service reported a 4% increase in their health-related quality of life.
- The CMSW service was focused on those with long-term health conditions. Users moved from reporting 26% of 'perfect health' (0.26) to that of 0.48 (48%) of perfect health. This is a huge variation of 81%, a two point increase in EQ-5D. For users, this means moving from, for example, being unable to perform their usual activity to, having no problems with performing usual activities.
- In looking at a proxy comparison group drawn from the BHPS, it was found that for a similar sample, their HRQoL fell by 3%. In contrast, users of the CN service reported that their health-related quality of life had improved by 19%, CMSW service users by 191%.
- The evidence shows that where users completed the standardised questionnaire, it is the POPP interventions, rather than any other confounding variable that are leading to the improved levels of health-related quality of life.

Changes in benefits

- Take-up of state benefits increased. Across all users, the mean (or average) overall take-up was an additional £243 per year. For users of the CN service, additional benefit receipt was almost double that figure at £452 per annum.
- The greatest change in benefit receipt was in relation to attendance allowance, rising from 30% of users prior to the CN service, to 49% after contact with the CN service.

Service use change and costs

- A statistically significant difference in the use of in-patient services was found, moving from a mean

Changes in service use by those in the POPP programme resulted in a cost reduction of £180 per person

FURTHER INFORMATION

Further information on the INVOKE evaluation is available from Margaret Perkins (m.a.perkins@lse.ac.uk) and Karen Windle (K.Windle@kent.ac.uk). The summary and full findings of the overall national POPP evaluation can be accessed at www.pssru.ac.uk

(average) of 7.5 days (overnight stays) prior to the INVOKE projects compared to 3.7 days afterwards. In costing the secondary care resources, a mean cost reduction of £161 per person was demonstrated for this sample.

- Service use within the local health centre or surgery was explored, separated into GP appointments, phone calls to the surgery, and contact with practice nurses. There were very slight increases seen in service use after the INVOKE projects, leading to a small increase in cost of £2 per person.
- In measuring service use in the individuals' own homes, it was found that there was a reduction in home care, and community nurse contact, with a rise in social worker time. The increase in social work visits was found to be statistically significant. That is a promising finding because such an increase may indicate that the INVOKE programme has ensured appropriate assessments. In 'costing' such service use, it was found that there was a decrease in cost of £21 per person.
- For those users across the INVOKE programme who completed the QoL tool, there was a change in the health and social care economy, with a total cost-reduction of £180 per person. Such a cost reduction could be cost-saving if funds could be extracted and moved from the secondary care system.

Satisfaction

- After the use of the new pilot services, individuals using INVOKE services reported changes in levels of satisfaction compared to 'usual' care, with 35% becoming 'more satisfied' with the services they were receiving.

The PSSRU staff involved in this project were Karen Windle, Margaret Perkins, Dirk Janssen, Kate Ellis, Martin Knapp and Cate Henderson.

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