

NDTi Insights give you the most important bits of learning from a piece of work by the National Development Team for Inclusion (NDTi). We aim to make them quick to read; they point to more detailed materials for those who want more information.

# Prevention that works – Evidence & Learning from POPP pilots in Dorset

## Who should read this?

This Insights has been written to bring together evidence around preventative approaches that worked (in this case for older people in Dorset), and hence add detailed local learning to the national evidence base around prevention. Anyone with an interest in which preventative approaches work, where, and how (including commissioners, service leads / planners, service providers and older people/service users) will benefit from reading this summary.

## Background

29 Partnership for Older People Programme (POPP) pilots took place between 2006 and 2009, funded by the Department of Health.

NDTi carried out local evaluations for two pilots; one within the Borough of Poole (evaluated between 2006 and 2008) and one in the surrounding area covered by Dorset County Council (evaluated between 2006 and 2011).

This report summarises the evidence and learning from both local evaluations.

## Plain English summary

NDTi evaluated two Partnerships for Older People Programme (POPP) pilots, in Poole and Dorset. These pilots tested new ways of preventing older people from going into hospital or moving into care homes, and instead giving them the support they need to stay safely at home.

Dorset adopted a ‘community building’ approach, employing around 100 local older people to

- provide information face to face (‘Wayfinders’); and
- lead on addressing local issues for older people and setting up projects where needed (‘Community Leaders’).

The programme worked with a wide range of partners to strengthen community support and help older people avoid crises.

Poole focused on helping older people already at crisis point, in two areas of the town. In each area they created a new, locally based health & social care team to work with partners and help older people avoid unnecessary stays in hospital.

Evidence shows that both pilots were very successful and each improved services for older people in different ways. Each model also had gaps. NDTi believes a combination of both approaches would ensure a comprehensive approach to improving the health and wellbeing of older people.

## Main findings:

### 1. Evidence of success

- Both pilots continued beyond the initial 2 year pilot phase, having obtained on-going joint investment from local social care & health bodies.
- In Poole, Emergency Admissions and Occupied Bed Days decreased in the POPP localities to a greater extent than the rest of Poole. These extra



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Also available in our Insights series:

[3 Voice, Choice & Control for older people with high support needs](#)

Our full range of Insights is available on the NDTi website:

[www.ndti.org.uk/insights](http://www.ndti.org.uk/insights)

## Find out more:

Summary and full reports of the *national* evaluation of POPP pilots (published in January 2010) can be downloaded from:

[www.pssru.ac.uk](http://www.pssru.ac.uk)

In January 2011 JRF and the Centre for Policy on Ageing published a Solutions paper titled "*How can local authorities with less money support better outcomes for older people?*"

This brings together current national evidence around preventative approaches, and can be downloaded from:

[www.jrf.org.uk](http://www.jrf.org.uk)

If you would like to know more about the Poole or Dorset POPP pilots, please contact Anita Eley on 01225 789 135 or [anita.eley@ndti.org.uk](mailto:anita.eley@ndti.org.uk)

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## Main findings – continued

reductions could be equated to 71 Emergency Admissions and 1,584 Emergency Occupied Bed Days 'avoided' during the pilot.

- National indicators for Poole showed the percentage of those receiving intensive support in their own home (rather than in residential care) increased by 3.8% in the pilot areas, compared to a 1.4% increase in Poole as a whole.
- Detailed analysis of over 500 outcome stories from Dorset identified a wide range of positive and often multiple outcomes for a minimum of 560 older people (around 4% of the 14,384 older people reported to have benefited directly from POPP funded activities in the two year period 2008 - 2010). The most commonly reported benefits were:
  - ✓ better social networks (often for people who had previously been socially isolated)
  - ✓ improvements to physical and mental health
  - ✓ personal financial gain, which led to other outcomes e.g. more choice
- A recent cost benefit analysis of the Dorset POPP identified over £600,000 worth of potential savings generated within a sample of just 15 community based projects. These included savings to the healthcare system as well as financial benefits for individual older people and the local economy.
- Other outcomes achieved by the pilots included:
  - ✓ Older people feeling 'less forgotten' (both) and experiencing more personalised information (Dorset) & care (Poole)
  - ✓ Changes in health professionals' attitudes & actions (Poole)
  - ✓ Increased job satisfaction for health / social care staff (Poole)
  - ✓ Improved relationships with some partner organisations (both)

## 2. The 'magic' ingredients

A number of "critical success factors" for effective prevention programmes were identified from these evaluations:

- Involving & empowering older people as *leaders* of change
- Focusing service delivery on *smaller, local* areas, allowing teams to develop and use local connections and knowledge effectively
- A *range* of approaches is needed, including grass-roots community development (which, given time and investment, is extremely powerful in influencing change) as well as giving social & health care service professionals 'permission to do things differently, and better'
- Strong, open communication and *partnership working* are crucial, to effectively link up these different approaches and create a 'whole programme' mentality; no single team or project provides all the solutions

## Conclusions and key messages

- Both approaches tried in Dorset & Poole had major strengths but also gaps. A combination of both models can offer a cost effective solution to avoiding crises and the need for expensive health and social care services.
- Bringing together 'on the ground' expertise of local community members / networks and the expertise of social & health care professionals should achieve efficiencies and better outcomes, and fits with current developments such as the Big Society and public service reform.