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Towards a business case for LinkAge Plus

Peter Watt and Ian Blair, with Howard Davis and Katrina Ritters

A report of research carried out by the Local Government Centre, Warwick Business School on behalf of the Department for Work and Pensions

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Summary

The UK faces a major shift in its demographic composition, with a rapid rise in the number of older people in the coming decades. This change means that projects such as the LinkAge Plus pilots, which are aimed at improving the provision of services to older people, become a key priority.

The LinkAge programme, which was introduced in 2004, seeks to join up the range of services provided to older people and initially offered joint visiting teams, the availability of alternative offices in local charities and pilot projects to improve take-up of benefits.

LinkAge Plus, a development of the LinkAge programme, is a £10 million scheme financed by the DWP. It comprises eight pilot projects in Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets. The projects incorporate a range of principles, including that older people are involved in the design of services, that services will be easy to access and respectful of customers and that services will adopt a preventative approach and go beyond health and social care.

LinkAge Plus incorporates a major evaluation dimension, with each project being evaluated by a team of local evaluators, and a national evaluation of the overall programme being carried out by the Local Government Centre, Warwick Business School.

The national evaluation includes an objective of building *'an evidence base that supports the economic, as well as the social case for fully joined up/holistic services for older people'*. This objective provides the basis for this current report which examines the business/economic case for LinkAge Plus.

There are a number of reasons why LinkAge Plus may be expected to provide an efficient service. It focuses directly on putting the needs of older people – as they themselves perceive them – first. It joins up services, opening the way for efficiencies to flow from economies of scope and core competencies and facilitating the choice of the most efficient means of provision from a range of alternatives. In addition, the preventative approach adopted may often offer considerable efficiency savings.

Carrying out a full cost benefit analysis of LinkAge Plus requires a full monetisation of both the costs and the benefits of the projects. Such monetisation exercises are in their infancy, very costly and lie outside the range of this evaluation. Instead, a form of cost effectiveness analysis is adopted that stops short of a full evaluation of the benefits. A case study approach is used, that seeks to identify the cost of some activities and to understand the outputs or outcomes that these activities provide.

Valuation of the outcomes of activities in the private sector is relatively straightforward and can be accomplished by calculating quantity of output produced multiplied by its value measured by the market price. However, in the public sector this approach is generally not available because there is usually a lack of information on both outputs and outcomes and also the value of these.

The approach taken in this study is to look for examples of LinkAge Plus activities where there is some information on output or outcome which can give some indication of benefit and where information is also available on the cost.

LinkAge Plus projects can be seen as providing two main types of benefit: Firstly there are direct benefits in terms of improved well-being for older people and secondly savings in costs. These savings in costs may come from both preventative effects of the projects and from improvements to the efficiency with which services are delivered resulting from streamlining of interaction with users through single assessments and data sharing (ODPM, 2006b, p. 30).

Direct benefits would be likely to include greater independence, independent living and reduced isolation. In common with many other studies, we have not been able to quantify the monetary values of such benefits, although we believe that they are considerable.

There is generally more information on the impact of preventative savings. Studies referenced later in this report have indicated that initiatives to prevent falls have the potential to save £500m; reducing the rate of institutionalisation of older people by one per cent could save £3.8 billion; delaying progression of older people into residential care could save £181 a week per person.

If it is assumed that LinkAge Plus projects delay progression of older people to more dependent living in five per cent of cases, the present value of this saving for a year is £462. This saving compares favourably with unit costs of LinkAge Plus schemes of from £4.45 to £286 per contact.

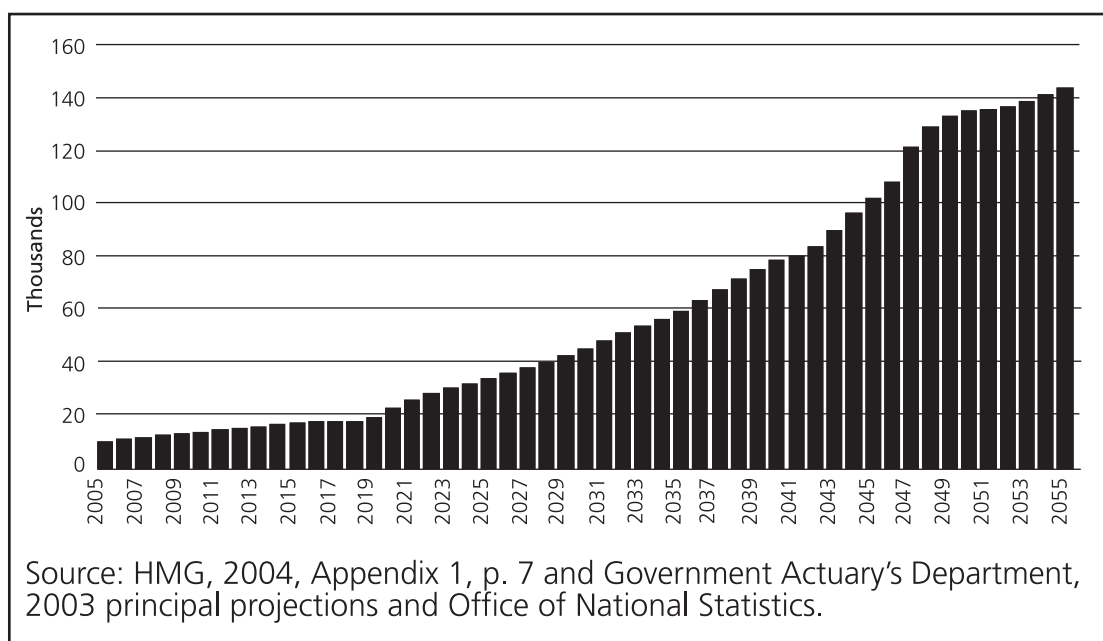
The Rushcliffe First Contact Scheme has been examined by the Improvement and Development Agency who argue that *'even if a very small number of those who are helped are kept out of hospital this will justify the cost of First Contact'* (IDeA, 2007). First Contact costs £28.57 per contact and the cost of a hip fracture has been estimated at £25,425. If First Contact succeeds in preventing a hip fracture in 0.112 per cent or more of those contacted, it is cost effective.

Collecting unit costs has proved difficult, and other studies have encountered similar difficulties. Nevertheless, we have been able to calculate the unit costs of some LinkAge activities. We would caution against making simple comparisons of unit costs between different examples as they represent very differing forms of service delivery. In Gateshead, 'Link up in Gateshead' costs £4.45 per contact. In Gloucestershire, referrals to services by Village Agents cost £120 each. In Lancaster, the Care Navigator service costs £176. In Nottinghamshire, recent costs for their First Contact scheme are £24 per referral. In Salford, the Housing Choice service costs around £286 per referral. Lastly, in Tower Hamlets, outreach contacts cost £124 per contact.

1 Introduction

In coming decades, the UK will be faced with a major shift in its demographic composition with a major increase in the numbers of old people. By 2051, a quarter of the population will be over 65 and the number of very elderly persons will show a dramatic increase (HMG, 2004, p. 5). Figure 1.1, for example shows the number of people over 100 years old is projected to rise from 10,000 in 2005 to 136,000 in 2051 an increase of 1,360 per cent (HMG, 2004, Appendix 1, p. 7).

Figure 1.1 Projected number of people aged 100 and over, 2005-2055, UK



The implications of this demographic shift are reflected in the Government's forthcoming Later Life Public Service Agreement (PSA) for which there are likely to be five new national indicators in the following areas:

- poverty – improving the take up of income-related benefits (pensions, local authorities);

- work – looking at the gap in employment rates between 50-69 year olds and the rest of the population. (Jobcentre Plus);
- health – healthy life expectancy for 65 year olds (Primary Care Trusts (PCTs));
- independent living – the proportion of older people needing help who are able to live independently (local authorities);
- satisfaction with home and community (local authorities).

Against this background of rapid demographic change and evolving Government priorities it is vital that services be provided with the best obtainable efficiency. The LinkAge Plus pilots are intended to contribute to this aim by providing cost effective innovations in provision.

1.1 LinkAge Plus

In recent years there has been growing emphasis on the need to consider public services from the viewpoint of the person receiving the service. From the viewpoint of the older person, services are received from a range of public sector 'silos' and voluntary sector providers and resulting provision may not be joined up. The person receiving the service needs provision to be holistic and provided in a way that makes sense from their point of view.

LinkAge approaches provision in this way and is *'a new concept which brings the Pension Service, local authorities and, in some cases the voluntary sector, into strategic and operational partnerships to deliver joined-up services locally'* (HM Government, 2004, p. xviii).

The LinkAge programme, which was introduced in 2004, initially offered older people joint visiting teams to carry out a check up on personal care, benefit, heating and housing. LinkAge benefited from alternative offices located in local charities, and provided a partnership fund supporting charities to run pilot projects with the aim of increasing take-up of benefits especially amongst those who often did not claim their entitlements (HM Government, 2004, p. 55).

Building on the success of LinkAge, the DWP report *Opportunity Age*, announced a new *'fully integrated service pilot – LinkAge Plus – which goes beyond the initial LinkAge service'* (HM Government, 2004, p. xviii).

The LinkAge Plus programme is a £10 million scheme financed by the DWP and Pensions comprising eight pilot projects in Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets. The LinkAge Plus pilots are designed to conform to a range of principles, including that:

- older people must be involved in the design of the service;
- the services will reflect the diversity of older people, their needs and aspirations;

- pilots will be easy to access in terms of location, opening times, etc; they will be focused on promoting well-being and independence;
- the service will be respectful of its customers (HM Government, 2004, p. 60).

LinkAge Plus also embodies the principle that *'services will be preventative in approach and include but go beyond health and social care'* (ODPM, 2006b).

The LinkAge Plus approach reflects a broad shift in the conception of local government, emphasising community leadership, neighbourhood renewal, improving well-being and quality of life, as set out in the Local Government White Paper, Strong and Prosperous Communities (CLG, 2006) and the Local Government and Public Involvement in Health Bill, 2006 (The Local Government Centre, Warwick Business School, 2007).

1.2 The national evaluation of LinkAge Plus

An important feature of LinkAge Plus is the major evaluation dimension that it incorporates. Each pilot is being evaluated by a team of local evaluators and a national evaluation of the overall project is being carried out by The Local Government Centre, Warwick Business School (2007).

The headline national evaluation research objectives that have been agreed with the LinkAge Plus steering group are:

- to build a robust evidence base to support the case for joined-up services in terms of delivering better outcomes for older people;
- to build an evidence base that supports the economic, as well as the social case for fully joined-up/holistic services for older people;
- to test the limits of holistic working;
- to build a body of good practice and lessons learned for other partnerships and communities so as to encourage the wider application of the approach beyond the pilot sites.

Implicit in the model is the active benefit to, and involvement of, older people in its development – and the creation of, or building on existing partnership working, to provide more effective links between different parts of central government, local authorities and voluntary and community sector organisations. (The Local Government Centre Warwick Business School, 2007).

The second of these objectives, *'To build an evidence base that supports the economic, as well as the social case for fully joined up/holistic services for older people'*, provides the basis for this current report which examines the business/economic case for LinkAge Plus. In preparing this paper we have taken account of initial reports by local evaluators of the pilots.

We begin detailed discussion of the business/economic case below, but before that we review the efficiency arguments for LinkAge Plus.

1.3 Efficiency arguments for LinkAge Plus

There are a number of reasons why LinkAge Plus may be expected to provide an efficient service.

Firstly, LinkAge Plus adopts the principle of putting the needs of older people – as they themselves perceive them – at the forefront of the design of its pilot projects. As discussed in detail below, provision of services is essentially about providing outcomes that are valued by those receiving them, so focusing closely on the views of older people and seeking to involve them in the design of the service is a direct route to maximising the productivity of provision.

Secondly, LinkAge Plus is designed to provide joined-up holistic services. Joining up services opens up the way to the potential efficiencies to be gained from exploiting economies of scope (Milgrom and Roberts, 1992, p. 554) and from the benefits of an organisation focusing on its core competencies (Prahalad and Hamel, 1990). There is a range of closely related services that meet the needs of older people and an organisational arrangement that facilitates these services working together, both as substitutes for each other and as complements, is likely to generate efficiencies. When alternative approaches are substitutes, one approach to a problem may be much more cost-effective than another and services such as LinkAge can facilitate the provision of the more cost effective approach. Savings may arise from streamlining of interaction with users through single assessments and data sharing (ODPM, 2006b, p. 30).

Thirdly, there is the preventative aspect of LinkAge Plus initiatives. Paradoxically, choosing the most cost effective approach to provision may be in conflict with a policy of channelling support to those in greatest need, as was recognised in the 1998 Social Services White Paper:

'Because of resource pressures, councils are tending to focus more and more on those most dependent people living in their community. For example, although there has been an increase in the overall level of domiciliary care supporting people in their own homes, that increase has been concentrated on those getting more intensive support, and the number of people receiving lower levels of support has actually dropped... This means that some people who would benefit from purposeful interventions at a lower level of service, such as the occasional visit from a home help, or over a shorter period, such as training in mobility and daily living skills to help them cope with visual impairment, are not receiving any support. This increases the risk that they in turn become more likely to need much more complicated levels of support as their independence is compromised. That is good neither for the individual nor, ultimately, for the social services, the NHS and the taxpayer.'

(Department of Health, 1998)

The above extract argues that early low level expenditures may, to a certain extent, be substitutable for later higher levels of help. At an early stage 'That Bit of Help' (Clark *et al.*, 1998, Raynes *et al.*, 2006) may delay or even obviate the need for more intensive support. Hence, many of the initiatives supported by LinkAge Plus may be seen as preventative services (Curry, 2006) and may be cost effective in that early low level expenditures may prevent or delay the need for later, more expensive, higher dependency services for older people. An example of this approach is provided by the Devon pilots of Upstream Healthy Living Community (Goodenough, 2007, Greaves and Farbus, 2006). Such preventative expenditures involving joint working may be seen as being in line with the principles of the Treasury's *Invest to Save Budget*.

1.4 Evaluating the business/economic case for LinkAge Plus

The UK Government's preferred approach to evaluation is set out in the Treasury's Green Book Appraisal and Evaluation in Central Government (HM Treasury, 2003).

Evaluation involves describing clearly the activity to be evaluated and its objectives, outputs and outcomes. There also needs to be an assessment of what happened, quantified as far as possible, and this needs to be compared with a counterfactual – what would have happened if the programme had not been implemented (HM Treasury, 2003, pp. 47-48, Boardman *et al.*, 2006, p. 8). In common with many other evaluations (Meadows, 2001) the establishment of a counterfactual is a thorny problem.

To then carry out a full cost benefit analysis, valuations of both the costs of the activities involved in LinkAge Plus and their benefits are required. In practice a full valuation of costs and benefits is a very major and expensive exercise that lies outside the range of this evaluation.

Instead, in common with many other evaluations, a form of cost effectiveness analysis is adopted which stops short of a full evaluation of the benefits of LinkAge Plus activities. The approach we adopt is to look for examples of LinkAge Plus activities where there is some information on output or outcome and where information is also available on the cost. Although benefits cannot generally be precisely evaluated, we find that there are often indications that they are large in relation to the costs we have identified.

We discuss these issues in turn, beginning with an analysis of the question of outputs and outcomes.

1.5 Outputs and outcomes

Economics sees the purpose of provision of goods and services as being to provide outcomes that satisfy human wants. How far provision of a service satisfies wants is seen by economics as being largely determined by the perceptions of the recipient. That approach is also reflected in government policy. For example, Opportunity Age states:

'In England between 1 and 2 million older people currently receive support from the state for personal social care, housing and other services. These services account for over £7 billion of public money and are there to support and assist older people to improve their quality of life and enable them to live more independently. But the resources will achieve these outcomes only if they put older people at the heart of service delivery through much greater choice and control.'

(HMG, 2004, p. 50)

In order to consider the costs, outputs and outcomes of the LinkAge Plus pilots it is important to clarify the concepts of output and outcome.

LinkAge Plus can be seen, in common with any productive activity, as a process of taking a set of inputs, obtained by incurring costs, and using them to produce outputs that have outcomes that individuals value. Evaluation is essentially a matter of considering the value of the outcomes the activity produces in relation to the costs incurred.

The process of considering the value of outcomes in relation to costs is difficult for public sector activities because very often there is a lack of information on both the costs of the activity and the value of the outcomes.

This lack of information contrasts with the position in the private sector, where such information is more readily available. To clarify this, consider the production of cars. In a sense the output of cars is not valued in itself, but as a means to gaining desired outcomes in the form of 'travelling solutions'. We do not have a measure of the quantity of travelling solutions a car provides, nor the value of these solutions. However, we can infer a value by assuming that they are measured by the price of the car. Thus, we can measure the value of the outcomes cars provide by multiplying the output by the price.

In the private sector, a cost benefit analysis can compare the cost of inputs in the production process with the value of the outcomes as measured by outputs times prices. In the public sector, this information is not available.

To obtain the value of outcomes produced we need a measure of the quantity of each outcome produced and to multiply this by a measure of the value of each outcome. Alternatively, we can measure the quantity of outputs produced and multiply it by the value of each output.

In the public sector information is scarce for all of these measures. We may have some measure of outputs, but little information on the value of these outputs, or we may have some indication of outcomes but little indication of the value of these outcomes.

Thus, for example, in the Tower Hamlets LinkAge Plus project, costs are incurred to employ outreach workers that produce outputs that can be quantified as – for example – contacts with individual old people. These outputs are only valuable to the extent that they generate outcomes that people value.

Can we measure the level of outcomes produced, and can we value the outcome?

The private sector solution – that is considering the price of the outputs – is not available for public services as the outputs are not generally sold. We, therefore need a direct measure of the outcomes and their value. Or as an alternative we can measure the outputs and attach a value to these. As neither is easily available we can approach the problem either by looking at outputs and attempting to measure the value of these outputs, or by looking at outcomes and attempting to measure the value of these.

The approach we take in this study is to look for examples of LinkAge Plus activities where there is some reasonably clear measure of output or outcome and where information is also available on the cost. Although outcomes may be analytically preferable in that they relate to the ultimate purpose of the activity, they are often harder to define clearly. Thus, while we will aim to collect outcome data, output data may still be useful where there is a general lack of information. We then gather information on the unit cost of these outputs or outcomes and seek to relate them to information that can indicate the value of such a unit.

Following discussions with pilots, evaluators and the Evaluation Steering Group (The Local Government Centre, Warwick Business School, 2007), it is considered that a broad indication of the outcomes sought is given by the Opportunity Age (HMG, 2004) outcomes as a framework for our overall national evaluation. These outcomes are:

- independence and well-being;
- healthy, active living;
- support and care;
- material well-being;
- fairness in work and later life;
- independence in supportive communities.

To this can be added the benefit of improved access to services for older people, and informed choice.

The Government has assembled a national set of indicators for these outcomes (HMG, 2006). However, these indicators are not available on a disaggregated basis at a level that could be ascribed to our pilot areas (HMG, 2006), and in addition the exercise did not include any work on estimating the value of changes in these measures.

There is, however, some evidence on the value of some outcomes that may arise from the LinkAge pilots, and we now examine this.

1.6 Evidence on benefits from initiatives for older people

The LinkAge Plus projects can be seen as providing two main categories of benefits: Firstly outcomes that consist of direct benefits in terms of improved well-being for older people and secondly, savings in cost. We discuss these in turn.

1.6.1 Direct benefits in terms of improved welfare to older people

It is now well accepted that low level support to older people is highly valued by them (Clark *et al.*, 1998). Low level support is a label conferred on services that are relatively low cost and associated with definitions of a low level of need in older people associated with rationing processes. However, Clark *et al.* argue that:

'Within this context [of priorities for resource allocation] the term low level is used to indicate low need, and therefore low in terms of both value and priority for resource allocation. This presents us with a problem of terminology: as this report makes clear the services described as 'low level' by professionals are those very services identified by older people as being of high value to them.'

Areas consistently identified by our older participants as of high value were help with housework, gardening, house repairs and maintenance, security, laundry and opportunities for social participation (Clark *et al.*, 1998, p. 9).

Although the benefits of support are very real to older people, work on monetising such benefits is in its infancy¹.

¹ In a rare example of such work, Netten, *et al.*, 2002, p. 42 were able to estimate the value of attending to an older person's high need for personal care as being worth as being worth £412 per week.

Thus, a major study by Office of the Deputy Prime Minister (ODPM) commented as follows:

'There are a number of uncosted benefits...which have not been valued. These include:

- *improved quality of life for the individual including greater independence, improved health (QALY's)², lessened dependence on relatives and carers;*
- *independent living, including a greater choice for individuals around accommodation;*
- *lifestyle and the provision of skills to enable this choice;*
- *increased ability to participate in the community. This covers a number of areas;*
- *including reduced isolation or social exclusion, and greater stability for people with chaotic lives;*
- *decreased fear of crime; and*
- *easier access to appropriate services.'*

(ODPM, 2004, p. 14)

We have similarly been unable to quantify the monetary values of such direct benefits³, although it is important to note that they can be expected to be very considerable.

Not only are such support services highly valued by older people, and thus, a direct source of economic benefit, they are also likely to provide economic benefit in terms of preventing or delaying the need for more expensive support. These benefits can be termed 'preventative savings' and we now discuss studies of such savings.

1.6.2 Preventative savings

A review of the cost effectiveness of preventative social care has been provided by Curry (2006) and we draw upon that work and other studies in this section (ODPM, 2006).

Curry (2006) refers to a presentation to the Cabinet Office (ODPM, 2006). In this presentation, an example of a local Healthy Communities Collaborative to reduce falls, which included the use of protective slippers, was found to reduce falls by 32 per cent in the first year and 37 per cent in the second year is cited (ODPM, 2006, slide 7) which it was argued, if replicated nationally, could save nearly £500m (ODPM, 2006, slide 10).

² QALYs (Quality adjusted life years) are a measure of health outcome. The Department of Health have recently commissioned a study to value these types of outcomes.

³ Studies often avoid attempting to monetise such benefits – Karoly and Bigelow (2005, p. 71) and Karoly *et al.*, (1998, p. 74).

Other examples cited are that reducing the rate of institutionalisation of older people by one per cent a year could save £3.8bn and that reducing age-specific dependency rates by one per cent per year would reduce public expenditure by £940 million per year by 2031 (ODPM, 2006, slide 11, Curry, 2006, p. 14).

Work is currently being carried out by the King's Fund on a system to predict admissions to care homes, based on earlier work on Patients at Risk of Re-hospitalisation.

A major study by ODPM (2005, p. 12) looking at the Supporting People programme, estimated that there were cost savings from delaying the progression of older people to more dependent living. The study suggested savings of £181 a week if an older person could be supported by 'floating support' rather than residential care. This work made the assumption that these savings might be achieved with five per cent of older people.

Applying these figures to LinkAge Plus activity, we might assume that the effect of the LinkAge Plus projects would be to delay progression of older people to more dependent living in five per cent of cases. If we further assume that £181 per week gives an indication of the order of such savings that might be achieved by LinkAge Plus, five per cent of £181 a week represents an expected saving of £9.05 a week per case. The present value of this saving, if it applies for a year, is approximately £462⁴.

Drawing inferences from such calculations is hazardous but this logic suggests that if the contact provided by LinkAge Plus is successful in preventing progression in five per cent of contacts, this represents a saving of £462 per year per contact. Unit costs of a range of LinkAge Plus schemes presented below range from £4.45 to £286 per contact, and these are highly cost effective investments if they can be expected to yield a return of £462 a year.

Viewing LinkAge Plus projects in this way leads to a different perspective on such work. The question becomes '*Can the public purse afford the cost of not providing the kind of support delivered by LinkAge Plus*'. It is of interest to quote from a related study of the disabled facilities grant programme:

'If insufficient resources are allocated, there is likely to be as much or greater public expenditure (albeit by other Departments) but for inferior returns.'

(ODPM, 2005b).

⁴ This is the present value of £9.05 a week for 52 weeks, compounded at the Treasury recommended rate of 3.5 per cent per year, which equals $1.035^{(7/365)} - 1\% = 0.000659971\%$ per week.

Examining the benefits of the Rushcliffe First Contact Scheme (IDeA, 2007) the Improvement and Development Agency comment:

'The whole project is designed to improve the health and well-being of older people in Rushcliffe. It is difficult to measure the cost benefits of the First Contact activities that enable old people to maintain their independence and avoid the heavy costs of health service care. Given the low annual cost (less than £20,000) of the first Contact service and the high number of older people contacted by First Contact (more than 700 people in a year) even if a very small number of those who are helped are kept out of hospital this will justify the cost of First Contact. The major beneficiary of this, the NHS, does not contribute to the project.

Nottinghamshire Fire and Rescue report a reduction in fire deaths in the area, and there may be a reduction in crime, but these benefits cannot be quantified in relation to the First Contact project at this stage⁵.

The other overwhelming benefit of the project, remarked upon by every agency contacted, is the great increase in the quality of life experienced by many of the older people. Some make new contacts and become less lonely, others benefit from a new sense of security and safety, and yet others receive physical support for them to move about, both inside and outside their house. Extra finance relieves them of the worry of meeting necessary fuel and food bills, and repairs to the house.'

We can be more specific about the discussion of benefits provided by the extract from the IDeA report reproduced above. If the First Contact scheme costs £20,000 and 700 older people are contacted then each contact costs £28.57. Hospital Costs for Elderly people for rehabilitation are £187 per day. What does an episode in hospital cost? As an example, the current payment by results tariff for Neck of Femur Fracture with Hip Replacement (without complications) is £6,030⁶, hence, the cost of each First Contact is only 0.474 per cent of the cost of a hip fracture⁷. Hence, if 0.474 per cent or more (i.e. less than half a per cent or more of those contacted) thereby avoid such an episode, the scheme is cost effective in saving NHS costs.

However, it may well be that the above cost figures understate the cost of falls and hence, understate the likely benefit of such LinkAge Plus contact schemes.

The cost of accidental falls has been estimated by Scuffham *et al.*, 2003 as costing health and social care services about £1 billion, with around 41 per cent of this incurred by social services (Scuffham *et al.* 2003, cited in Curry, 2006). Parrott (2000) estimates the cost of an individual hip fracture as being £25,425, which includes long stay residential and hospital care, but excludes possible family care costs and patient travel costs and also the cost of distress to the patient. If Parrott's

⁵ ODPM (2006c) Estimates the economic cost of a domestic fire at £24,900.

⁶ See http://www.primarycarecontracting.nhs.uk/uploads/HOS/june_2007/appendix_6.xls

⁷ $(100 \times 28.57/6030)$ per cent = 0.474 per cent.

figures for the cost of a hip fracture are used, First Contact only needs to prevent hip fracture in 0.112 per cent or more of those contacted to be cost effective.

As well as considering the benefits of services, there are a number of complexities in examining the costs of initiatives for older people. Wanless (2006, p. 154-155) sets out some of these.

'Determining the cost implications of the various new care models is challenging. Often, there are shortcomings in the evidence base for similar reasons.

- *Many new models – such as Telecare, intermediate care and prevention – straddle the boundary between health and social care.*
- *Costs and cost savings usually fall to different organisations. Most commonly, investment and costs are incurred by social services, but the financial benefits accrue to the NHS in terms of reduced acute and hospital care.*
- *There is a lack of standard outcomes for measuring the impact and effectiveness of new service models. Some studies have used extra life years gained. Others have opted for quality-adjusted life years. Others have taken a measure specific to the intended outcome (for example number of falls prevented). General quality of life measures are more nuanced, but can be very subjective.*
- *It is often difficult to establish a clear causal link between a specific service and the outcomes.'*

(Wanless, 2006, p. 154-155)

In our preliminary work, we have found that it proved quite difficult to collect data on the unit costs of LinkAge Plus initiatives. Such difficulties have also been encountered in other similar work. For example, a survey of local evaluations of Sure Start Local Programmes (SSLPs) found that only 47 of 745 reports provided any data relevant to cost effectiveness including unit costs (Ellison *et al.*, 2006, p. 18).

'Most SSLPs encountered difficulties in their costing procedures and the results of these. All programmes described in this section of this report [the 47 reports that contained some unit cost data] encountered challenges when attempting to provide evidence of their success in terms of the loosely defined 'outcomes', impact or 'effectiveness'. These difficulties and challenges mainly centred around some form of missing data, lack of definition linked to concepts or the scope of activities, limitations relating to evidencing outcomes, and the will to evidence successful effects when feeling to be "doing a good job".'

(Ellison *et al.*, 2006, p. 32).

Nevertheless, despite finding similar difficulties in our work, we have been able to calculate the unit costs of some LinkAge activities in some of the pilots, and we now turn to an analysis examining unit costs and effectiveness in the pilot projects.

2 Case study examples

2.1 Devon

The Devon pilot has three workstreams. Two are action learning projects: the development of a Senior Council to improve engagement in the county and put older people in the driving seat of the strategy for later life; and a project looking at 'broad outreach' from an established Customer Service Centre (formerly a Care Direct pilot). The third workstream is a controlled trial of a 'deep outreach' service, (previously piloted by the Upstream Healthy Living Centre Goodenough, 2007, Greaves. and Farbus, 2006), with two operational project sites which are being evaluated as one service by the Peninsula Medical School.

The term 'Broad outreach' describes the development and promotion of a '360 degree well-being check'. This is an information tool to prompt older people to think about their needs and how they might be met. It is being used in a number of ways: as a self-help tool for older people and their families; by the 'My Devon' Customer Service Centre (incorporating Care Direct) and by front-line staff and volunteers to raise awareness of services for older people. It has been incorporated in the Health and Social Care Single Assessment Process locally. A website and booklet support the approach and its usefulness is being evaluated with its users.

The 'deep outreach' service is referred to as 'mentoring' and has two project sites, one in the city of Exeter (run by Age Concern) and the second in the rural area around Crediton (run by Upstream Healthy Living Centre). While there are differences in organisation and operationally as a result of the different environments, both projects:

- work with isolated people experiencing or at risk of social exclusion as a result of some downturn in their lives – many have substantial problems, such as clinical levels of depression, anxiety or other mental, neurological or physical illnesses. Some are referred by GPs, Primary Care Teams or other health and social care professionals, while others come forward themselves or are encouraged by family carers;

- work from the individual's psychology, needs, interests and capacities;
- encourage and enable social re-engagement, through activities which contribute to improved health and well-being;
- foster improved self-esteem to prevent further ill-health;
- encourage and support participants to design their own solutions and to set up and run groups where this is needed (more often in the rural environment);
- encourage and support community facilities and groups to be more inclusive in their approach.

Some aspects of this workstream are:

- mentors are trained to engage and encourage independence;
- activity groups begun by mentors may be carried on by older people themselves;
- other people are drawn in so the older people can thrive within the wider community;
- rather than depend on volunteers, the idea of 'volunteer participants' has been developed to encourage sustainability and ownership of groups;
- consultation with this often quite vulnerable group are structured as unthreatening conversations;
- mentors signpost people to other activities to aid long-term maintenance of good health;
- development of cooperative working with other voluntary bodies.

The costs of community mentoring are not yet available. The Peninsula Medical School is conducting a full, bespoke economic evaluation of community mentoring (Funded by the Department of Health Partnerships for Older People Projects (POPPs) initiative), which will report in early 2009. The initial projection made by Devon County Council in the light of the earlier pilot, was that for a small scale project (lacking economies of scale, etc) the figure per completed case may be in the region of £300, but this has to be tested.

The effectiveness of mentoring is subject to a controlled trial within the LinkAge Plus programme; the results of this research are expected within the LinkAge Plus timescale. However, the following case studies illustrate the results being achieved in two cases. The projects report cases like these each month.

Case study 1

Lady referred as unable to maintain visits to psychological services due to anxiety, depression and agoraphobia. Mentor engaged to enable meaningful occupation, regain confidence and motivation to restart hobby (doll's house). Lady now member of women's group. Future goals: to walk the dog, use buses, improve self-esteem with dress and make-up. Recently went to car boot sale to look for doll's house equipment.

Case study 2

54 year old male used to be very sporty, has two sporty teenage sons. Was housebound and wheelchair-bound for two years with a neurological condition. Completely dependent on wife and very depressed. Family tension resulting. As a result of mentor intervention he joined a weekly games group; now he helps to run it. He had always been good at motivating people in his working life, and has now started to do this in games group. He is now going around independently using public transport. He now volunteers one day a week in a residential home where he runs activity sessions. These have been so popular he is going to start in a second residential home.

2.2 Gateshead

In Gateshead, LinkAge Plus is enabling the development of 'Link up in Gateshead' which is designed to link up people aged 50 and over with the services they need and is based around the existing partnership arrangements working locally. In addition to the development of the forum for older people it aims to provide a network of preventative services and activities for people over 50, e.g. small tasks and handyman services and 'safety works'⁸ to promote community living.

Underpinning Linkup is a vision of bringing together information for customers and professionals. Information packs which mirror the information on the council's website have been developed and used to inform the 120 adult social care and assessment officers of the availability of non-assessed services to meet low level needs and to inform them about other sectors as sources of services. Costs for this initiative have been kept low through working in partnership with a range of services and organisations. However, the need for co-ordinated and accessible information has been highlighted, particularly to support the changes to Fair Access to Care and to support new initiatives such as Individualised Budgets and personalised support planning.

The pilot plans work with the older people's forum to enable individuals themselves and partner organisations to signpost and help older people access services

⁸ 'Safety works' offers one-off awareness sessions on safety inside and outside the home to individuals and their carers who may be at risk.

and activities. The customer service centre will extend its remit beyond council services.

A key element of this work is the promotion of health and well-being. Four of the projects involved are designed around this:

- Community Health;
- ActivAge;
- Good companions;
- Rowlands Gill – a major befriending project in isolated communities.

In the first six months of 2007 there were over 17,000 contacts to these services at a cost of £4.45p per contact. Some of the outputs from this spending were:

- running nearly 30 classes per week ranging from Tai Chi to line dancing, with over 10,000 contacts with the ActivAge project in the period;
- over 1,000 contacts in the Rowlands Gill befriending project in three isolated communities;
- over 2,200 contacts with the community health team who in addition to carrying out health checks such as blood pressure testing, signposted people at their events and drop-in sessions to their GPs, etc.

While further evaluation will be carried out on the project it is believed that the benefits from these projects will exceed the costs of £4.45 per contact. These benefits, whilst difficult to quantify, are likely to include the organisational development benefits of having staff work beyond their traditional remit, as well as the benefits to older people of addressing social isolation and poor health.

Gateshead are collecting evidence of the impact on older peoples' lives of these initiatives.

2.3 Gloucestershire

In Gloucestershire, LinkAge Plus is enabling the setting up of the concept of Village Agents. This involves 30 Village Agents working in 145 rural parishes that have limited access to services locally. These agents carry out a range of functions including acting as sign posters to help older people have easier access to a wide range of services and facilitating access to services by making and being there at appointments, etc.

In the quarter to June 2007, the agents contacted 4,344 people, exceeding the targets set of 1,500 contacts. Arising from these contacts it is estimated that there will be around 2,500 referrals enabled by the agents in the year. The cost of each referral is estimated at £120.

There has been investment in IT for each agent and publicity materials for them and for use by professionals who come into contact with older people. Some of

these costs are incurred only once or with infrequent replacement costs. The cost of the agents otherwise comprises mainly salary, transport and telephone costs.

Gloucestershire benefited from having been a Care Direct pilot as it had already built up good working relationships with partner agencies and had the tradition of providing an holistic response. It also spent time and resources developing an information base about services and activities in rural parishes, in conjunction with its partner GRCC, as a tool for both the Helpdesk and the Village Agents.

The main referrals relate to:

- adult Helpdesk – occupational therapy and social care;
- DWP benefits assessments;
- heating – energy efficiency – Warm and Well schemes;
- transport;
- Home Improvement Agencies (HIAs) – adaptations and home maintenance;
- fire and safety;
- general support.

An early example of the impact of these referrals is reflected in a six per cent increase in requests to the Fire Service for smoke alarms since the Village Agents became operational. Investment in smoke alarms is likely to be cost effective on an invest-to-save basis and further work will examine the evidence that exists for this.

While further work will be carried out into evaluating the benefits of the project, an example of a positive outcome is shown below.

A Village Agent assisted a man with poor mental health following the death of his wife. He was on benefits, in debt and selling off his possessions. The Village Agent solved his financial problems with advice and a grant from the British Legion. A job was found that fitted in with the needs of his daughter, but training was needed. It was arranged that training be provided, financed by a further grant from the British Legion. He is now in work and acknowledges that this would not have been possible without help from the Village Agent.

2.4 Lancaster

In Lancaster, LinkAge Plus is funding Lancaster District 50 Forward, involving a partnership between Lancaster City Council, Lancashire County Council, DWP and a range of local organisations⁹.

⁹ Forum for the older person, Lancaster District Older People's Partnership, Signposts and Age Concern Lancashire.

Two elements of the project are Employment Agency and Volunteer Bureau for older people. These agencies are co-located in the same premises and 'can feed off each other' whereby volunteering can lead to employment.

While cost information is still being developed at this stage, it seems likely that the opportunities and benefits that can be delivered by this method of joined-up working will exceed the costs involved. The services that can be provided are:

- help and advice in finding a new job;
- access to training and reskilling;
- volunteering opportunities;
- working with employers to improve prospects for older people;
- access to help (via Jobcentre Plus/The Pensions Service);
- time banks through the Volunteer Bureau.

In the period to July 2007, there were 161 users of this service at a cost of £250 for each enquiry¹⁰.

In conjunction with a voluntary sector provider, 'Signpost', there is also a new Care Navigator service designed to help older people through the sometimes confusing array of services and opportunities available. The support provided includes:

- referrals to relevant statutory services;
- finding the right person to help;
- a friend who will be with you if you want to try something out; and
- if they don't know they will find someone who does.

In the period to July 2007, there were 376 users of this service at a cost of £176 for each enquiry.

An example of this work is the case of a 71-year-old lady whose house had been badly damaged by fire. She wanted to return home and the Fire Service contacted Care Navigators. The Care Navigators visited her, assessed her needs and developed a plan. Working in partnership with other providers they were able to find her new accommodation, new clothes and help sort out her financial issues. She was introduced to the Volunteer Bureau and now helps out at a local luncheon club twice a week.

¹⁰ The service had set up costs and long lead-in time – Care Navigator Service Level Agreements (SLA) started end of October 2006, with full delivery commencing March with referrals significantly increased. The Employment and Volunteer Bureau started in February 2007 with full delivery beginning in April. For these reasons, average unit costs may be expected to fall.

2.5 Leeds

Leeds has over 40 organisations working within the community (Neighbourhood Network Schemes) which receive funding of approximately £1.75m from Adult Social Care and the PCT. They work to a Sure Start model. LinkAge Plus funding is used to test the benefits and limits of the model. It is delivered through 'Gateway' sites and aims to enhance their capacity to provide information and access to services (in line with the priorities outlined in the Leeds Health and Wellbeing Strategy, Older Better).

The Leeds pilot is unique in concentrating on the development of good quality information, particularly electronic information, and on developing the capacity of the voluntary sector to provide an enhanced service to older people. Gateways will be based at existing centres with Volunteer staff trained to support older people to find their way to a range of information and services. The information database will also be accessible to individuals and other organisations.

One project being developed in Leeds through the use of LinkAge Plus funding is the building of capacity to support Volunteering. Work on Volunteering has included an event for the sector and research by Leeds University to establish a baseline against which LinkAge Plus activity can be measured. The report from Leeds University 'Helping Hands, Supporting People', forms part of this baseline and has helped to inform the work now taking place. It shows the value of Volunteering for individuals, for the services provided and at a systems level. Future work will include modelling to show the relationship between the level of funding and resources within individual schemes and how this relates to, for example, their ability to build a sound volunteering base and attract additional funding.

The capacity building activity includes:

- free training/support including a 20-place ten-week accredited training course in volunteer management for older people-focused organisations;
- Leeds Older People's Forum (LOPF) introduction to 'older people friendly' volunteer management resources;
- access till 2008 for older people focused organisations to Voluntary Action Leeds (VAL) training on volunteer management.

The Volunteer Bureau follows up older applicants (to be volunteers) two weeks after their initial enquiry and tracks older applicants to monitor success and identify barriers to successful volunteering.

A partnership of Leeds Metropolitan University and Voluntary Action Leeds is creating a local Wiki (forums, blog, best practice and information exchanges, an older person's section) and free training on use and access.

Monthly older people-focused outreach is showcasing local opportunities and taking volunteer management expertise to communities and organisations (especially minority communities).

A Volunteer Grant Fund of £30,000 for older people-focused voluntary organisations is aimed at supporting volunteer recruitment, training, management and celebration.

Research by Leeds University also shows some of the benefits volunteers bring to Leeds. Not all of these are quantifiable as the report shows. The report does however, provide an estimate of the overall economic value of volunteering.

What are the resources used by this volunteering? Townsend and Moore (2007) have analysed the data available from one-sixth of the membership of the LOPF, and conclude that this part of the membership contributes 192,240 volunteer hours per year. They infer that this represents one-sixth of the total and that hence 'that around 1,153,000 hours are worked per year on a voluntary basis within the Leeds older people's voluntary sector' (Townsend and Moore, 2007, p. 41). They add '*Taking the minimum wage of £5.35 (which undervalues many of the tasks undertaken by volunteers) the value of volunteering in this sector in Leeds can be estimated as being over £6 million pounds per annum.*'

The local evaluation of LinkAge Plus in Leeds will compare the access generated in Gateway sites with non-Gateway sites.

2.6 Nottinghamshire

Nottinghamshire is providing a new range of services for older people funded by LinkAge Plus under the Notts50plus banner.

Three of the more established schemes which are proving effective are:

- Activity Friends – helping older people become more active and enjoy healthier lifestyles through the support and encouragement of an Activity Friend;
- Web Portal – has been developed as a source of information on all the services and activities available to older people in Nottinghamshire;
- First Contact – whereby older people can access a range of services through a single contact with one provider. Partners involved in the scheme provide additional services, including shopping service, a registered traders list, gardening and care and repair.

Other Notts50plus schemes are:

- Community Outreach Workers;
- Gardening;
- Handyperson Scheme Preventative Adaptation Schemes;
- Post Intermediate Care Support;
- Shopping.

Local and national evaluation of Activity Friends (by way of senior peer mentoring) shows that funding local Activity Friend groups has an impact on falls prevention

and fits in with various Government policies on delivering preventative services in health and social care. These schemes are funded locally by health and LinkAge Plus.

The Web Portal is being developed to show all the activities and service available to older people in Nottinghamshire. It is suitable for older people, carers and service providers and has received positive feedback from a range of providers and older people's groups. It also meets the recommendations of the Department of Health, Audit Commission and OFCOM for joined-up, easily accessible information on services for older people.

The First Contact Signposting Scheme followed on from a Best Value review on promoting the independence of Older People. The County Council piloted a First Contact Signposting scheme whereby older people can access a range of services through a single contact with one provider. Partners involved in the scheme provide additional services including a shopping service, a registered traders list, gardening and care and repair.

The Improvement and Development Agency (IDeA) report on the pilot (noted previously) indicated *'all clients felt that their overall quality of life had been enhanced, leading to feelings of well-being and independence'* (IDeA, 2007).

Their evaluation of the pilot reported that the overwhelming view of those interviewed was that benefit of the project lay in the increase in quality of life experienced and that in view of the low costs and high number of contacts, even if a small number are helped, this would justify the costs.

As a result, Nottinghamshire have decided to use LinkAge Plus funds to extend the scheme throughout the county.

What are the unit costs of First Contact? In the quarter to May 2007 there were 1,339 referrals. It is estimated that, based on this early usage, referrals are on average costing approximately £24 each.

Some early examples of benefits flowing from the project are a significant increase in the requests for the installation of smoke alarms and an increased benefit take up across the county of £419,000 per annum with arrears of £42,000 being awarded.

The following is an example of a successful case study from Gedling First Contact:

'A gentleman from Mapperley received a visit from the Local Pension Service. He was subsequently referred to a number of agencies and received the following:

- *Council Tax Benefit of £12.10 per week*
- *Two free smoke alarms with 10 year batteries and a home safety check from Nottinghamshire Fire and Rescue – advice was also given on the danger of the age of their electric blanket leading to them purchasing a new one*

- *Crime reduction advice with new locks and safety chains fitted free of charge throughout the home*
- *Grab rails and adaptations to the home from South Nottinghamshire's Home Improvement Agency.*
- *As a result of a visit from the Pension Service four other services were accessed and services or benefits delivered as a direct result.*

He was overwhelmed by the attitude of all the people who have visited him and astonished that he was able to get so much help, advice and assistance. He said he and his wife now feel so much safer.'

(Gedling First Contact Feb 07)

First Contact data shows an average rate of referral of 2.3 referrals for each contact. Further evaluation work will take place over the life of the project which is likely to show significant returns.

2.7 Salford

In Salford, a referral network has been developed supported by the council's Corporate Contact Centre. The centre uses a citizen database in which callers are identified as eligible for specific services when they telephone the council and are currently offered a home fire risk assessment, a doorstep crime visit, and a pensions check by the DWP for those over 60, or contact with a Warm Front adviser. Salford Council plan to expand this to include flu jabs and grit boxes in the winter, and have a longer term plan to expand the range of services that can be offered. Services are provided by members of the partnership network including the Fire Service and The Pension Service.

When a Customer Service Adviser takes a call, pre-determined eligibility criteria enable the system to check background data held in the database and identify customers who may qualify for certain services. The operator is then shown a prompt screen, which organises appropriate services by importance, as previously agreed with partners. Currently, the Fire Service referral is number one priority. The system can be used flexibly to alter, for example, seasonally or when demand exceeds supply and eligibility has to be restricted.

Services managed via the Corporate Contact Centre can also be accessed via Telly Talk, which is a video conferencing facility. Telly Talk is installed into a number of public libraries across the city, and links directly to the customer contact centre. This enables people to carry out business with the City Council, without the need to travel to central offices. All of these services can also be accessed via the Mobile Information Centre (MIC), which targets areas of high footfall such as markets. MIC is staffed with Customer Service Advisers from the Salford Direct team, as well as traditional library staff.

In addition, LinkAge Plus funding has enabled the development of a range of initiatives in which volunteers are trained and supported in carrying out activities within the Healthy Hips and Hearts programme. These include exercise classes

and reminiscence activities, which extends the capacity of Salford to deliver these services.

Other activities developed by Salford are the improvement of a web-based directory 'Ask Sid', the extension of computer training for older people and the training of care staff to deliver reminiscence sessions and assisted exercise in day centres and residential care homes. A further initiative, the housing choice service, is described in detail below.

The Housing Choice Service supports older people in making and implementing decisions about housing and living options that best meet their needs in order to maintain independence and control over their lives.

Specific issues are to ensure that older people have access to information and support to make choices over where they want to live and the best options for them. This includes linking with other services to ensure that an holistic view is taken of the needs of older citizens. This is achieved by close working with a range of local agencies.

In the first six months the Housing Choice project is exceeding its baseline by a factor of four with an average of 21 clients being dealt with per month. Initial indications are that the average cost of each referral will be £286, which compared to the benefit likely to be gained by the individual and organisations, is considered low.

There are many successful case studies coming from this project. For example:

'A 90 year old gentleman lived in a two bedroom semi-detached house for the past 50 years; his family lived elsewhere in Salford. He was recently widowed and increasingly frail and had to employ gardeners to look after his large garden which was a condition of his tenancy. After a visit by Housing Choice, all local housing associations were contacted and he was quickly offered a tenancy in a sheltered block near his sister-in-law. A charity was contacted to organise the disposal of surplus furniture and assistance was given with his move including completion of benefit forms. Regular contact was maintained in the six weeks following the move and both he and his family have stated that they are extremely happy with the service received.'

(Annual report on Housing Choice Service, Salford)

2.8 Tower Hamlets

The aim of the LinkAge Plus project in Tower Hamlets is the provision of a single access gateway to services for people over the age of 50 through five network centres. In addition, each centre operates an outreach service to identify isolated older people in the borough and assist them to access services, benefits and activities.

The centres are all different in origin:

- Sundial House was a community resource with outreach workers and a café;

- Sonali Gardens is a centre for the provision of day care and extra care. It is situated in a part of the borough with a significant Bangladeshi population and is developing LinkAge Plus as a cross-cultural model of care;
- Appian Court is run by Age Concern;
- Neighbours in Poplar is a smaller concern providing community support. A lot of their focus is on the socially excluded;
- Toynbee Hall is well established as an educational resource.

Initial feedback indicates that the service is rated either very good or good and two-thirds of the users felt that they were better informed of the services available. LinkAge Plus is seen to be helping to increase the flexibility and accessibility of services and ensuring more effective responses to the needs of older people in the borough (Second Interim Tower Hamlets report).

In the six months to June 2007 there were 1,641 outreach contacts at a cost of £124 per contact. During this period there has been a steady increase in the numbers involved which should lead to a reduction in the unit costs.

Some of the outputs achieved were:

- approximately 5,000 users of the services at the centres;
- 6,430 attendances at weekly health promotion and falls prevention activities;
- 111 benefits advice sessions;
- 49 housing advice surgeries and 20,573 attendances at programmed activities across the network. There were 117 such activities in June 2007, such as complementary therapies, line dancing, health events, new healthy living and health promotion activities, nurse testing for blood pressure and diabetes, quizzes, IT classes, art classes, Tai Chi, tea dances and singing.

3 Conclusions on business case

This study has attempted to draw some preliminary conclusions about the benefits that flow from LinkAge Plus initiatives and their unit costs. The report has set out the considerations that need to be taken into account when seeking such information. The data needed has not generally been available and we are in the initial stages of obtaining it. Nevertheless, we have been able, taking a selective case study approach, to obtain some indications of unit costs and have assembled evidence that benefits can be expected to be considerable in relation to the costs.

The process of our inquiry has stimulated interest in the pilots in examining whether improved information on outcomes, outputs and costs can be developed, and we expect to be able to present improved estimates as work on this project is refined.

The unit costs of LinkAge Plus initiatives examined already range from £4.45 to £286 per contact. Set against these costs are a range of benefits to older people and potential cost efficiency savings to organisations.

Direct benefits, which are likely to be significant, though difficult to monetise, include improvements in happiness, quality of life, independence, the value of home life, reduced isolation and social exclusion and easier access to services.

There are also preventive savings, where some monetisation has been achieved. Delaying progression to more costly residential care has been valued as saving £181 a week, and if LinkAge Plus succeeds in achieving this in five per cent of contacts, this is worth £462 a year. The cost of a hip fracture is £25,425 and unit costs of LinkAge Plus contacts are small set against this figure.

3.1 Developing the business case

We will be working closely with the DWP, pilot authorities and local evaluators in developing the evidence base for the evaluation and the final report and agreeing

the key areas of the projects that can be analysed and assessed over the coming months to provide data for judgement on the cost effectiveness of LinkAge Plus.

The work carried out so far provides a strong basis for going forward to refine and extend estimates and also to describe how important components of the projects work and what the key elements are for replicating these elsewhere.

This will involve further development of series of case studies on key projects.

We will analyse the information that pilots are able to supply on outcomes and costs, liaise with them and provide guidance in developing the quality of information they collect. Using a learning approach we will develop key management information and examine further the existence of economic information to evaluate the benefit of outcomes.

We will investigate how far it is possible to impute monetary benefits to initiatives such as those involving safety in the home, developing approaches set out in Sections 1.3 to 1.6.2 above, and we will seek evidence on the sustainability of the pilots.

3.2 The way ahead for the national evaluation

This report has set out preliminary findings of the national evaluation team in relation to the work of the eight LinkAge Plus pilots and the context in which they are set.

The work has been undertaken in parallel with a round of detailed interviews with key stakeholders exploring the context and focus of LinkAge Plus supported activities. Initial results of this work have been set out in a PowerPoint presentation, 'Interim Findings'. This can be found at: <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>

A key question is how far will the LinkAge Plus approach of involving older people, community-based services, partnership working and early intervention be of value to those involved in the provision of services for older people as the number of elderly people in our population continues to grow.

We are fortunate in the LinkAge Plus programme to be working with a network of local evaluators, each appointed by and working for the local pilots. Local evaluators are taking a variety of approaches, some taking an action learning focus and assisting pilots to refine and develop their objectives and methodologies as the project moves forward. Some local evaluations are exploring issues such as volunteering which are of relevance to all pilot areas. We will be working with local evaluators to examine some of these findings and explore their relevance to the programme as a whole.

There is already a body of evidence to show that LinkAge Plus-supported activities are highly valued by people who use them. Further evidence is being accumulated to show that the number of older people using the services is growing. By the end of the project we will be able to estimate how many older people have benefited

and in what ways. Together with local evaluators, we will be looking to see how LinkAge Plus, supported activities have improved the quality of life, health and well-being of older people who have taken part.

Another aspect of LinkAge Plus is the linking up and signposting it provides to existing, sometimes mainstream, services. Already evidence is coming through to show how older people have been able to access substantial improvements to income through improved welfare benefit claims. In many areas, links developed with local fire and rescue services have resulted in many more smoke alarms and security devices than previously. We will be looking to see in the further phases of the evaluation whether there is data available that could indicate whether there has been a measurable reduction in the numbers of injuries and deaths from house fires in LinkAge Plus areas.

A key strength of the LinkAge Plus pilots is the ways in which they have been able to work creatively with local community resources and maximise benefits by utilising multiple sources of funding. Each of the pilots has its own unique approach to the programme and is working to meet local needs and aspirations.

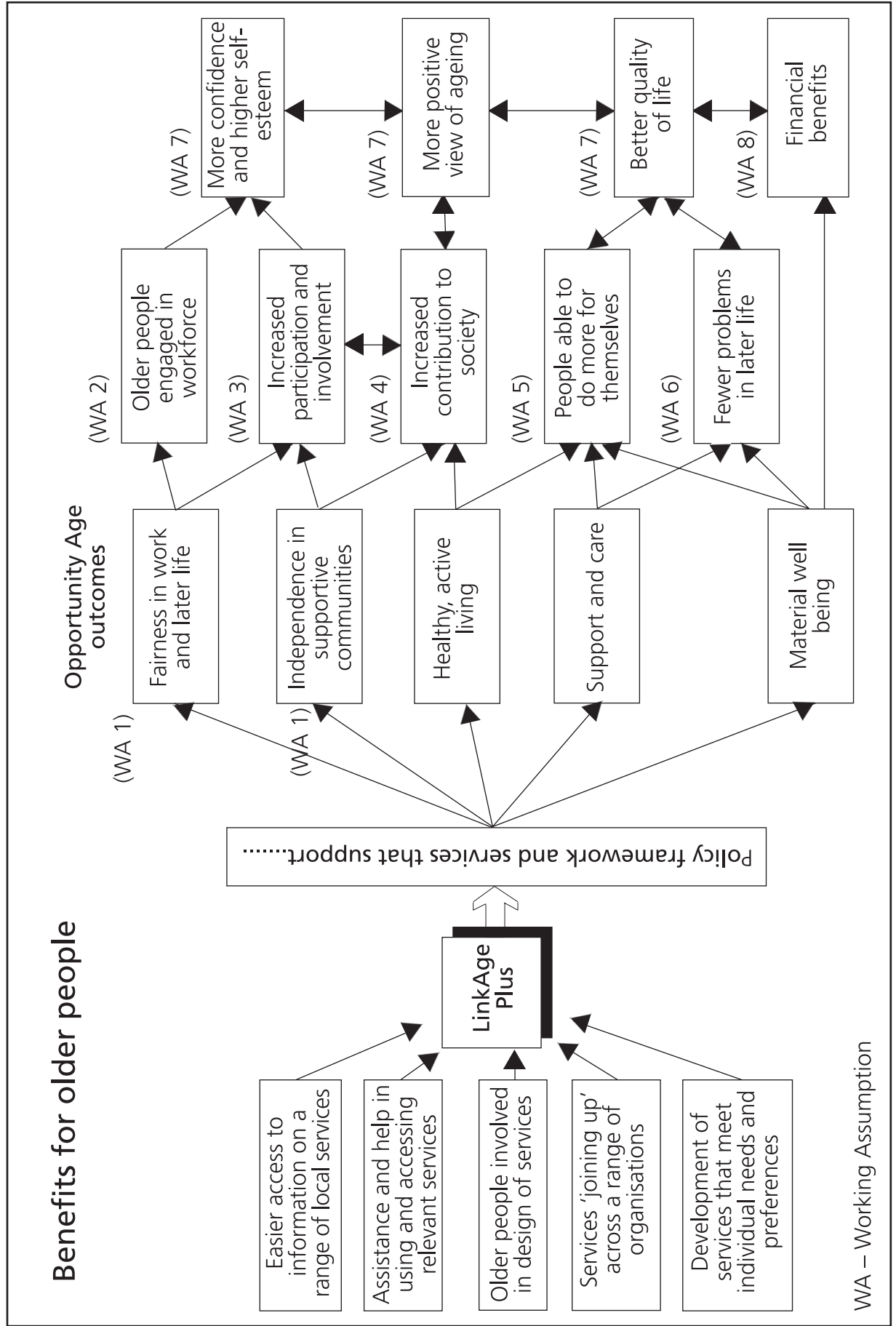
Whilst this means that in many cases it is difficult to identify the unit costs of each activity, it also gives us scope for exploring any broad effects that LinkAge Plus funding may be generating in local areas. In many cases LinkAge Plus funding, for example, is strengthening capacity building in the third sector, enabling it to attract greater funding through a variety of sources and attracting volunteer workers. In some LinkAge Plus pilot areas it is enabling third sector organisations to develop entirely new services in response to local needs, sometimes on a social enterprise basis. We will be looking for evidence as to where, and to what extent, this has happened during the course of the pilots.

3.2.1 Working assumptions

The national evaluation has set out a number of working assumptions, based on Opportunity Age principles that we are exploring through interviews with key stakeholders. Our starting point is that the LinkAge Plus programme has the potential to benefit both individuals and organisations.

For older people themselves, the programme has the potential to deliver tangible benefits such as access to better support and care and to welfare benefits that may have been available but were formerly untapped. In addition, LinkAge Plus-supported activities help older people to socialise and improve health and well-being. This in turn leads to more confidence and a higher self esteem, a better quality of life, and ultimately perhaps for society as a whole, a more positive view of ageing. These are some of the benefits set out in Figure 3.1.

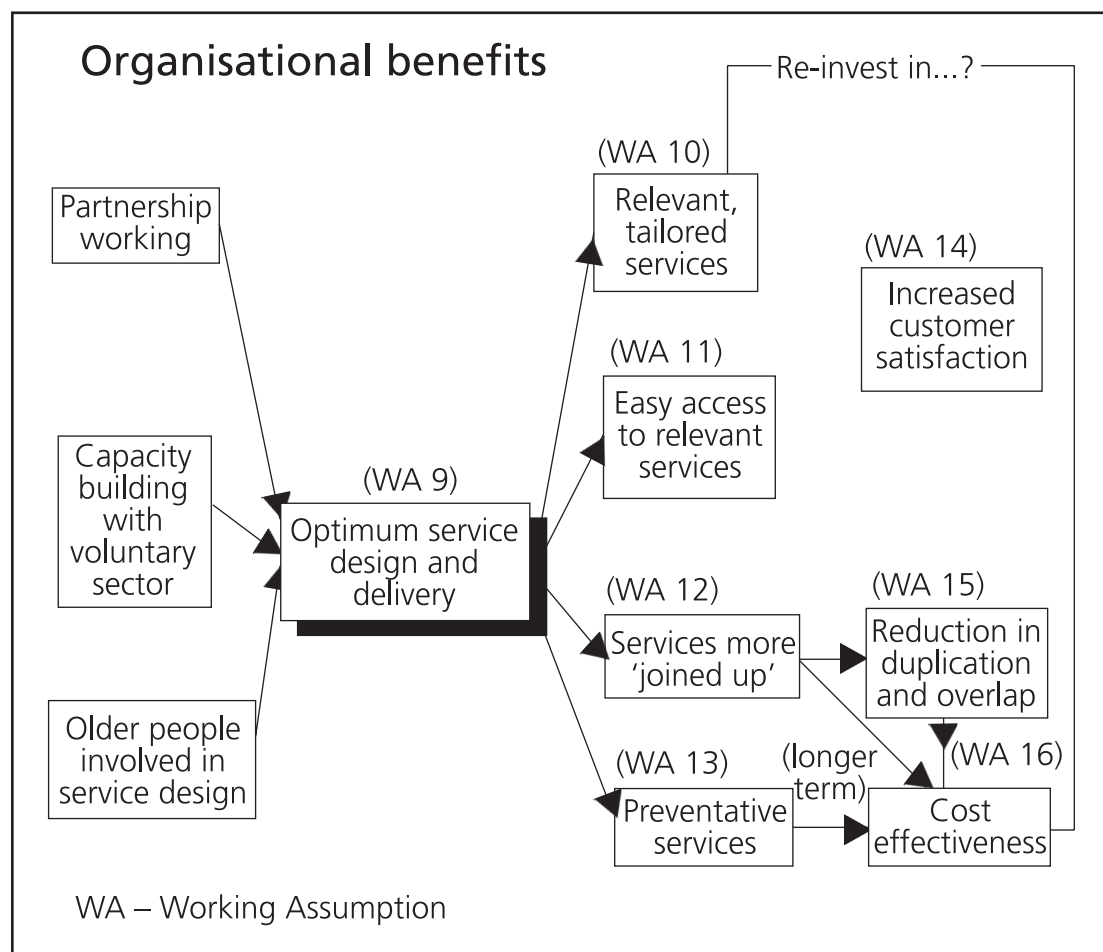
Figure 3.1 Benefits to older people of LinkAge Plus



Our discussions with chief executives of local authorities and PCTs and directors of Adult Services in local authorities, however, have also re-inforced the notion that LinkAge Plus is helping organisations to move forward on some of their major key agendas, such as transformational government, partnership working, LAAs and LSPs. The new PSA on older people will also highlight work in this field and make it more open to scrutiny by organisations such as the Audit Commission.

Our working assumptions are that LinkAge Plus-supported activities will help local organisations develop their partnerships, help with capacity building in the third sector and help to involve older people in service design. This, in turn, will lead to services being joined up, a reduction in duplication and overlap and ultimately more cost effective services. These assumptions are set out in Figure 3.2.

Figure 3.2 Organisational benefits of LinkAge Plus



Preliminary indications are that this is very much the case, with organisational managers telling us that LinkAge Plus is particularly helpful in relation to partnership working, helping to build trust and working relationships at a local level. At this stage it is difficult to determine whether the LinkAge Plus approach has helped change organisational budgets and structures but we will be looking in the next part of the evaluation to see whether and if so how, the LinkAge Plus approach is

changing attitudes and working arrangements in local authorities, PCTs and the third sector.

3.2.2 Developing a focus

Because of the varied nature of the pilot activity, it is to some extent inevitable that different aspects of the LinkAge Plus approach will be valued differently in different areas. Based on our working assumptions, we have been keen to explore whether there are any aspects of the approach that clearly stand out.

When asked which three of the benefits identified in our working assumptions were most important to them, initial responses showed that people tended to value increased participation and involvement, people able to do more for themselves and a more positive view of ageing as having the most impact in their areas.

Over the coming months we will be revisiting these working assumptions to see if they strengthen or change as the pilots come to a close.

The eight LinkAge Plus pilots are due to come to an end in the summer of 2008. Before they conclude, the national team will complete a further round of interviews and visits in the spring of 2008. Local evaluators will be reporting in the autumn. Building on their work and drawing in information from the national LinkAge Plus team, the pilots themselves and our own research, we plan to produce a final report on the LinkAge Plus programme in December 2008.

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