BRIGHTLIFE LEGACY REPORT

6. BRIGHTLIFE EVALUATION:

OLDER PEOPLE'S ALLIANCE

Evaluation status report

The University of Chester Evaluation Team

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PART 1 Background

1.1 Aim

The purpose of this report is to discuss the findings from interviews with four members of the Older People's Alliance undertaken in September and October 2016. The interviews were conducted in order to understand the experience of OPA members in the Brightlife project.

The report contains findings relating to the establishment of the OPA, commissioning process, social prescribing, reaching the socially isolated (including measuring social isolation and preventing social isolation and any barriers to reaching the socially isolated), details on the Brightlife Programme and the role of the OPA (including challenges), and recommendations following the findings of this report.

1.2 The Older People's Alliance (OPA)

The original intention was for Brightlife to be co-designed, co-produced and evaluated by older people from the OPA. The aim was for the OPA to inform and influence the direction of the project, making sure the activities commissioned by Brightlife deliver sustainable community solutions. Where possible the OPA strives to have a representative group of older people taking into consideration factors, such as where people live, age, gender, ethnicity, interests and skills.

The OPA was established in Spring 2015 with six members and a further two joining in December 2015; a minimum of eight members is required to be quorate. Members are individuals aged over 50 years who live in Cheshire West and Chester. Over the course of the project, five members left the group while an additional five joined.

Some OPA members also belong to the Older People's Network (OPN), a group originally established by the Cheshire County Council in 2000, which aimed to listen to the views of the growing number of older people in the area to plan services to effectively cater for their needs. The OPN is an entirely separate group to the OPA.

All participants interviewed for this report indicated their initial involvement with the OPA was through existing networks and personal connections with three of the four stating they were also members of OPN.

All members of the OPA undertake the following strategic duties:
    a) Inform and influence the direction of the project.
    b) Represent the OPA on the Partnership (5 Alliance members will be elected each year to represent the Alliance on the Brightlife Partnership).
    c) Represent the OPA on relevant working groups.
    d) Establish & support relevant task and finish groups.
    e) Act as an Ambassador for the project.
    f) Take delegated responsibility for the Quality Mark.
    g) Take delegated responsibility for commissioning.

In addition, OPA members may contribute to operational activities by leading and/or participating in:
    a) Tender assessment panels.
    b) Task & finish groups.
    c) Expert panels.
    d) Quality Mark task & finish development groups.
    e) Quality Mark delivery groups.

The OPA is a key partner within the Brightlife Partnership. The Partnership is the strategic group with overall responsibility for delivering and managing the project. Five Alliance members represent the OPA on the Brightlife Partnership.

PART 2 Method

2.1 Aim

For the purpose of this report, the evaluation design is based upon the outcomes detailed in the original Brightlife plan and accepted by the Big Lottery. This strand of the evaluation adopts a purely qualitative approach and aims to understand the experience of OPA members, and identify and understand the challenges and enablers faced by OPA members in the execution of the role and views on the development of the Brightlife project as a whole. Interviews were undertaken with four OPA members by two co-researchers employed by the University of Chester.

2.2 Grand tour interviews

To allow participants the opportunity to provide extensive information a 'grand tour' question adapted from Flick (2008) was used. The 'grand tour' question asked interviewees:

> "Please would you talk to me about your experiences of Brightlife. If you could begin by starting with your first engagement and tell me all the details, one after the other, that you consider to be important. Please take your time in doing this and give details, because for me everything is of interest that is important to you".

Interviews took place at a mutually convenient location and lasted for approximately one-two hours. The interviews were undertaken by co-researchers and conducted in September and October 2016. They were recorded using a digital recorder. A system of numbering was used to protect participant anonymity and within the report, participants are listed as Research Participant (RP) One to Four.

PART 3 Results

The following section outlines the findings from the interviews undertaken with four OPA members in September and October 2016. Five overarching themes were identified; 1. Establishing the OPA, 2. Commissioning process, 3. Social Prescribing, 4. Reaching the social isolated and 5. The Brightlife Programme.

A summary of the key findings from each theme is provided in the following sections.

3.1 Establishing the OPA

Reflecting on their experience working on the Brightlife project, RPs began by describing their initial involvement in the OPA, followed by descriptions of early challenges encountered, progress made to date, and aspects of personal enjoyment.

3.1.1 Background

All RPs indicated their initial involvement with the OPA was through existing networks and personal connections. Three of the four RPs revealed they were members of the Older People's Network (OPN). They described the OPN as a group established originally by Cheshire West and Chester Council, which aimed to listen to the views of the growing number of older people in the area, and plan services to cater for needs. The OPN consisted of approximately 500 members, with a smaller core group. All RPs had career experience and/or personal experience of older people's issues.

3.1.2 Development of the OPA

RPs explained their understanding of how the OPA was established. The exact process was not clear from the interviews as each participant had slightly different recollections. In general, RPs suggested the original intention was for the Older People's Network (OPN) to undertake the role of informing the development of the Brightlife project from the perspective of older people; the role the OPA currently fulfils. One RP explained that due to mixed views within the OPN regarding the operation of the Brightlife project, some members decided to step back from taking the lead. Two RPs suggested this was due to a proportion of lottery funding being spent on staff and

administration rather than directly on older people. As RP4 explained, some members of the OPN "didn't want anything to do with it [OPA] (RP4).

All RPs suggested initially the precise role of the OPA had not been cleared articulated, as illustrated by the following RP who said, "*I think very early on we were unclear about the role of the Alliance*" (RP2). Moreover, RPs suggested there had been some differences of opinion between the various parties involved about the role of the OPA. Between the OPA and the OPN, between the OPA and the Brightlife Partnership and between the OPA members themselves. Some members had resigned from the OPA because they felt it was "*going in the wrong direction*" (RP1). A key issue raised was whether the OPA should be a strategic body or be more directly involved in service delivery as described by one RP who said, "*Some members of the Alliance thought they would be going out and knocking on doors and finding lonely and isolated people*" (RP2).

Issues concerning clarity of the OPA role were partly addressed in a workshop facilitated by Hall Aitken, an organisation funded by the Big Lottery to support the Ageing Better partnerships. The workshop reviewed the role and purpose of the OPA, however at the time of the interviews (September and October 2016) the output from the workshop had yet to be considered by the OPA. In addition, some training had been provided to OPA members on commissioning and a workshop on skills. Mixed views remained about the effectiveness of some training sessions, yet only one RP argued that the training was not useful stating, "*We just did an overlong exercise basically which I couldn't see the point of what we were doing*" (RP 2), while another reported that "*the training we had was very good*" (RP1).

In relation to group composition, two RPs also suggested the OPA needed new members and to seek a more equal gender balance.

The interviews highlighted in the early stages the establishment of the OPA there was a general sense of confusion about the role and purpose. However, as the members worked through these early tensions the group began to function more cohesively and

started to make progress on the Brightlife project, as discussed in the following section.

3.1.3 OPA progress

RPs all expressed a positive view about the position of the OPA at the time of the interviews (September and October 2016). While some frustrations remained regarding the length of time taken for Brightlife to become established and project commissioning to progress, there was also a recognition such projects tend to have a lead-time. As one RP states, "*it's eighteen months since we have been going and now things are happening*" (RP4). Another RP explained the progress to date in terms of the theory of team development – **"forming, storming and norming"** (RP2), and suggested the project was currently at the norming stage. Building on this progress, two RPS expressed the view the governance structures would require review to ensure they remained fit for purpose, including assessing requirement of all sub groups. It was noted some sub groups could be replaced with **"task and finish"** groups.

Concerns were raised by two RPs about communication with the community regarding Brightlife projects and suggested improvements could be made. One participant also raised concerns related to miscommunication and sharing of information between Brightlife staff and OPA members. The number of meetings taking place was also highlighted as an issue. There was a perception help by two RPs meetings took place without specific purpose and provided an opportunity for people to socialise rather than engage in Brightlife work. RP2 commented:

3.1.4 Personal Gains

RPs highlighted personal benefits gained from volunteering with the OPA, in particular the satisfaction gained from making what they perceived as a valuable contribution to the Brightlife project. Having responsibility and influence on decision-making was highlighted as especially rewarding as demonstrated in the following quotations:

> "*I liked it [commissioning] because I thought it gave older people a clear responsibility and a clear influence on the direction*" (RP2).

> "***It's given me something to do and feeling that life is…you know, you have got something to give back and all the enjoyment I have had***" (RP3).

OPA members also appreciated meeting other like-minded people, as illustrated in the following quotation.

> "***If you are going to volunteer for something actually there must be a selfish side doesn't there? You have to get some kind of something for yourself out of it. So for me the fact that I am meeting with people, some of whom are interesting***" (RP2).

Furthermore, participants suggested a reduction in their own social isolation as a result of participating.

3.2 Commissioning Process

The commissioning process was highlighted as an area of concern among OPA members. Concerns centred on the role of the OPA in commissioning decisions and sustainability of the groups and projects being commissioned. However, support for the Bright Ideas funding stream was also emphasised.

3.2.1 Influencing commissioning decisions

According to RPs, the role of the OPA in commissioning was an area of particular tension with disagreements between the OPA and Brightlife Partnership Board regarding which group was responsible for final decisions. An expectation was made in the early stage of the project's development the OPA would **"lead on the commissioning" (RP1).** In this regard, the OPA would review tender documents and make recommendations to the Partnership Board. However, the Brightlife Partnership Board retain ultimate responsibility for commissioning decisions. Three of the four RPs cited the OPA role in commissioning as a key example of a divergence of views. Although there was a recognition the Partnership Board retained decision making

powers, considerable tensions emerged during the 1st round of commissioning (March 2016) when some recommendations were rejected by the Board.

> *Ultimately the Partnership has responsibility even though it is our job to make the decision, we still have to get the Partnership approval … because they are responsible. Two of the recommendations we made they rejected. That did cause quite a lot of upset because we had spent a lot of time on reading the tenders, discussing them in a meeting – we spent a lot of time on it. We did not expect when we made the recommendation to the Partnership that they would actually… (pause)… It caught us all by surprise (RP2).*

It emerged different views of OPA and Partnership Board had developed, however this was partly overcome by inviting a member of the Partnership Board to OPA meetings as a representative when commissioning decisions were being made.

3.2.2 Sustainability:

RPs raised the issue of project sustainability once funding has ended. One RP highlighted the importance of early consideration of sustainability during the planning process, so organisations can then be "***drawn in as appropriate rather than a last-minute scramble and everything goes to the wire***" (OPA member 1).

This issue is being addressed at the commissioning process level; projects are now required to set out their plans for future sustainability. A number of examples of unsuccessful bids were given, demonstrating bid failure was a result of sustainability not being adequately addressed in the application. As one member of the OPA said:

> "***Some projects are knocked back if issues such as sustainability are not addressed***" (OPA member 2).

Concerns over the length of project funding were also raised, particularly for those projects requiring completion within a year. It was noted a large proportion of time was often spent on early development and evolution of projects, leaving less time for

activity delivery. Further concern was expressed around adequate completion of projects during the final months of funding when employed staff begin to consider the future of their role. One RP commented:

> "*It is never too early to think about that because what tends to happen is it is the last six months of the project and then people panic like mad and everything just falls apart and you've lost all this valuable resource. … Expertise is lost when the funding ceases then a couple of months later funding becomes available from a different source and everything starts from scratch again*" (OPA member 1).

The challenges for the voluntary sector of providing services based on fixed term funding are well established are not easily managed at the local level. However, the limitations of 12-month contracts, which were also highlighted by commissioned providers themselves (Mead et al, 2017), has been addressed with the award of two-year contracts in the second round of commissioning. While two-year contracts may be appropriate for some organisations, greater flexibility would be achieved by considering contract length on a case-by-case basis.

3.2.1 Bright Ideas

Bright Ideas was identified as an emerging work-stream from the Brightlife commissioning process. Bright Ideas is a scheme through which individuals or groups in the community can bid for funding to support project ideas to address social isolation. All four participants expressed a positive view of Bright Ideas as an innovative approach to establishing new community groups, as demonstrated in the following quotation:

> "*The idea is just ordinary people, not necessarily organisations at all having a good idea and coming along and saying to us 'this would work in my village or in my street… we have had some really good ideas*" (OPA member 2)'

RPs did, however, note a potential dilemma in allocating lottery funding to projects; there was a tension between **"first come, first served" (RP1)** and ensuring sufficient funding was retained for the duration of the Brightlife programme. Questions were raised regarding the possibility of accessing funding from next year's budget to fund projects with particular potential. However, awarding funds allocated for subsequent years raised concerns about reduced funding for future projects. Alternatively, the OPA could give promising projects a favourable recommendation for subsequent funding cycles. One RP suggests a response to a promising project could be "**yes we like the idea, come back to us next year, develop it a bit further**" (RP1). At the time of the interviews (September and October, 2016) the OPA were considering the best options to address this funding dilemma.

3.3 Social Prescribing

RPs expressed some concerns about the effectiveness of the social prescribing service. This concern was predominantly related to the number of referrals from GPs. One RP explained:

> **There is a barrier between the person who is trying to do the social prescribing and the GP themselves, you know, the sort of practice manager – or whoever it is – who says they haven't got time for this (RP2).**

The most recent Social Prescribing monitoring reports suggest referrals from GPs have increased (Brightlife, 2017). Moreover, there is more regular engagement by the Clinical Commissioning Group representative at Social Prescribing Working Groups.

Two of the RPs reported anecdotal evidence around the knowledge base of Social Prescribers and the high level of involvement with Social Prescribing Participants with complex needs effecting efficiency, however these views may not necessarily be accurate due to the nature of this second-hand reporting.

The most recent Social Prescribing Evaluation report (Mead et al., 2017) states Social Prescribers had greater clarity regarding the boundaries of the role and had support

mechanisms in place to avoid become too involved when working with Social Prescribing Participants with complex needs.

3.4 Reaching the socially isolated

Reflecting on the overall aims of the Brightlife project, RPs suggested reaching the socially isolated individuals was a key issue. There was a common concern between RPs the Brightlife project was not reaching those who are most in need, as illustrated in the quotation below:

> *We are not reaching the real isolated people yet. The people that are stuck at home. They may not want to come out but they are not given the opportunity. They have no mobility or poor mobility, no family, no car, they have lost their car. I don't think we are quite reaching them so that has got to be one of our big bits of work next year is to try and reach those really isolated people* **(RP3).**

In this regard, one RP gave feedback from a Big Lottery meeting held in Birmingham that involved the fourteen consortiums funded through the Ageing Better programme, which was viewed as a valuable opportunity to discuss projects. The RP explained:

> *We are all in the same boat and everyone had the same question in their minds "are we reaching the people we ought to be reaching (RP1).*

Three factors were identified as contributing to difficulties reaching socially isolated individuals: measuring social isolation, emphasis on prevention and barriers to addressing social isolation.

3.4.1 Measuring social isolation

RPs argued perceptions Brightlife were not reaching socially isolated individuals might be influenced by inflexible definitions of social isolation that do not encompass the complexity of socially isolated individuals' experience. The Common Measurement Framework (CMF) used in the evaluation contains questions about social isolation along four themes:

1) Contact with family (face to face, phone, and e-mail)

2) Contact with non-family (friends, neighbours, acquaintances)

3) Membership of clubs/social groups

4) Volunteering.

However, it was acknowledged social isolation might not exist as a fixed state but could be dependent upon a number of factors, such as the time of day (evenings and weekends), rather than frequency of visitors or contact with others. This was summarised in the following quotations:

> *I see loneliness and isolation as being in chunks. I am not lonely and isolated now but I am lonely and isolated in a couple of hours and it is how you deal with that. It is the mental thing of that, how do you really get that across* **(RP1).**

> *It is quite easy to find somebody to do something with but it is not so easy to find somebody to do nothing with* **(RP1).**

In this respect, a narrow definition of social isolation based on contact with other people for example, may not reflect an individual's experience of social isolation. Relatedly, RPs also highlighted individuals who express feeling isolated may live in areas perceived to have a strong sense of community, as identified in the following quotations:

> *It is people even in sheltered housing – there are lots of people there but they can still be lonely … so loneliness is not just a thing in the rural areas which is what a lot of what they are talking about. It can happen anywhere – in urban areas also (RP4).*

> *Even though they live within a community as such, they are actually lonely and isolated in that community (RP2).*

3.4.2 Preventing social isolation

Two RPs also noted not all people attending commissioned projects were within the target group; they were not necessarily socially isolated. However, one RP acknowledged enrolment on an activity could act as a preventative measure concerning social isolation and potential health issues, as explained in the following quotations:

> *Those people are having activities and getting used to the company. They are not reaching the stage where they are really isolated so hopefully because of that they will have friendships and buddies so they will not be lonely (RP3).*

> *Social isolation in a lot of respects can be linked to depression and when you are depressed you just don't want to do anything. You don't even want to answer the door, phone. You have really got a lot of spade work to do to possibly get somebody out of the house. It is not easy (RP1).*

One of the Ageing Better programme's key principles is prevention of older people's social isolation (Big Lottery Fund, n.d.), however there is no clear definition or criteria to decide which individuals are 'at risk' of social isolation and therefore qualify for preventative services.

In addition to the target group of Brightlife, two interviewees also mentioned joining the Alliance and attending meetings had addressed some of their own issues of social isolation, however they also pointed out that some members of the Alliance thought the role was going to be different.

3.4.3 Barriers to addressing social isolation

RPs observed two main barriers to involvement in Brightlife projects among potential participants: transport and technology. Transport was identified by all four participants as a major concern. It was cited as a cause of social isolation in some instances and also a barrier to inclusion in Brightlife activities. Interviewees stated:

Transport is a massive problem. You know, whenever you get any kind of a meeting or anything people always say 'well how are we going to get there?'…and if they are isolated and have got no confidence or transport or a buddy, somebody to hold their hand into a group of strangers (RP2).

[Transport] is a big problem – not just for older people but to everybody I think…So if you can't drive anymore and there is no bus service and that is the problem why a lot of people can't get out (RP4).

The use and availability of technology was also identified as a barrier to involvement as illustrated in the following quotation.

It is the expense, the cost of it – it's not cheap. So that is one of the biggest barriers and in fact it is a barrier you know if someone is socially isolated…if you could get onto the computer. It is a small minority of people who would either want to do that, be capable of doing that or have the resources to do it, so it is a definite barrier, yes (RP1).

One participant brought experience from a previous role to mind, reflecting individuals and/or their families do not necessarily want to be directly approached by outside organisations, as identified in the quotation below:

The families didn't like us interfering and that was a learning curve. That is something we have got to remember (RP3).

3.5 The Brightlife programme

Four areas were discussed relating to the administration and delivery of the Brightlife programme: the bureaucracy attached to lottery funding, questionnaire completion, the test and learn process, and Brightlife staff. Each is discussed in the following section.

3.5.1 Lottery Funding

Brightlife is a Lottery funded programme and as such is bound by the governance of the Lottery scheme. Some RPs viewed the conditions as overly bureaucratic and found the need to comply with the required governance restrictive at times:

> *The lottery seems to make an awful lot of demands and can make things a bit over bureaucratic at times (RP2).*

> *We are starting to get things like the Big Lottery asking for volunteer hours to be recorded[1]. If you are printing stuff off and you are claiming on expenses, you have to claim per sheet. For God's sake! But that is the requirement…As time passes there is concern that the Big Lottery will be asking for more information, which all takes time to record, need to be prepared for that (RP1).*

However, RPs also recognised that Lottery money is 'public money' and appropriate monitoring of spending was required.

> *So the lottery do keep a watch on what you are doing, which I suppose they have got to when they give you five million pounds. It's a lot of money, isn't it? They make sure what we do is what they would agree with (RP4).*

3.5.2 Questionnaire completion

RPs acknowledged evaluation and feedback was essential to the project; however, concerns were raised about the Ecorys questionnaire (the Common Measurement Framework (CMF)). Some participants viewed the CMF structure as inhibiting the collection and accuracy of information as it was time consuming to complete and some questions were intrusive or irrelevant to participants. One interviewee said:

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[1] Noted that Brightlife seeks this information to evidence the significant contribution of volunteers.

What older people are meant to fill in is dreadful… Old people do not want to fill in questionnaires…There is seventeen pages of it. To my mind that is terrible. I think all the Alliance are objecting to filling that in (RP3).

It was also felt the questionnaire was "*too long, [with] too many questions*" (RP3).

Concerns about the questionnaire have been raised by both Commissioned Providers and Social Prescribers in the early stages of the project (Mead et al, 2017b; Mead et al 2016; Mead et al 2017a). However, having made considerable efforts to engage with the questionnaire Social Prescribing Co-ordinators reported the questions encourage individuals to think about the current situation and what activities they had previously enjoyed, which it was suggested could itself be "confidence building, motivational and cathartic" (Mead et al., 2017, p. 16).

3.5.3 Test and Learn process

All RPs were positive about the Test and Learn process adopted by Brightlife, highlighting the opportunity to review progress and make changes within relatively short time periods, if required, as beneficial. One RP commented, **"*with 'test and learn' you can turn on a sixpence and say 'this isn't working, stop it now, do this" (RP1).*** The contribution of the University of Chester as local evaluators was also valued, as one RP states **"*I must say it was good having the University involved. For me that gave it some power and I know they understood*" (RP3).** One participant accepted progress needed to be monitored but could be time-consuming, stating, "***people think it may be a bit onerous and they've got too much to do but I think it is really fundamental that you have that test and learn ethos" (RP1).***

3.5.4 Brightlife staff

RPs all expressed confidence in the Brightlife staff and suggested they were doing a good job taking the project forward. Brightlife team members were considered respectful of the views of the OPA, who described being actively listened to and their suggestions acted on.

PART 4 Discussion and conclusion

The interviews demonstrated the OPA has been through a process of transformation since the group was first established. Having worked through challenges including clarification of roles, responsibilities and expectations and agreeing guidelines for the commissioning process, RPs felt they were now in a strong position to move forward into project delivery. Feedback on the Bright Ideas scheme was particularly optimistic and viewed as a new and innovative approach. Participants felt they had personally benefitted from being involved in the OPA, and felt valued by contributing to the development of the Brightlife project.

Concerns about the effectiveness of the social prescribing work and the effectiveness of the project reaching truly socially isolated people were raised. Transport and computing were identified as particular barriers to reaching socially isolated people.

Brightlife is a lottery funded programme and as such the funding is time limited. Sustainability was recognised as a key challenge requiring attention for future projects. Issues relating to the bureaucracy of the lottery requirements were identified, in particular the use of the Ecorys CMF.

RPs valued the test and learn approach and the involvement of the University. They expressed confidence in the Brightlife staff and their ability to develop and progress the programme. RPs shared a real desire to make a difference for older people.

4.1 Recommendations

The recommendations below are based on interviews held during September and October 2016[2]. It is recognised there may have been changes and developments following these interviews.

- Complete review of the OPA governance structure and membership of the OPA and implement any actions arising.
- Careful management and monitoring of funding allocations is required.
- The concerns of the OPA regarding the effectiveness of the commissioned projects reaching socially isolated people should be considered alongside other evidence.
- The concerns of the OPA regarding transport need to be considered alongside other evidence
- The concerns of the OPA regarding sustainability of projects should be considered alongside other evidence.

References

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[2] Noted that these dates appear historical in the context of the project life and journey. Findings were shared prior to this in discussions between University and Brightlife teams, and then at the April 2017 Feedback Day event. Reflecting on this, we have agreed to produce all written reports within 12 weeks after close of data collection.