



## Research Article

# A personalised health intervention to maintain independence in older people with mild frailty: a process evaluation within the HomeHealth RCT

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## Plain language summary

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## Plain language summary

Living with frailty brings the possibility of more health problems which can lead to loss of independence. We designed a new service, 'HomeHealth', delivered by the voluntary sector, to delay the loss of independence in older people who are becoming increasingly frail. In HomeHealth, a person is supported to set goals important to them in areas such as mobility, socialising, nutrition and psychological well-being. This service was tested by comparing the outcomes of two groups, one which received HomeHealth and one which did not. We also carried out an evaluation to understand:

- whether the participants in the trial were representative of older people in their local area (population reach) compared to local census data
- to what extent the service was delivered as intended (fidelity), by audio recordings of appointments for 10% participants, and scoring these using a checklist
- how well the service was received and sat within the voluntary organisation, through 64 interviews with participants and service providers
- whether the service worked in the way we expected.

We analysed whether attending more appointments, selecting a particular type of goal or making progress towards their selected goals affected independence scores.

Our participants showed similar levels of social deprivation, educational attainment and housing status to the wider local older community, but fewer were from an ethnic minority background. HomeHealth was largely delivered as intended, with good attendance at appointments and variable progress made towards participants' chosen goals. However, these factors were not associated with better independence. Interviews suggested that HomeHealth was an acceptable service, empowering for those needing a change and suited the voluntary sector. In conclusion, while HomeHealth was acceptable and implemented well, future research needs to explore other ways to explain how the service might have worked and how best to target those who are most likely to benefit.