Public Health England

Evaluation Report

Warm Homes Healthy People Fund 2012 to 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
133-155 Waterloo Road
Wellington House
London SE1 8UG
Tel: 020 7654 8000
http://www.gov.uk/phe
@PHE_uk

Prepared by: Rachel Wookey, Kevyn Austyn and Dr. Angie Bone, Extreme Events and Health Protection
For queries relating to this document, please contact: extremeevents@phe.gov.uk

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This year's evaluation was based on that used to evaluate the WHHP fund for 2011 to 2012. Please refer to http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317136356595.

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List of abbreviations

CAB	Citizens Advice Bureau
CCG	Clinical commissioning group
DECC	Department of Energy & Climate Change
GP	General practitioner
HCP	Healthcare professional
HWB	Health and wellbeing board
JSNA	Joint strategic needs assessment
NEA	National Energy Action
PHOF	Public Health Outcomes Framework
WHHP	Warm Homes Healthy People

Executive summary

Background

There are about 24,000 excess winter deaths per year in England. Following the successful evaluation of the 2011 fund, the Department of Health announced a further £20m in autumn 2012 for the Warm Homes Healthy People fund. This scheme is aligned with the Cold Weather Plan for England in its aim to reduce cold related mortality and morbidity.

Aim

The aim of this report is to evaluate the Warm Homes Health People Fund (WHHP), through identifying the benefits of the interventions and the challenges faced. It aims to highlight innovative approaches to reducing cold weather-related morbidity and mortality, and how these interventions address the wider determinants of health.

Method

A mixed methodology was adopted with an online survey for local authority leads, telephone interviews and local evaluation reports being used in the evaluation.

Results

The fund was once again universally well received. Innovative approaches to reducing cold related mortality and morbidity were highlighted. The populations targeted this year were broader than last year's fund. Partnership working continued to be strengthened and was considered key to successful delivery. Barriers and challenges to delivery were identified including engagement with healthcare professionals, which continued to be a major barrier to reaching those most vulnerable to the effects of cold. Lack of year round funding continues to challenge development of these projects.

Conclusion

The evaluation demonstrates the need for greater co-operation from health professionals and supports the case for year round funding for projects of this nature. The support of clinical commissioning groups (CCGs), local authorities and health and wellbeing boards (HWBs) is considered essential to the continuation of these schemes, which address indicators in the three national health and social care outcome frameworks.

Introduction

The fund

On 11 September 2012, Dr Felicity Harvey, Director General of Public Health, Department of Health, wrote to all upper tier local authorities inviting them to bid for funding from the Warm Homes Healthy People Fund, totalling £20m.

The aim of the Warm Homes Healthy People fund was to support local authorities and their partners in reducing death and illness in England due to cold housing in winter 2012.

The fund was established, for a second year running, to support the aims of the Cold Weather Plan for England, and was part of a range of measures, that the Department of Health, NHS and other government departments took to protect individuals and communities from the effects of severe winter weather.

Bids were invited from upper tier local authorities to reduce the levels of deaths and illness in their local area of vulnerable people living in cold housing, in partnership with their local community and voluntary sector and statutory organisations.

Cold Weather Plan for England

The Cold Weather Plan for England[1] (CWP) is a public health plan, first published in November 2011 by the Department of Health. The CWP aims to prevent the major avoidable effects on health by preparing for and alerting people to periods of severe cold in England. It recommends a series of year round steps to reduce the risks to health from prolonged exposure to severe cold weather for:

- the NHS, local authorities, social care, and other public agencies
- professionals working with people at risk
- individuals and local communities.

Fuel poverty

Fuel poverty has recently been redefined following the Final Report of the Fuel Poverty Review by Professor John Hills called 'Getting the measure of fuel poverty'.[2] The Department of Energy & Climate Change (DECC) has also said[3]:

"The government should adopt a new indicator of the extent of fuel poverty under which households are considered fuel poor if:

- *they have required fuel costs that are above the median level; and*
- *were they to spend that amount they would be left with a residual income below the official poverty line."*[2]

Professor Hills reported that he had estimated that there were 2.5 million fuel poor households in the UK using this definition. He also described, the 'fuel poverty gap' - a measure of the depth of fuel poverty. This is the difference between a household's modelled fuel bill and what their bill would be for them to be no longer fuel poor. The report states that at the time of writing there was a £1 billion total fuel poverty gap in the UK. This equates to an average fuel poverty gap of £405 per fuel-poor household.[2]

Private sector housing continues to be over-represented in the numbers of fuel poor households with owner occupier properties being the most likely to be fuel poor, followed by homes in the private rental sector.[2]

Effects of cold weather on health

Excess winter deaths can be defined as the excess of deaths in winter months compared with non-winter months. Office for National Statistics provisional data for the winter estimates that there were 22,800 excess winter deaths in England, between December 2011 and March 2012.[4]

Excess winter deaths and cold weather associated morbidity are mostly preventable. It is known that cold weather has adverse health effects. The Cold Weather Plan for England: Making the Case states:

> *"The impact of cold weather on health is predictable and mostly preventable. Direct effects of winter weather include an increase in the incidence of:*
>
> - *heart attack and stroke*
> - *respiratory disease*
> - *influenza*
> - *falls and injuries*
> - *hypothermia.*

> *Indirect effects of cold include mental health illnesses such as depression, and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances and heating"*[1]

These health effects can be either immediate or occur up to 28 days following exposure to cold temperatures.

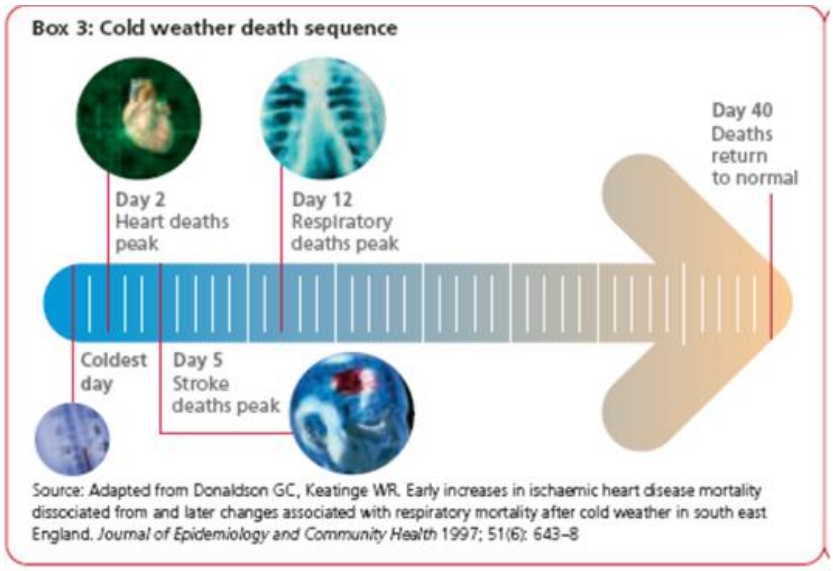


Figure 1: Cold weather death sequence. (Source: Department of Health (2010) 'Winter kills' in 2009 *Annual report of the Chief Medical Officer, 31-7).*

The effects of cold weather are most felt by vulnerable groups such as older people, the chronically ill, children, those with mental health problems and people with disabilities. Children living in cold homes are further disadvantaged as their ability to concentrate on homework is affected by the cold.[5]

The evaluation

The aim of this report is to evaluate the Warm Homes Healthy People Fund, through identifying the types of interventions provided and who benefitted from the interventions. It aims to highlight innovative approaches to reducing cold weather related morbidity and mortality and how these interventions address the wider determinants of health. Examples of promising practice are given throughout and challenges to programme delivery are shared.

Methods

The evaluation was undertaken using a mixture of methods to ensure that the rich data from scheme delivery were captured. The data are from the local authority officers who led the WHHP projects. Members of the public were not invited to complete the survey.

Three methods of data collection were used:

1. Online Survey: An online questionnaire was sent to local authority project leads who submitted successful bids. Out of 149 questionnaires issued, 116 responses were received; a response rate of 78%.

2. Interviews: Fourteen interviews were undertaken with local authority WHHP project leads. The interview aimed to explore themes highlighted in the questionnaires, such as what aspects of the scheme worked well and what did not, the response of healthcare partners, and whether their current joint strategic needs assessment (JSNA) includes excess winter mortality and morbidity and/or fuel poverty.

3. Local Evaluation Reports: A total of 21 local evaluation reports were received which detailed how schemes were delivered and highlighted initiatives in the home and the community. Of the local authorities that submitted local scheme evaluations, 20 stated that this was their second year of receiving WHHP funds.

Limitations

There were several limitations to this study:

- the response rate to the survey was high (116/149) however, only a small number of local evaluations were received in time for analysis (n=18). This may have been due to time factors and approval processes involved in publishing evaluation reports. Selection bias in the survey responses and submission of the local evaluations may have occurred. Schemes that did not take part in the evaluation may have differed in their experience of the fund
- the telephone interviews were semi-structured and all carried out by the same interviewer. A total of 15 interviews were completed, by which time saturation of data had been reached and it was decided that this was a sufficient number given no further new information was emerging. These data were qualitative and while lacking the methodological robustness of the quantitative survey, they added depth and richness to the data

What interventions were implemented?

The online questionnaire asked respondents to identify which elements of the Cold Weather Plan for England their project aimed to address. An explicit condition of the fund was that any project must aim to reduce both winter deaths and reduce the health impacts of cold weather. Other key aims were consistent with the aims of the Cold Weather Plan. The findings are summarised in Figure 1.

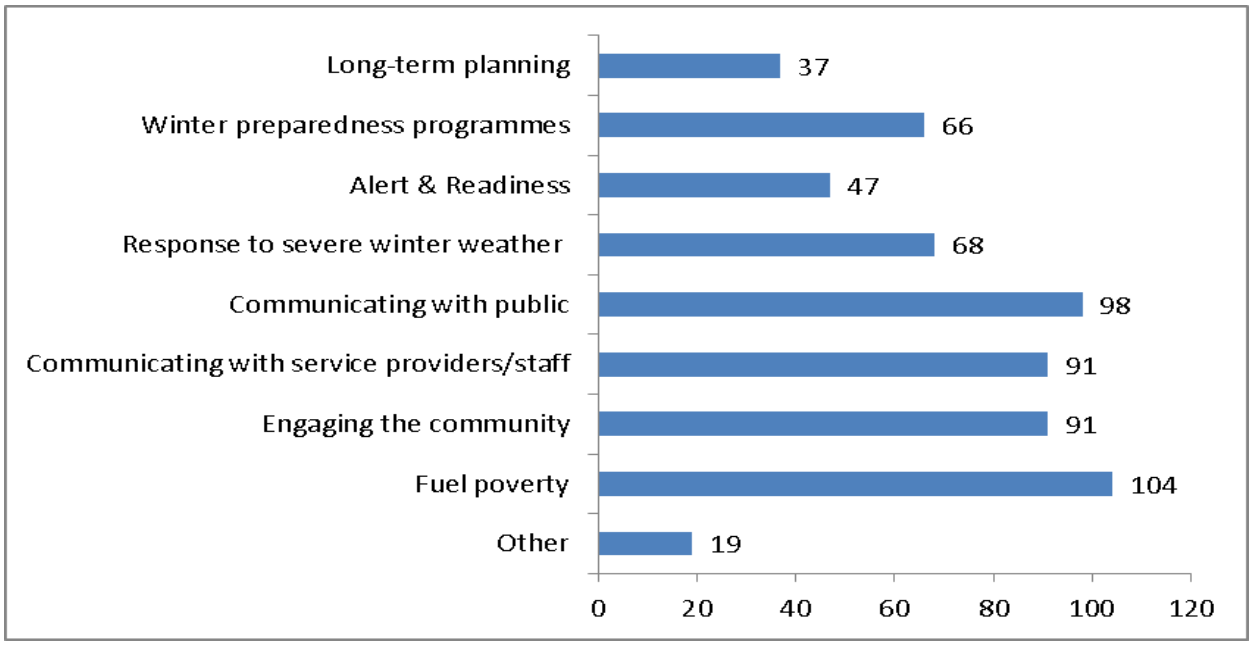


Figure 1 – Elements of Cold Weather Plan addressed by WHHP Schemes (n=116)

Long-term planning (Cold Weather Plan Alert Level 0): The questionnaire analysis indicates that less than 50% of schemes were engaged in long-term planning activity. The questionnaire responses, local evaluations and interviews show that is likely to be due to the short-term nature of the project and funding, and there is a need for development in this area. However, long-term planning and long-term commitment of resources is not easy to do in a short-term, one-off project.

Winter preparedness programmes (Cold Weather Plan Alert Level 1): From the questionnaire responses, it was found that 66% of schemes delivered a number of interventions in the home to increase winter preparedness. The local evaluations detailed the types of interventions, for example, boiler servicing and repairs, draft proofing and heat-reflectors for radiator panels.

Home safety checks were carried out by local fire services and housing officers and these were detailed in local evaluations. Carbon monoxide monitors, fire alarms and other safety measures to reduce the risk of trips and falls were installed. Emergency

heaters were provided in homes where the heating system was inadequate, unsafe or broken, to enable people to stay in their homes while repairs were carried out.

Local evaluations reported that advice was given to people about keeping warm in the home about dressing in warm clothing, wearing safe and warm footwear, and having hot food and drinks. Several schemes provided a service where electric blankets were checked and if unsafe, replaced with a new one. Some projects provided warm bedding to people starting new tenancies from homeless shelters and many schemes provided thermometers with advice about heating the home affordably.

Case Study 1 – Doncaster Warm Homes, Healthy People project

"The WHHP project helped to tackle the problems of fuel poverty and excess winter deaths in the over 70's by:

- *offering free boiler services to elderly homeowners receiving pension credit, to reduce the likelihood of breakdown and ensure that their boilers were running safely and efficiently*
- *installing free energy efficiency measures such as draught-proofing, heat reflecting radiator panels and low energy lightbulbs"*

Doncaster MBC, WHHP Project Report

Alert and readiness (Cold Weather Plan Alert Level 2): The online survey found that long-term planning and alert and readiness featured in less than 50% of the project's aims.

One council stated in their local evaluation that they used a cold weather alert system for the public – specifically aimed at those with respiratory disease. This scheme allowed members of the public to register for the free scheme and alerts were sent when cold weather or snow were forecast. A text or voice message was sent to the telephone to alert the person to the weather forecast and this would include advice about staying indoors, dressing appropriately and keeping enough medication to hand.

Case Study 2 – Lichfield District Council WHHP

"E-learning materials for partnership organisations were updated and 'future proofed' as much as possible and uploaded onto the Lichfield District Council website. These were widely distributed throughout our strategic housing partnership and community and voluntary sector networks to support long-term planning in line with our Lichfield District Strategic Partnership Affordable Warmth Campaign and Warmer Homes Greener District Initiative."

Lichfield District Council

Response to severe winter weather (Cold Weather Plan Alert Level 3): Reactive services to severe cold weather, ice and snow were delivered by 68 of the schemes. Local evaluations detailed these interventions, including; emergency food delivery services for people unable to leave their home, gritting pavements and drives to improve access and snow clearance from pathways and pavements.

Responses to the questionnaire stated that 'warm packs' were delivered to homes by 89% of the projects. Local evaluations reported that these packs included items such as blankets, flasks, hats, gloves, hot water bottles and other practical items to keep people warm.

Local evaluations and interviews reported that funding also allowed provision of emergency shelters for street sleepers during severe cold weather.

Case Study 3 – Emergency cold weather shelter for rough sleepers

Maundy Relief provided the following services to assist Hyndburn residents to keep warm and safe. An emergency cold weather shelter was open for 30 nights over the winter period whenever the temperature was forecast to drop below 0°C for three consecutive nights and assisted in meeting the borough council's obligation for cold weather provision for rough sleepers in Hyndburn. The service was available to all rough sleepers and the accommodation included a sleeping mat and sleeping bags in a warm place. Light refreshments were also provided. In addition all service users were given the opportunity to discuss their housing needs and were referred in to Maundy Relief's day centre service, Hyndburn Borough Council housing advice and other agencies as appropriate.

Hyndburn Borough Council, WHHP Evaluation Report 2013.

Communicating with the public: In order to promote their scheme, project leads used various ways to communicate with the public. These included face-to-face

communication (awareness-raising events at community centres, information stands in local shopping centres) as well as written information, use of social media (such as Twitter) and radio messages, poster displays and leaflet drops.

Figure 2 - Example of scheme leaflet (Reproduced with permission of Hampshire County Council)

Case Study 4 – Rotherham MBC

"21,000 copies of a Warm Homes, Healthy people magazine were distributed to all social housing tenants across the borough. This magazine covered a range of information including health and financial advice, energy saving tips, heating maintenance and contact numbers of local support and assistance. A range of press releases and communications were sent out throughout the winter months to raise awareness of the issues and schemes available to help residents."

Rotherham WHHP Evaluation November 2012 – April 2013.

Communicating with service providers/staff: Questionnaires, local evaluations and interviews report that training and awareness-raising for staff and partner organisations were key to improving communication and increasing referrals into the scheme. Examples of communication and promotion activities were provided in the local scheme evaluations, such as e-learning packages, training courses, visits to primary healthcare providers by project representatives, awareness-raising days within organisations and written information introducing the schemes to potential sources of referrals.

Case Study 5 – Energy Awareness Training – Energy Projects Plus

"WHHP funded an interactive, accredited training course run over three half days covering fuel poverty affordable warmth, energy conservation and efficiency, fuel debt, tariffs and bill reading with an in-depth case study exercise to consolidate the learning."

Cheshire West and Chester Council WHHP Fund Project Summary Report Winter 2012-13

Engaging the community: Local evaluations reported that 'umbrella events' were successful in engaging communities. Local venues were used to host events where communities could come together to access information and advice around affordable warmth (including switching energy provider, debt management and home maintenance), safety in the home and income maximisation. These events also provided hot meals, exercise and cookery classes and other useful interventions. Interviews reported that these events were reported as successful in both urban and rural settings.

Projects encouraging communities to look after each other, especially those vulnerable to the adverse effects of cold weather, were reported in local scheme evaluations.

Case Study 6 – Lil from Islington – North London Cares

"Lil is a much loved member of North London Cares regular social club. She is 82 and lives alone. This winter, Lil suffered two spells in hospital, first with bronchitis and later with flu. She remained in hospital during Christmas and New Year. Our social clubs and Love Your Neighbour scheme have acted as a lifeline for her as she recovered. They have helped her get out of the house during evenings when she became lonely and they have provided her with a trusted network of volunteers who she now calls friends. North London Cares was very happy to deliver her a Christmas hamper, donated by the local newspaper the Islington Tribune, to demonstrate that the community cared for her at a difficult time. We also helped Lil secure a small grant from the London Community Foundation."

Well Winter Campaign 2012-13 Summary report, Islington Seasonal Health and Affordable Warmth Team.

The work of North London Cares has been highlighted by the BBC both locally and nationally and Lil has taken part in interviews to talk about the effects of social isolation:

"Yes, I do feel very lonely at times. My family's all gone now except I've got a daughter and she lives in Australia and I've got a niece and two nephews but I never see them. I'd like people to come in and have a cup of tea sometime, you know, because if I stayed in the house all day then I wouldn't see anybody and nobody would phone me and I'd be quite isolated"

Fuel Poverty: Tackling fuel poverty was an aim of 90% of the schemes. Three main factors contribute to a fuel poor household – the energy efficiency of the property, the cost of energy and household income. Local evaluations reported that projects aimed to tackle each of these key factors by providing services to increase energy efficiency (such as insulation and draught-proofing), reduce energy costs (by switching energy providers or joining fuel buying consortia for homes off the national energy grid) and maximise income (by reviewing benefit entitlement and negotiating affordable debt repayment).

Case Study 7 – Citizens Advice Bureau Outreach

"All I have ever wanted was to make sure my children are well looked after, I was failing. I never expected a knock at the door would result in all this. I now have a monthly budget I follow, a slightly higher income, a warm house and a better state of mind. Thank you to the Warm Homes Healthy People Project."

Client, Citizens Advice Bureau, Tendring.

Other: Aims listed by the questionnaire respondents under the 'others' category included 'energy efficiency' and 'reducing effects of rural isolation'.

Analysis showed that local authorities generally repeated what was delivered as part of the WHHP Fund projects in 2011-12 from direct, sustainable home-based interventions such insulation and heating repairs, to short-term interventions such as warm packs (containing blankets, food, gloves, etc) and electric heaters. Income maximisation from benefits advice to debt management was a key component and in line with 2011-12 WHHP projects, the largest number of projects provided advice and increased awareness.

During the interviews, it became apparent that project leads had learned from experience of delivering projects in 2011-12 and focused on those interventions that were successful, and either made adjustments to or did not revive those that were not successful last year.

Conclusions:

- key aims of the Cold Weather Plan were reflected in the aims of the projects, however, provision for long-term planning and alert and readiness were aims of less than 50% of schemes. This is likely to be because of the short-term nature of the funding and limited timeframe for delivery
- many schemes continued to provide interventions in inventive ways. By learning lessons from the previous year's schemes, this knowledge has increased. Continuing these schemes will ensure that this learning is developed and put to good use

Recommendations:

- local authorities need to be given sufficient time, resources and support to identify, develop and maximise opportunities
- long-term planning and alert and readiness should be considered as part of delivering sustainable schemes with the emphasis on prevention. This requires commitment of resources to allow year round preparedness in line with the Cold Weather Plan 'Alert Level 0' and winter preparedness 'Alert Level 1'

Scheme promotion and raising awareness

The questionnaire respondents were asked to identify which methods were used to promote the scheme and raise awareness. The results are summarised in Figure 3.

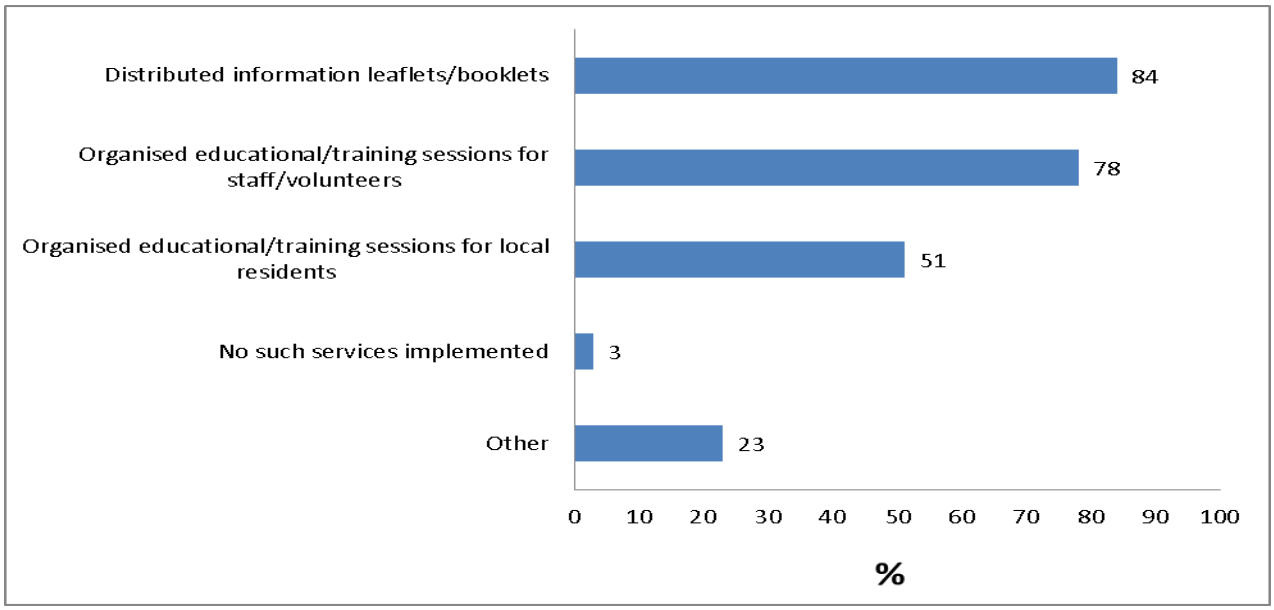


Figure 3 – Percentage of schemes undertaking promotion by type (n= 112)

Interviews with project leads suggested there remained some barriers to raising awareness and identifying effective ways in which to do this, given the difficulties in identifying populations at risk of the adverse health effects of cold weather. Partnership working was key to this as many organisations have existing client bases to which such promotional material can be targeted.

Local evaluations and interviewees stated that through awareness raising events, other determinants of health were also addressed eg nutrition, exercise and social isolation.

Case Study 8 - Warm & Well Events - Lambeth

"Umbrella events routinely offered an action packed three to four hours, with an opportunity to receive information packs with refreshments at the beginning of the session, followed by a programme of events, which varied, but regularly included giving advice and talks from the Deputy Cabinet Member for Older People, the project manager, Every Pound Counts, Lambeth's Welfare Benefits Service, Lambeth Police and the NHS Trainers Service, plus activities in the form of chair based exercise and quizzes followed by a hot meal. In addition, the Age UK Handy Person Scheme and a local community enterprise Community Draught Busters attended many events to provide practical advice and information on keeping homes warm. The events were upbeat and popular"

Lambeth, Warm & Well in Winter 2012-2013 Project Report.

Other innovative ideas for awareness raising and promotion include: using the blank side of receipts at local shops; pay and display parking tickets and key meter pay-points to advertise the scheme; advertising using plasma screen televisions in GP surgeries; using local bus services; advertising on carrier bags from pharmacies; celebrity launches; smart phone apps; presentations at lunch clubs and day centres; using 'village agents' (trusted members of the local community) to promote the project; and training ambulance staff.

Capturing data to assess the effectiveness of promotion methods (such as the pay-point receipt scheme run by Lichfield Council, where some 41,892 receipts were produced) can be challenging. Next year the scheme aims to include a quotable reference number to capture these data. The questionnaire also asked what types of media were used for promotional activities (Figure 4).

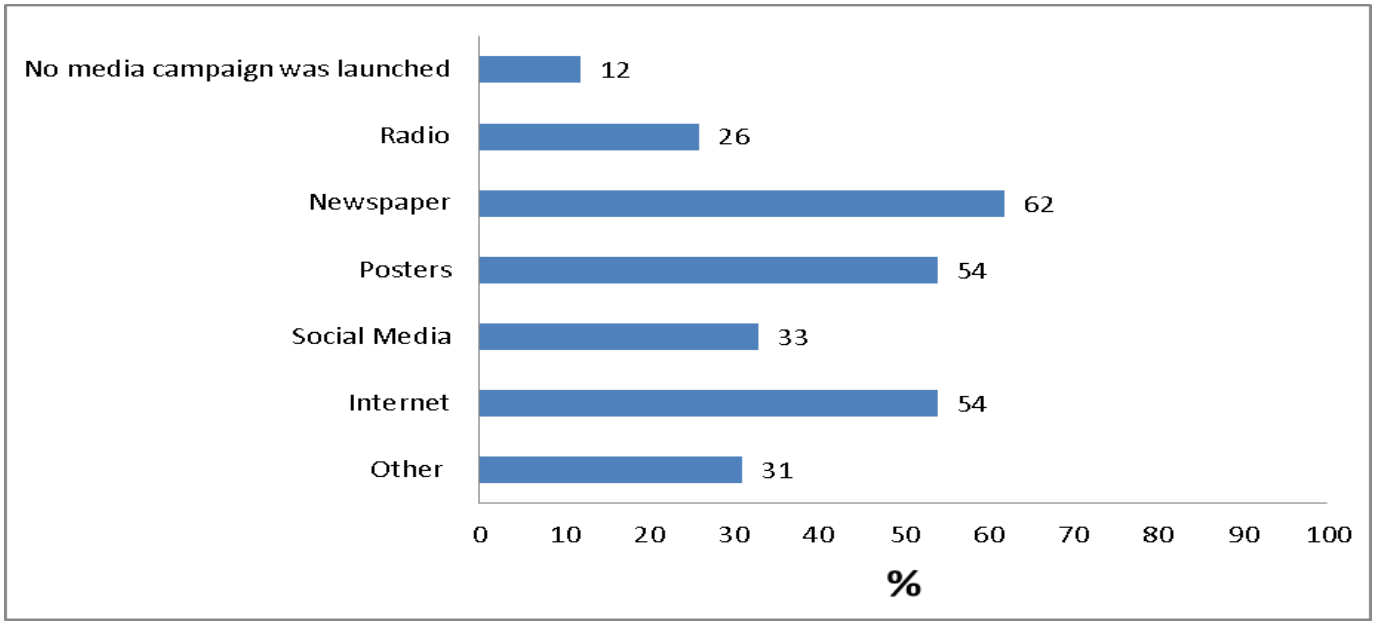


Figure 4 – Types of media used for promotion of local schemes (n=112)

A number of interviewees and evaluations agreed that face to face promotion of projects through door knocking or outreach and community events tended to generate proportionately more referrals than leaflet based promotion. However, door knocking is more labour intensive and will reach less people than leafleting, media campaigns and posters.

The analysis of the interviews and local evaluations shows that the use of social media was thought to exclude a large proportion of the population who were targeted – namely older people. However, generally this method was used alongside radio campaigns and other more easily accessible means such as free local newspapers and magazines.

Conclusion:

- innovative means of promoting schemes and raising awareness were demonstrated. Awareness raising community events have wider impacts and give many agencies access to larger numbers of people

Recommendations:

- local authorities should consider how awareness-raising events can provide opportunities for other health promotion activities
- promotion and awareness-raising media should be as inclusive as possible to ensure maximum access and uptake
- more data need to be collected for awareness-raising activities in order to evaluate their impact

Who was targeted?

Vulnerable groups

Questionnaire respondents were asked to identify which vulnerable groups were targeted for the interventions. These are summarised in Figure 5.

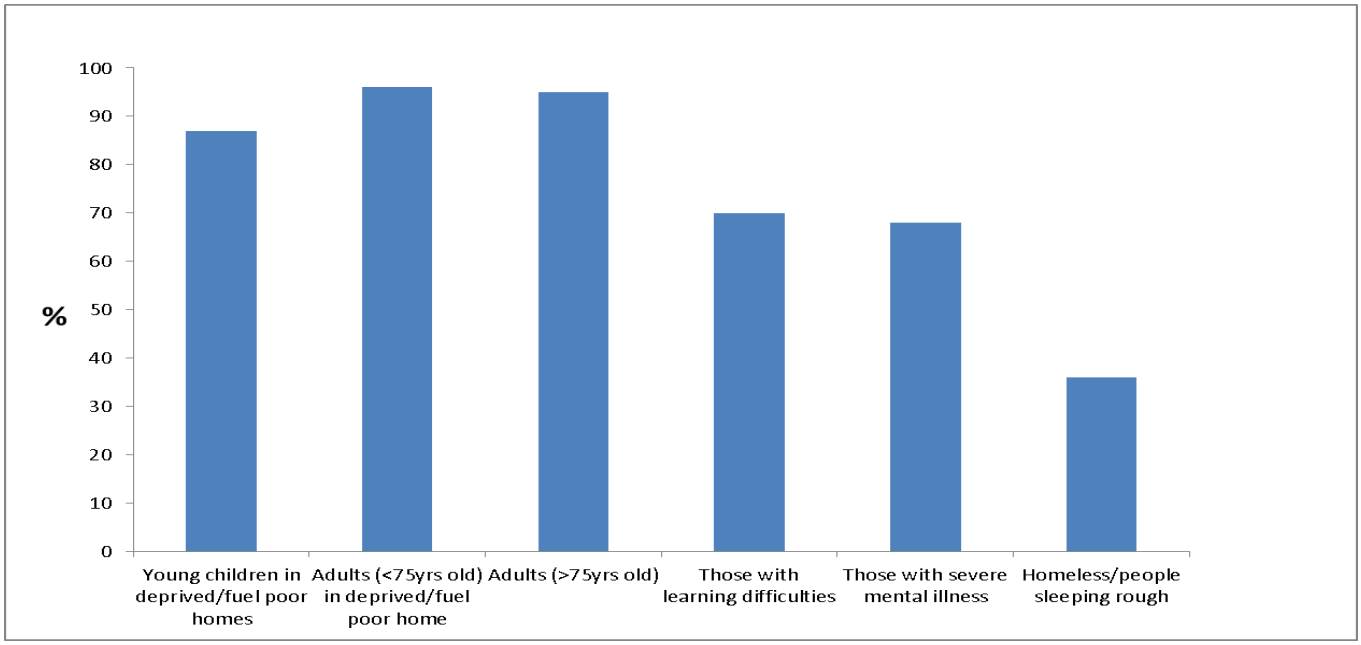


Figure 5 – Percentage of schemes targeting vulnerable groups (n=93)

The data collected from questionnaires and local evaluations indicate that the majority of schemes, although targeted at all age groups, were ultimately used by people over 65 years of age.

Local projects had broadened their target populations compared to the 2011-12 fund, to include more young families, adults <75-years-old in fuel poor/deprived homes, people with mental illness, homeless people and those with learning difficulties.

More schemes targeted families compared with 2011-12 so that young children and older children were often beneficiaries. Partnerships with children centres allowed schemes access to families in order to promote better life chances in the under-fives through warm home initiatives.

One interviewee stated how reading other projects' examples of work informed their work this year and opened funding opportunities for work with homeless people. This was one of many projects providing interventions to homeless people.

One local evaluation reported how a small grant of £1,000 had paid for a bathroom refurbishment in a drop in centre for homeless people, along with a number of 'new tenancy starter packs', for those securing new permanent accommodation. It demonstrates how a single, low cost intervention, can benefit many people.

Several evaluations reported increased targeting of specific minority ethnic groups, carers and hard-to-reach groups, for example traveller communities.

Case Study 9 – Lambeth Small Grants Programme

"The Small Grants Programme enabled the project team to work with other groups working with vulnerable people. These included groups for carers and people with learning disabilities, many of whom were older people. The project was also able to engage with elders from across different ethnic groups in Lambeth. In addition to some events run by discrete community groups such as Chinese, Asian, Black, Portuguese and Vietnamese elders community groups, the project delivered events at two mosques, one being a women only event and the other predominantly West African"

Lambeth Council.

Conclusion:

- drawing on experience from the 2011-12 WHHP fund and from reading examples of other projects around the country, more local authorities delivered interventions to a wider set of target groups

Recommendation:

- local WHHP-funded projects should broaden their target population, especially in terms of sustainable, one-of interventions such as insulation and awareness raising

Housing tenure

Private sector housing is an area of concern in terms of the quality of accommodation. The results indicate that the majority of interventions were aimed at those in private accommodation. This is summarised in Figure 6.

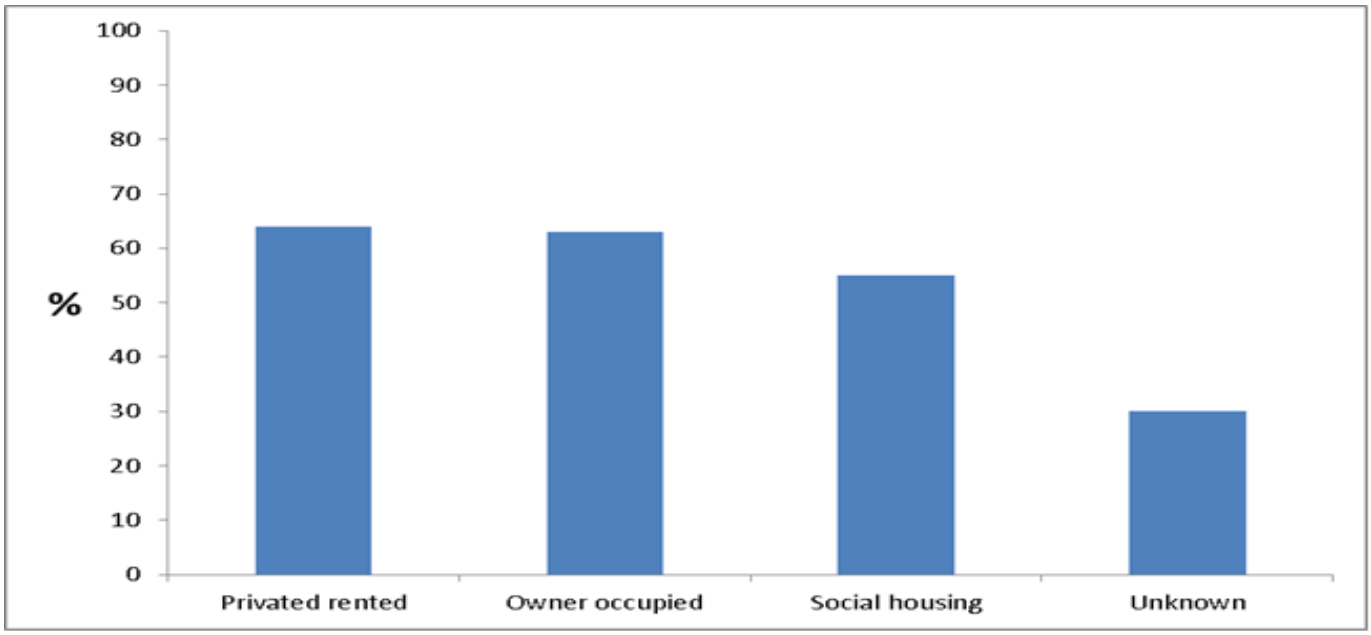


Figure 6 – Percentage of scheme recipients by housing tenure (n=94)

Tenants of private landlords were of particular concern because these types of household are over-represented in the fuel poverty figures.[2] These households can be difficult to identify because they may live in areas of mixed housing stock. Interviews and local project evaluations stated that concern about retaliatory evictions (if the tenant asks the landlord for repairs or improvements) was a barrier to providing interventions to some tenants of private rented accommodation. One local authority provided an example in their local project evaluation of how they sought to work in partnership with both private and social landlords to raise awareness and deliver aspects of the scheme, while emphasising the landlord's obligations to their tenants.

Case Study 10 – Liverpool City Council Healthy Homes Programme

"*The team works with many internal services, external agencies and partner organisations to provide free help and advice to residents on how to remove or prevent hazards in their homes, how to improve their health and wellbeing and to encourage/enforce their landlords to carry out repairs to their properties…..*"

Liverpool City Council, WHHP Fund Evaluation.

This particular scheme, like many others, documented in their local project evaluations how holistic approaches to service delivery successfully addressed the wider determinants of health and wellbeing.

In few instances, powers under the Housing Act 2004 were invoked to intervene where living conditions were particularly poor.

Park homes (caravans) are loosely regulated, hard to improve in terms of insulation and challenging to heat affordably.[6] Interviews and local project evaluations indicated that in some local WHHP projects, park home owners received interventions, although it was not clear whether they were specifically targeted. Most schemes were targeted based on age and other vulnerabilities and so if these residents met the criteria, they could receive the intervention.

Conclusion:

- difficulties in identifying population by tenure in areas of mixed housing stock were reported by the local authorities. This remains a challenge but schemes actively found ways to overcome this

Recommendation:

- programme providers should continue to form and strengthen relationships with both social and private landlords to raise awareness of health effects of cold weather and the importance of a warm dry home, while emphasising their obligations to their tenants

Partnership working

Individual scheme evaluations and interviews stated that lessons were learned from the WHHP fund 2011-12 – with one key theme emerging that the schemes should be less prescriptive.

Analysis of questionnaires, interviews and local evaluation reports indicate that partnership working was key to successful delivery. Where strong relationships had been built through the WHHP fund 2011-12, there was a strong foundation on which to move forward with projects for 2012-13.

When asked 'What factors helped to deliver your projects?' 86/92 respondents stated that partnership working was key to successful delivery of the programme.

Conclusion:

- partnership working continues to be a key indicator of success, with many programmes able to capitalise on these relationships to deliver improved services this year

Recommendation:

- local authorities should continue to foster and strengthen partnerships and seek to continue to improve service delivery

Spending

Of the respondents who answered the question (n=97), 63% had spent 91% or more of the money by 31 March 2013, 26% had spent between 76-90% of the budget and 1% had spent less than 75% or did not know. Of the 53 respondents who had not spent the full allocation of funds, 25 stated that the money had been allotted to have been spent by 30 June 2013 and 28 by 30 September 2013.

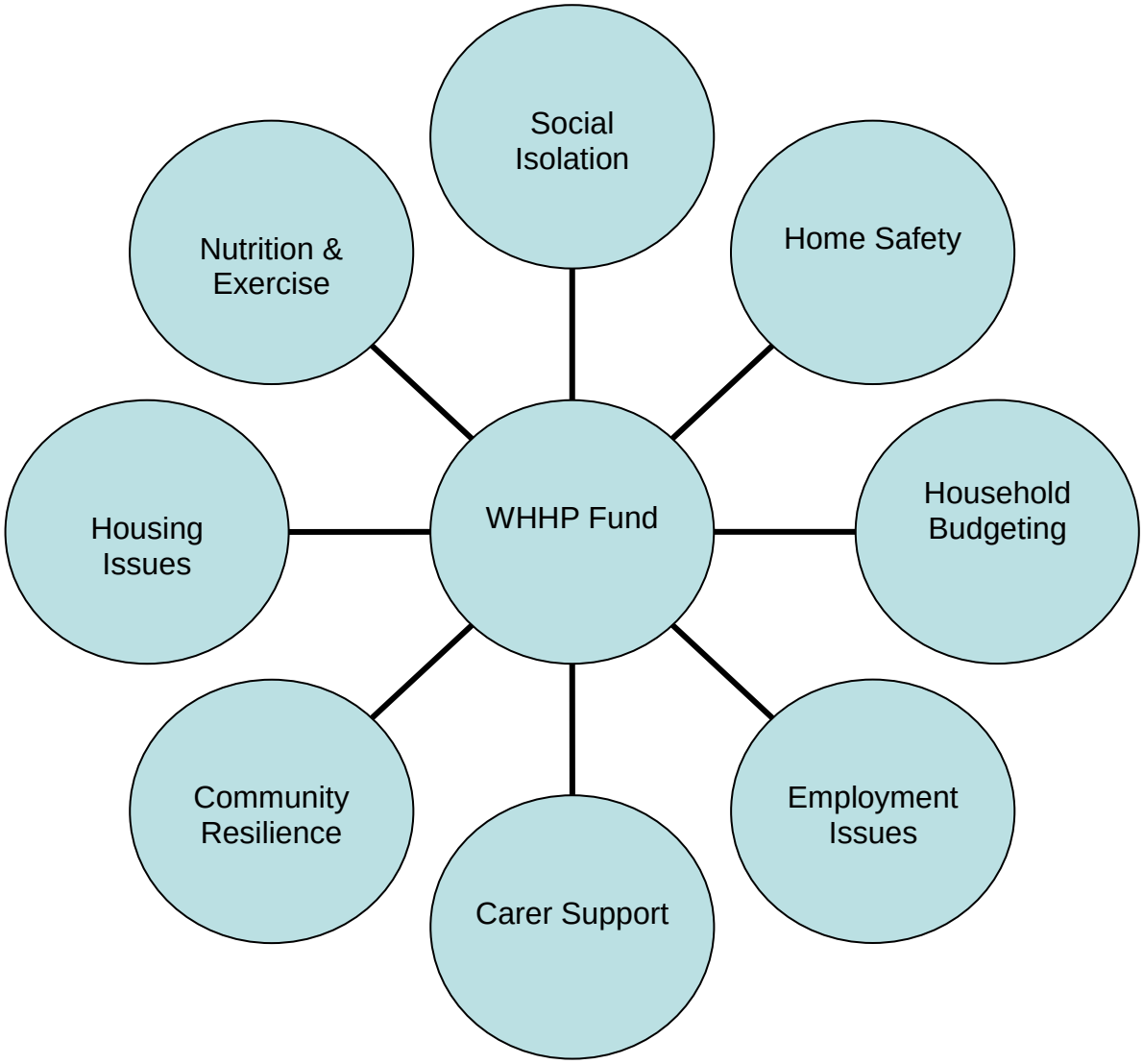
What were the impacts of the programme?

There were many reported effects of WHHP-funded projects and the questionnaire responses, local evaluation reports and interviews identified health effects (specifically, the wider determinants) and community and economic benefits.

Wider determinants

As well as the main aims of the projects to align with the Cold Weather Plan for England, the questionnaires, local project evaluations and interviews demonstrated how they addressed the wider determinants of health. These are summarised in Figure 7.

Figure 7 – The wider determinants of health addressed by the WHHP fund



Social Isolation – Increasing social connectedness is a key indicator in the Public Health Outcomes Framework (PHOF).[7] Interviews and local evaluations showed how the interventions addressed social isolation – either by design or serendipitously - through befriending services, community awareness raising events, volunteering opportunities and other activities or interventions.

One local evaluation reported how structural interventions in the home also led to a reduction in social isolation, demonstrated by the following case study:

Case Study 11 – Age UK

"At 3pm on an extremely cold December day, Age UK received a telephone call from Mr A's neighbour he said he had some concerns after dropping some shopping off, which he does for him every week. The house was very cold, he had no heating or hot water as he had been waiting for a part to be fitted to his boiler….At 4pm two staff members from Age UK Head Office took him two oil filled radiators. On arrival Mr A was sat in his hat and coat in the living room. The temperature outside was two degrees. Mr A started to tell the girls about his situation. He said he went to his son's house but he always put his son off coming to his home as he didn't want him to worry about how he was living. Staff assured Mr A that we would arrange for our contracted gas fitter to call the next day. Before leaving they plugged in the oil filled radiators in the kitchen and living room where Mr A has been sleeping. The next day the gas engineer called and on the following day the part was fitted and paid for by the Keep Cosy fund. Mr A rang the office to say he had the best night's sleep in months. He thanked everyone involved; the neighbour also rang to thank us for our help. Mr A is now living in a warm home. He is able to sleep in his bedroom, have a bath and have his son and family round to visit."

WHHP Funding Evaluation Report November 2012 – March 2013, Oldham Council

Home Safety – Local evaluation reports detailed a number of measures in the home to ensure that people were not only warm, but that those providing the interventions capitalised on other opportunities afforded by the visit. Several local evaluation reports reported cross partnership referrals with fire services providing installation of carbon monoxide monitors, smoke alarms and fire safety advice. In addition, some local evaluations stated that people were referred to falls prevention services and small adaptations to homes and advice given to those at risk of falls. This approach reflects the NHS 'Making Every Contact Count' framework.[8]

Case Study 12 –'STEADY ON! in new slippers winter 2013'

"East Lancashire Hospital's Trust Community Falls Team provided practical and useable resources to help to get the messages out to local older people about how falls and injury can be prevented. The funded items included safer replacement slippers, rubber walking aid ferrules and tea towels with falls prevention messages and useful contacts about which services are available to them should they wish to get in touch or seek help in the future. The Community Falls Team set up a network to distribute the safer slippers in Hyndburn. Sites included the Minor Injuries Unit and the Age UK Hospital Aftercare Service at Accrington Victoria Community Hospital, also the Podiatry team at Accrington PALS - all who have daily contact with older people across Hyndburn. Staff in these teams were particularly vigilant in spotting worn, sloppy or inappropriate slippers and were able to offer new safer slippers which were felt to be a refreshing pragmatic approach rather than signposting or giving an advice leaflet. The worn rubber ferrules on walking aids were changed at a number of Community events in Hyndburn – these sessions proved as popular as ever. The ferrules acted as very effective 'tools of engagement' when tackling the topic of falls in older people. It is well evidenced that many older people do not wish to talk openly about falls but a brief falls intervention could be done while fitting the new ferrules."

'Keep Warm and Keep Safe this Winter', Hyndburn.

Financial Management/Budgeting; Interviews and local evaluations provided case studies surrounding the daily quandary for some of whether to 'heat or eat'. In order to address these issues, 92% of respondents to the questionnaire stated that income maximisation was an aim of their scheme. Through this intervention people were advised about budgeting and finance, and analysis of the local evaluations indicates that these interventions helped household budgeting and debt management. Interview participants highlighted the potential negative impact of welfare reforms on people's ability to stay warm and emphasised the importance of interventions of this kind.

Case Study 13 – Citizens Advice Bureau Outreach

"B & C are a young couple with a three month old baby who are struggling financially and in arrears with their phone and other utility bills. At the time of referral (December), their heating was not working. They were provided with a temporary electric heater until the landlord fixed the heating. They also had a full benefit check but were advised they were receiving all the benefits they are entitled to. Despite this they were struggling to meet all their commitments (debt repayments) and felt they couldn't afford to turn their heating on when it was fixed. The financial advisor supported them with negotiating affordable repayments on the arrears for their telephone bill and helped them appeal against PPI payments on their sofa. This assistance led to a reduction in their outgoings and giving them greater confidence that they could afford to heat their home."

Lewisham Warm Homes Healthy People, End Project Report 2012/13

Employment issues – Local evaluations reported that projects working in partnership with Citizens Advice Bureaux (CAB) were well placed to tackle non-heating-related social issues arising from referral to the WHHP projects. For example, one local evaluation documented 19 cases of interventions dealing with employment issues. A specific case was highlighted in which a service user sought advice because she needed to save money. Further discussion with the client established that her financial concerns were due to an extremely complex employment issue. The CAB, which was delivering a project funded by the WHHP fund in partnership with the local authority, was able to help the client to make savings and maximise income, but also referred her to an approved solicitor for advice.

Carer Support –There are 6.5 million carers in the UK, approximately 1 in 8 of the population.[9] The Prepared to Care Report[9] details the health and social sequelae of being a carer. Many carers are themselves vulnerable to the effects of cold due to their age, mental and physical health and living conditions. Several local evaluations provided evidence of interaction with carers and demonstrated how home visits can provide opportunities to identify other determinants of health and address these in a more holistic way.

Case Study 14 – Warm & Healthy Trafford

"Mrs K called the winter advice line to ask about getting home insulation top up for the bungalow she had just moved into with her husband. Mrs K is a carer for her husband….and also suffers with her own health problems. After completing an assessment they were referred for a home fire safety check and to Toasty Trafford to address their insulation needs. Mrs K had not been aware of Trafford Carers Centre and agreed to being referred so that they could support her in her caring role as she was struggling with this. A caseworker has since been out to see Mrs K and is supporting her with stress management, an emergency card and applying for breaks. The caseworker has also identified Mrs K's grandson who lives with them as a young carer and is offering him further support through the centre's young carers support service"

Warm & Healthy Trafford Partnership.

Community Resilience: Resilience and capacity building were specifically mentioned in the initial invitation for bids to the scheme. Both interviews and scheme evaluations stated actions that met these objectives. The questionnaire did not specifically ask respondents whether building community resilience was part of the overall aim of the scheme, but long-term planning and readiness were both stated as key aims. One specific example of how a scheme addressed community resilience was provided in a local evaluation report, summarised in Case Study 15.

Case Study 15 – Ashton Hayes – Snow Angels

"Snow Angels CIC is a social enterprise which works with local communities to promote community resilience to deal with a range of issues which communities may face including cold weather, flooding etc (for example supporting villages to maintain a network of volunteers to clear paths, deliver shopping and check on vulnerable residents during heavy snowfall). The social enterprise works with local community groups to ensure that the scheme is sustainable after the first year of operation. The key outcomes from the project included older people feeling safer and supported in their own homes, reduced social isolation, a strong sense of teamwork between the volunteers, improved recognition of Timebank and new volunteers and increased community resilience in the village"

Cheshire West & Chester Council, Ashton Hayes Snow Angels.

Housing Issues: Local evaluations stated that advocacy for people with housing issues was a common theme in many projects; especially where individuals were concerned about retaliatory eviction. One local evaluation report stated how they had to use powers under the Housing Act 2004 to gain access to and affect repairs due to the living conditions of an individual in a private sector rented property.

Nutrition and exercise: Local evaluations reported that many of the interventions were short-term, immediate interventions such as delivering hot meals to an individual's home. However, a scheme in Middlesbrough used their hot meals service as a community event, to bring people together and 'for the company and conversation over a good meal and a cup of tea'. This had a multi-factorial effect on health and wellbeing and highlights the range of problems associated with vulnerability.

Case Study 16 - Praise Christian Centre International

"Nonhle had always struggled with her weight and was very happy with the healthy food that was served. She felt good about eating the food and that made her feel good about her health. This eased her worry as she could not afford to buy vegetables and other healthy food for herself. Nonhle shared her concern about her weight as it affected her physical and mental wellbeing with one of the volunteers. She was encouraged to join a women's only nine week Zumba programme. She said, 'The two programmes together have really changed my life, I feel so healthy, I have even lost weight, thank you'" – Comfy & Cosy in Middlesbrough, Project report for the Department of Health WHHP Fund 2012/13.

One evaluation stated the long-term impact of the scheme overall as:

"Enhancing economic self-sufficiency, social wellbeing and reducing carbon emissions" - Warm Homes Better Health Home Visits, Richmond Council & Richmond NHS Project Evaluation 2012-2013, Thinking Works

Conclusion:

- interventions provided by the projects that refer people to other services that are not time limited, have the potential to achieve impact beyond the period of the intervention itself. Advising, informing and educating scheme recipients equips and empowers individuals to sustain behaviours conducive to their health and social wellbeing

Recommendations:

- HWBs, CCGs and local authorities should consider how schemes with one aim can become opportunities for addressing the wider determinants by using frameworks such as Making Every Contact Count and other initiatives to deliver projects with a holistic approach
- local authorities, CCGs and HWBs should use information sharing events, toolkits and the Local Government Association Knowledge Hub to share examples of promising and good practice with a focus on capacity building and addressing the wider determinants of health through these schemes
- local authorities should consider the how the welfare reform will impact on the ability of individuals and families to heat their homes affordably and tailor interventions to meet the needs of the most vulnerable

Other community effects

Evaluations and interviews highlighted the effects of delivering the schemes on the wider community.

Local economy: One county council stated that by sourcing contractors through their approved contractor scheme (whereby people can access vetted, local firms for small works) to provide the structural interventions, the benefits were passed not just to the individual but also the local economy.

Work opportunities: Local evaluations documented the benefits to the individual of volunteering in terms of providing work experience and inclusion were reported in both the evaluations and the interviews:

Case Study 17 – Warm & Well in Winter

"Geetha suffers from learning difficulties and has found it hard to get a job, look after her elderly parent and to feel like she can contribute. This led to depression and frustration that she finds hard to express. She volunteered with the project last year and attended over 35 of the community events, where she staffed the reception and welcomed people. Geetha has helped in the construction of the Winter Warmer packs given out at events and provided administrative support around the office. She will continue volunteering…"*

Warm & Well in Winter 2012-13 Report, Lambeth (*name changed to protect identity).

Community groups: One local evaluation reported feedback from recipients of 'warm packs' where people suggested the inclusion of hats as a measure to keep warm. The project managers of this WHHP-funded scheme have successfully approached knitting groups to provide knitted items for the warm packs. This enhances the service, but also provides opportunities for communities to contribute to the scheme. Social groups such as these also provide opportunities for interaction with other community members and potentially reduce social isolation.

Community cohesion: A local evaluation report documented a project called 'North London Cares' that works in partnership with Islington Council. Part of the WHHP-funded projects was promoting intergenerational community cohesion and was featured on the local BBC News http://www.youtube.com/watch?v=ftYOoBbwQO0. The London Borough of Lambeth council WHHP evaluation report stated that the local Age UK service ran a similar project entitled 'Warm to Your Neighbour'. It demonstrated how, by listening to community groups, they were able to identify barriers to neighbourly behaviour and implement a successful initiative. Sewing groups, singing groups and a knitting network are being established because of the success of this scheme.

Conclusion:

- the effects of the scheme reached into the wider community by using local businesses: benefitting the local economy, providing work experience and encouraging community engagement

Recommendation:

- further data are needed on how interventions of this nature affect the wider community in social and economic terms through Social Return on Investment studies[10]

Economic evaluation

The economic effects of this scheme are difficult to quantify, but the effect that the scheme has had on matters such as fall prevention, increasing quality of life and home safety should not be underestimated.

One evaluation gave the following example, which emphasises the potential impact of the scheme:

Case 18 – Thinking Works, Richmond

"Thirty residents were referred or signposted to Richmond's Fall Prevention service or to their GP for a referral to the service. With a fall costing the NHS band average of £3950 (extrapolated from the Department of Health figures on fracture prevention 2009), if only 50% of those referred or signposted to the falls service subsequently don't have a fall the scheme will have saved the NHS £59,250"

Thinking Works, Richmond

Although these figures are arguably a crude interpretation, it serves to demonstrate the potential of WHHP-funded interventions to reduce the demand on the NHS. These facts are supported further in the recent fuel poverty framework from DECC. The report monetises the effects of interventions such as insulation, central heating and replacement boilers in terms of quality adjusted life years (QALY).[2]

There are obvious economic benefits to prevention interventions and more data are needed in order to make a case for such schemes to become embedded in commissioning of health and social services. Including fuel poverty and excess winter mortality and morbidity in JSNAs will inform commissioning and raise the profile of these significant health issues.

By addressing wider determinants of health as well as directly reducing cold-related harm to health, WHHP programmes may meet up to 18 key indicators in all four domains of the PHOF 2013 to 2016.[7] The four domains are Domain 1 – Improving the wider determinants of health, Domain 2 – Health Improvement, Domain 3 – Health protection and Domain 4 – Healthcare public health and preventing premature mortality.

The WHHP projects may also meet indicators in four out of the five domains of the NHS Outcomes Framework (NOF) 2013-2014.[11] These domins are Domain 1 - Preventing people from dying prematurely, Domain 2 - Enhancing quality of life, Domain 3 – Helping people to recover after an episode of ill health or following injury and Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm.

Similarly WHHP projects may also address three domains of the Adult Social Care Outcomes Framework 2013/14. [12] These three comprise Domain 1 - Enhancing quality of life for people with care and support needs, Domain 2 - Delaying and reducing the need for care and support and Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Conclusions:

- the economic effects of this scheme are difficult to quantify but there are obvious benefits to prevention interventions. More data are needed in order to make a case for such schemes to become embedded in commissioning of health and social services
- with outcome frameworks for health and social care providers including measures of reduced hospital admission and premature mortality rates, these schemes could provide a means of meeting major health and social inequalities indicators, through prevention

Recommendations:

- including issues such as fuel poverty and excess winter mortality and morbidity in JSNAs assessments will help to inform commissioning. With outcome frameworks for health and social care providers and public health emphasising the need to reduce hospital admissions, reduce premature mortality and improve quality of life (among other indicators), these schemes should continue to meet the challenges of health and social inequalities
- with changes in the commissioning of health care services, the benefits of projects fostered by the WHHP fund need to be framed in terms of their effect on measurable outcomes, such as reduced hospital admissions and reduced premature mortality from cardiovascular disease during cold weather

What were the challenges?

Many local projects were able to build on experience and expertise gained from the WHHP Fund 2011/2012. The online questionnaire specifically asked respondents to identify barriers to implementing their projects and the analysis shows several key themes:

Timescale

Several challenges were identified from questionnaire responses, local evaluation reports and interviews in terms of timescale, namely a lack of lead-in time, and the short-term nature of the funding and duration for project delivery.

Lack of lead-in time

Analysis shows that one of the most significant challenges to delivering the WHHP-funded projects was the short time local authorities had to deliver both the bids for funding and the interventions to the target population.

71% of respondents stated that timescales were a barrier to implementing the schemes.

Interviews and local evaluations expanded on this theme, reporting specific difficulties and missed opportunities. For example, due the announcement of successful bids in November, crucial opportunities to capitalise on flu clinic-based interventions (such as advice and referral opportunities) were missed. These clinics provide access to the population most at risk from the adverse health effects of cold weather.

The interviews and local evaluations suggested that promotion of the scheme and training of volunteers would have been more effective with earlier confirmation of a successful bid for funding. Several respondents to the questionnaire stated that this was a factor leading to delay in delivering interventions and is likely to have affected the uptake of services: for example, missing deadlines for publication in free local quarterly publications circulated during the period of the WHHP-funded projects, and short notice to staff/volunteers led to poor turn out on initial training days.

Local evaluation reports acknowledged that winter is a busy time for the health sector, local authorities and charities involved in the care of those most vulnerable to cold. It was reported that the delay in announcing successful bids exacerbated the challenges of delivering interventions at an already busy time.

One local evaluation report indicated that an aim of their project was to target schools with educational interventions and 'awareness weeks'. It was indicated that lack of forward planning time made these difficult to co-ordinate with other curriculum activities.

In addition, respondents to the questionnaires, interviews and local evaluations state that the timeframe for WHHP-funding bids did not reflect the unpredictable nature of British weather. Several projects, based in northern England, highlight the fact that winters start earlier and finish later in this part of the country. This underlines how greater flexibility is required in order to deliver these services promptly, before the cold weather starts, and to consider whether they need to continue into the spring.

Contrary to this, however, there were three respondents (one from the questionnaire, one from the local evaluation reports and one from the interviews) who suggested that the short period of time in which to deliver the service acted as a motivational factor:

"I guess we could always ask for more time, but to be honest, the speedy response required created a buzz to deliver, which I actually think became a positive."

Anon

Conclusion:

- the late announcement of successful bids meant that opportunities were missed to promote the scheme to the public and professionals. Cold weather had started in many parts of the country before the schemes began and so preparation in these cases proved challenging

Recommendations:

- more notice should be given to allow local authorities to plan effectively and deliver certain aspects of the programmes prior to the onset of cold weather
- HWBs should consider the need for action to address cold related morbidity and mortality in their JSNAs
- WHHP programmes should be a commissioning priority for both HWBs and CCGs as part of their core business

Short-term funding

Local evaluation reports identified that competing priorities were a significant challenge to delivering interventions. The short-term nature of the funding made it challenging for local authorities to get partner organisations to prioritise WHHP-funded projects over their year-round activities.

One participant in the interviews reported challenges in working with smaller partner organisations within a short timeframe. For example, small charities that meet and make decisions quarterly were excluded in many instances as flexibility and speed were key to implementing projects. These community groups are often gatekeepers of valuable knowledge about the local population and their exclusion resulted in a potential source of referral opportunities being missed.

Delivering certain projects that are not sustainable was reported as a specific problem with one local evaluation stating that ethical issues and objections in recruiting volunteers for short-term “befriending” schemes was a barrier to implementation.

Conclusion:

- the short-term nature of the funding made it difficult to get smaller partner organisations to prioritise work above those projects with long-term funding. Ethical issues and the exclusion of those organisations where decisions could not be made quickly also contributed to the challenges

Recommendation:

- consideration should be given to sustainable sources of funding, which would allow local authorities to tackle these issues year round. This would reflect the year-round “Alert Level 0” planning provision in the Cold Weather Plan for England

Duration of project

Due to the short time in which the projects had to be delivered, local evaluations reported that many WHHP-funded services were overwhelmed by the number of referrals, particularly when the weather became very cold. This was compounded by the fact that the period of cold weather extended into the spring months. The Met Office Cold Weather Alert service was extended to the 14 April 2013 as the result of an unusually cold spring.

On analysis of the local evaluation reports it was clear that many of the WHHP-funded projects provided services to deal with access and safety during snow fall and icy

conditions. This was reported to have contributed to sudden increases in referrals for these reactive services during periods of bad weather. On the other hand, two interview participants stated that time and resource was spent on reactive initiatives such as path clearance, grit buckets and other community safety measures and weather related schemes; however, the snow and ice did not materialise.

In general, local evaluation reports and interview participants felt that preventative measures should be prioritised above reactive measures during very cold periods, where certain weather conditions can impede activity and cause further disruption. For example, insulation could be installed before the cold weather begins.

Conclusion:

- the short duration in which the project had to be delivered caused services to be overwhelmed in some instances. Reactive services such as path clearance and other snow and ice-related safety measures were particularly sensitive to this issue

Recommendations:

- consideration should be given to sustainable sources of funding, which would allow local authorities to tackle issues year round. This reinforces the work needed at “Alert Level 0” of the Cold Weather Plan, freeing time to undertake reactive activities during snowfall and icy conditions
- HWBs should consider the need for action to address cold related morbidity and mortality in their JSNAs
- WHHP programmes should be a commissioning priority for both HWBs and CCGs as part of their core business

Tailoring messages

Local evaluations and interviews highlighted the need for messages to be relevant to their target audience. However, two interview participants argued that this type of strategic targeting can be time consuming and costly. The respondents further identified challenges where people may not identify themselves as being vulnerable and this may contribute to poor uptake of an intervention.

The lack of a clear, concise and inclusive message led to confusion about eligibility criteria for some schemes. One local evaluation report stated that many of the target population were surprised that measures were available regardless of benefits status. It suggested that clarity around which interventions were not means-tested and were available for owner-occupiers could increase the uptake of these interventions.

One local authority WHHP project lead, who was interviewed, suggested that projects need to have a simple message and goal in order to be maximally inclusive:

"Every home should be warm and dry" – Jon Bird, Dorset County Council

The use of simple, more inclusive messages are supported by the Marmot Review: Fair Society Healthy Lives, which suggests that focusing solely on the most disadvantaged in society will not sufficiently reduce health inequalities. The report argues that actions must be universal with a scale and intensity proportionate to the level of disadvantage – a concept referred to as "proportionate universalism".[13]

Conclusion:

- strategic targeting can be costly and time consuming, especially in view of the time constraints, and may lead to confusion and issues with perception of eligibility. As a result, vulnerable people may wrongly identify themselves as ineligible

Recommendation:

- simplify messages for maximal inclusivity and relevance. Keeping messages simple and universal may increase uptake of schemes in those populations who do not identify themselves as being either vulnerable to the effects of cold weather or eligible for such schemes

Identifying vulnerable groups and data sharing

Responders to the questionnaire (n= 10) reported difficulties in identifying vulnerable groups. All respondents to the question "Who helped you to identify your recipients?" received help from other organisations to identify possible recipients (Figure 8).

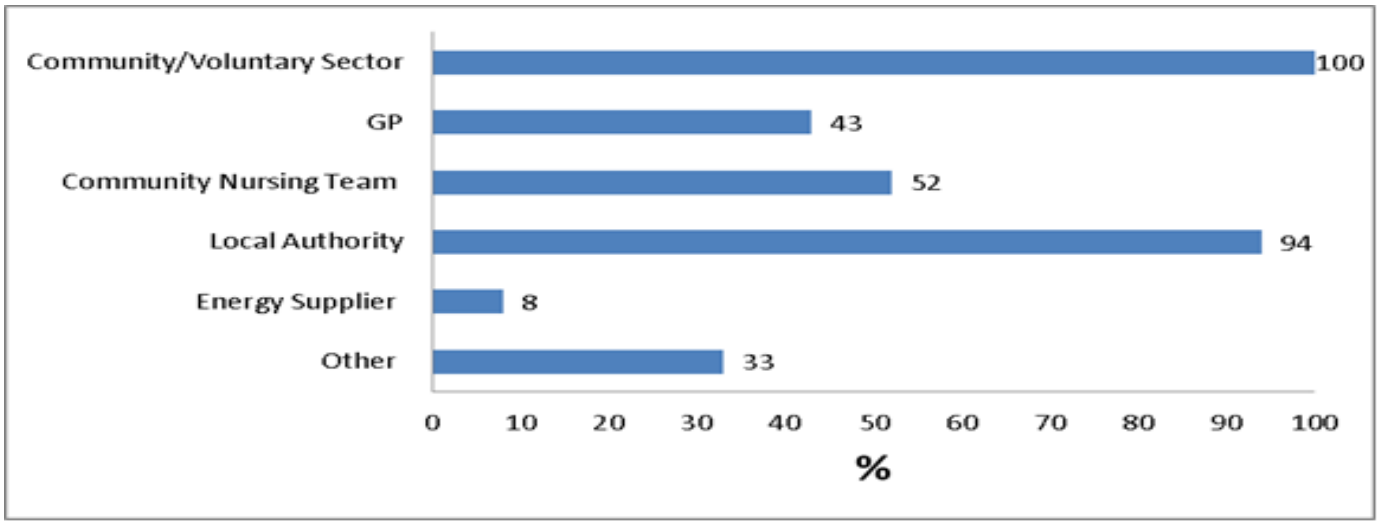


Figure 8 – Sources of help to identify recipients (n=93)

Despite this input, local evaluations and interview participants identified challenges in ensuring that all those who could potentially be targeted were found. Difficulty in identifying those most vulnerable to the effects of cold were reported – specifically people who are socially isolated or do not engage with services.

People in receipt of benefits, assisted bin collection lists (where people are unable to move their waste bins from home to the street), mapping, local knowledge from parish councils and village agent schemes, priority users registers (energy companies) and other data sources were used as additional means of identifying potential recipients of WHHP interventions. Interview participants and local project evaluations stated that some vulnerable individuals not in receipt of benefits and living in private rented accommodation may not be identifiable by these approaches or may not self-identify. Private-rented homes are consistently identified as second poorest of housing stock[2] and two interview participants reported how people living in these homes were perceived to be most likely to "fall through the cracks". This was reported to be a source of frustration given that the interventions were available to help to those who may normally fall outwith criteria for assistance based on entitlements to benefits, or health condition specific criteria.

Analysis of the questionnaire responses, local evaluation report and interview responses indicates that, in line with the WHHP fund 2011-12, data sharing between partner organisations continues to be a barrier to project implementation. The evidence shows that in many instances, information from GPs and other healthcare providers - who were seen as gatekeepers of high quality information about vulnerable people - was not forthcoming due to Caldicott and data protection issues.

Local evaluations stated how some vulnerable people targeted for interventions were concerned about giving their personal information to an organisation and specifically

asked how their details would be used. One particular interviewee reported that some of the people contacted about local projects were initially sceptical of the approach and concerned about how their information had been passed on to the agencies. This shows that even where data were shared this is not always welcomed by the target population.

Two interview participants reported how small financial incentives encouraged referrals from data gatekeepers which would identify those most vulnerable, without having to give full access to patient/service user data. For example, GPs were paid to issue letters to their vulnerable patients asking them to make contact with WHHP schemes. One local evaluation stated that for their WHHP-funded project, barriers to data sharing were overcome through using local knowledge in communities:

"Data protection issues did not present any significant issues in the village setting as various local people and groups had a good idea about older people who were vulnerable."

Cheshire West & Chester Council, Warm Homes Healthy People Fund Project Summary Report Winter 2012-13.

Conclusions:

- certain groups are less likely to be identified by the usual mechanisms used by the schemes
- although a variety of sources were used for identifying vulnerable populations, there still remains an issue with sharing data between organisations and this was cited as a major barrier to the delivery of programmes

Recommendations:

- partnerships could develop a more cohesive approach to data sharing to enable maximum impact on the community and more innovative ways of addressing these issues is needed
- consideration should be given to the development and use of local knowledge in small communities in scheme delivery
- local authorities should continue to engage with gatekeepers of information on vulnerable people to allow them to protect their data, but use it effectively for the purposes of referrals to local projects. For example, GPs giving letters to vulnerable patients referring them into the scheme

Responses from healthcare professionals

Data from the questionnaire responses, local project evaluations and interviews show mixed responses from healthcare professionals (HCPs) to WHHP-funded projects. The evidence indicates an increase in referrals from HCPs compared with the 2011-12 WHHP fund. However, the majority of responses to the online questionnaire, evaluation reports and telephone interviews showed that – with very few exceptions - HCPs accounted for a very small proportion of the referrals. Some referrals came from other healthcare based providers such as primary care trusts (including public health departments), Patients Advisory Liaison Services and discharge teams and emergency departments at local acute trusts.

Out of the respondents to the online questionnaire, 43% stated that GPs assisted in the identification of potential recipients - an *increase* of 18% compared with 2011/12 - and 52% stated that community nursing teams assisted in this respect.

Primary care

The interviews emphasised the frustrations with the very few referrals that came from the primary healthcare sector for these health-targeted schemes. This concern also emerged from the local evaluation reports.

Perceived reasons were:

- short lead-in time (due to late announcement of funding) in which to raise awareness with CCGs, GP practices and other healthcare providers
- lack of financial incentives for GPs
- concerns around data sharing
- difficulty in getting into CCGs and community practices to promote local projects (practice manager seen as “gatekeeper”)
- other demands on HCPs’ time
- lack of understanding of the aims of the scheme and how the interventions are relevant to their patient groups
- changes to the structures and commissioning systems in health and social care

There were examples of projects that had successful partnerships with CCGs and HCPs, worked well and had positive feedback. These were highlighted in local evaluation reports and interviews. An example is given below:

"This was a fantastic service and very helpful, partly because it was so broad in the criteria and also because it was such a unique referral pathway. I really hope it can be run against next winter"

GP, London Borough of Lewisham

Work with discharge teams in large secondary and community hospitals were largely successful and one nurse-led project in London reported a very successful health partnership.

Some interviewees considered that having named contacts within the healthcare system was helpful in engaging primary healthcare providers. However, one Director of Public Health (DPH) had written to local GP practices to advise them of a local scheme and explained its relevance to health and wellbeing in vulnerable people and provided the practices with WHHP project business cards to give to "at risk" patients. However, no referrals were received through this medium.

All interview participants perceived GPs and other HCPs to be highly influential on their patients. One participant demonstrated this:

"One client telephoned our helpline and said 'I don't know how you can help me, but my GP said it would be a good idea to get in touch'"

Local authority WHHP Lead, rural county council

Community care

Community pharmacies have a role in public health promotion and local evaluation reports and interviews stated that local projects engaged with local pharmacies. While this is a low cost way of ensuring that healthcare providers in community settings promote the scheme, it also highlights a straightforward approach to addressing data sharing issues, as demonstrated by the case study below.

Case Study 19 – Safer & Warmer Swindon

"Swindon 'Safer & Warmer' project engaged with local pharmacies to promote their scheme. Certain medications were highlighted as being associated with patients most at risk of cold related morbidity and mortality. For example, medication to treat respiratory disease would be an indicator of susceptibility to cold and a leaflet - with a contact number and key components of the scheme - would be placed with the medication"

David Miles, Swindon Borough Council.

Secondary Care

One interview participant described how their local project focused their healthcare partnership on local paediatricians and reported a high referral rate into the scheme from this source.

Conclusion:

- despite the programme being a public health intervention the healthcare sector accounted for a small proportion of referrals, although there was an increase from last year. New partnerships in the health sector were forged which proved that secondary care as well as primary care can be the locus for targeting a source of future referrals

Recommendations:

- future interventions should include targeting other secondary care providers as a potential source of referrals, for example, hospital out-patient clinics
- the benefits of WHHP fund projects should be framed in terms of their effect on measurable outcomes on health care, such as reduced hospital admissions

Public perception of the schemes

Most WHHP-funded schemes in 2012-13 were also successful in securing funds in 2011-12 and so were in their second year of delivering interventions. It was perceived that members of the public may have been more aware of the projects and assistance available in the area and this was reflected in the responses to the questionnaires, local evaluations and interview participants.

Despite this, interview participants and local evaluation reports specifically stated that perception of the scheme by some members of the public was a barrier to take up.

"Pride. The concept of charity. It made it difficult to get in the door"

Local authority WHHP lead, Rural County Council.

"…….but in some cases clients did not want to accept help, or did not trust a free service was really free"

WHHP End Project Report, Lewisham Council

Local evaluations highlighted concerns from older people about security and being cautious about letting people into their home.

"Branding" emerged as a theme in the local project evaluations and interview responses. Associating WHHP-funded projects with trusted brands, such as the local authority, NHS and CAB as well as other national and local well known organisations was more effective in gaining access to households. However, one interviewee suggested that money actively spent on branding local projects would be better used elsewhere by using one unifying trusted brand – that of the local authority.

One local project evaluation suggested that branding can lead to confusion about eligibility. This was demonstrated in a case where Age UK delivered interventions to those outside of their usual demographic (people over 55 years of age).

One interviewee gave an example of the challenge of engaging people who do not identify themselves as being vulnerable to the effects of cold. The local scheme targeted people with diabetes but the feedback was that – where the condition is well managed and uncomplicated by other co-factors such as frailty and co-morbidity – this population probably have low prevalence of significant need for the intervention.

Conclusions:

- although generally well received, there were some challenges to delivery due to perception of the scheme by the public
- concerns about safety, security, use of personal information and the perception of receiving help and charity were barriers to provision
- branding and building trust were seen as key to success

Recommendation:
• local authorities should promote WHHP schemes through regular, year round promotion and awareness raising activity within the community

Conclusion

In line with findings from the previous evaluation, the WHHP scheme continues to be universally popular. Local authorities and their partners used innovative ways to try to reduce excess winter morbidity and mortality in line with the Cold Weather Plan for England. They used lessons from the earlier programmes and widened their target population, highlighting the importance of sharing promising practice through mechanisms such as the Local Government Association knowledge hub (https://knowledgehub.local.gov.uk/home). Partnership working was again reported to be fundamental to successful implementation.

This evaluation shows that, as well as meeting the aims of the Cold Weather Plan, these interventions address some of the wider determinants of health. These include social isolation, home safety, household budgeting, employment support, support for carers, community resilience, housing, carbon reduction and nutrition and exercise.

Challenges remain, particularly in identifying and engaging with some vulnerable groups such as those in private rented accommodation. The role of health professionals in signposting and referring individuals to these schemes was again emphasised. Health professionals need to be aware of the health effects of cold, damp homes and find ways to integrate these schemes into the delivery of primary and secondary care. The short deadlines and episodic nature of this funding did cause problems with bidding, implementation and engagement of stakeholders. This emphasises the importance of a sustained approach to funding for interventions to reduce excess winter mortality and morbidity and for local areas to consider this “core business”.

This evaluation provides evidence that partners on HWBs, such as local authorities and CCGs, may be able to use to inform integrated commissioning to provide year-round services to reduce cold weather related mortality and morbidity, fuel poverty and other health and social inequalities. This will mean that crucial intervention opportunities are not missed, ensure the sustainability and continuity of schemes, and assist local areas in meeting a substantial number of indicators in the Public Health Outcomes Framework, NHS Outcome Framework and the Adult Social Care Outcomes Frameworks.

Summary of key recommendations

Recommendations:

- WHHP programmes should be a commissioning priority for both local authorities and CCGs as part of their core business
- long-term planning and alert and readiness should be considered as part of delivering sustainable schemes with the emphasis on prevention. This requires commitment of resources to allow year round preparedness in line with the Cold Weather Plan "Alert Level 0"
- including issues such as fuel poverty and excess winter mortality and morbidity into JSNAs will help inform commissioning. With outcome frameworks for health and social care providers and public health emphasising the need to reduce hospital admissions, reduce premature mortality and improve quality of life (among other indicators), these schemes should continue, to meet the challenge of health and social care inequalities.
- the benefits of projects funded by the WHHP fund should be framed in terms of their effect on measurable outcomes, such as reduced hospital admissions and reduced premature mortality from cardiovascular disease during cold weather
- if further central funding is to be provided, more notice should be given to allow local authorities to plan effectively and deliver certain aspects of the programmes prior to the onset of cold weather
- consideration should be given to sustainable sources of funding, enabling local authorities and their partners to take a year round, long-term approach as recommended by "Alert Level 0" planning provision in the Cold Weather Plan for England
- messages should be simplified for maximal inclusivity and relevance. Keeping messages simple and universal may increase uptake of schemes in those populations who do not identify themselves as being vulnerable to the effects of cold weather
- partnerships should develop an explicit approach to data sharing to enable maximum impact on the community. Innovative ways of addressing data sharing issues between organisations that know about vulnerable people are needed. For example, GPs could provide letters to vulnerable patients in order to allow them to refer themselves to the scheme

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