

The Warm Homes Healthy People Fund

A Valuable Resource?



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Executive Summary

This report was designed to find out how effective the Warm Homes Healthy People (WHHP) Fund is and how valued it is as a resource by people on the ground working with vulnerable people during the winter months. Using the testimonies of local Age UK staff from around the country who have taken a lead role in winter programmes, it has been shown that the WHHP Fund is an extremely necessary resource. It goes a long way to improving the lives of older people during the difficult winter period and is very much valued by all Age UK staff who have contributed their observations and comments. If the WHHP was not made available for coming winters then a substantial part of the winter services provided by Age UKs would cease. This would mean that many older people who become more vulnerable during winter would find themselves isolated and having to cope with the extra pressures on their own.



Aims and Objectives

The aim of this project is to assess how valuable a resource the Warm Homes, Healthy People (WHHP) Fund is to Age UKs around the country. It set out to discover to what extent the WHHP Fund enables Age UKs to better help vulnerable households cope with cold weather and the extra pressures brought about by the onset of winter.

Objectives:

- to identify how well received the WHHP Fund is by local Age UK staff around the country;
- to discover how the WHHP Funding is used by local Age UKs;
- to uncover any examples of good practice which could be reproduced next winter by other Age UKs around the country;
- to establish how the winter services provided by Age UKs nationwide would be affected if WHHP Funding was not available;
- to determine how the WHHP Fund in its present incarnation could be improved;
- to identify what impact, if any, the WHHP Fund has on generating and fostering community spirit;

Introduction and background

The Warm Homes Healthy People Fund was established by the Department of Health to help achieve the aims of its Cold Weather Plan. Access to the fund was open to all ‘upper tier’ local authorities in England and was to be spent on ‘innovative local proposals’ which aimed to protect vulnerable individuals and communities from the effects of severe winter weather’ (Department of Health, *Warm Homes Healthy People Fund 2012/2013*. 13 September 2012. LAC (DH)(2012)2).

The WHHP Fund in 2012/2013 was £20 million, split between all the successful local authorities. A major requirement for each bid was that it placed ‘high priority’ on the engagement of the local community and voluntary sector. Local authorities had to demonstrate that they were working closely with local organisations and NHS partners in following the recommendations set out in the Cold Weather Plan for England. Of the 149 successful bids (162 were submitted), 73% included a local Age UK as a partner. It is the testimonies of these Age UKs that form the bulk of this report.

Further requirements for WHHP Funding were that bids had to demonstrate they were both ‘value for money’ and that they would support ‘the building of capacity and resilience within the voluntary and community sector’ (Department of Health, *Warm Homes Healthy People Fund 2012/2013*. 13 September 2012. LAC (DH)(2012)2). Local authorities had to ensure their bids consisted of cost effective and efficient services which also invigorated volunteer networks within the community. The capacity and resilience building requirement could be seen as an attempt by the government to encourage the growth of community spirit, to foster a renewed interest in volunteering; a requirement which very much fits in with the concept of the ‘big society’. The report seeks to ascertain whether they have been successful in this endeavour.

The WHHP Fund is bound by a strict timeframe by which local authorities and their partners must adhere to. The initial circular regarding the WHHP Fund was sent by the Department of Health to local authorities on September 13 2012. The deadline for local authorities to submit the bid was October 5 2012 and funds were awarded by October 31 2012. ‘Deliverability’ was another key requirement, as the specified outcomes set out in the bids had to be achieved before March 31 2013, the date set by the Department of Health by which all funds must be spent. The report will look at whether the efficiency and effectiveness of the fund could be improved if the local authorities and their partner organisations were given a longer time frame within which to work.

This report will draw on very few, if any, statistics detailing for example the number of preventable excess winter deaths, total amounts of previously unclaimed benefits or numbers of previously unaided vulnerable households which are now being helped thanks to the WHHP Fund. Instead it will focus on the testimonies of Age UK workers around England who have seen first-hand the effect increased winter funding has had on their older clients, and also the positive outcomes which have come indirectly from the funding. The report will attempt to answer the question on page 5:

Is the WHHP Fund a worthwhile expenditure which should continue to be made available to voluntary and community organisations in the coming years?

Answers were sought by soliciting responses to the following questions:

Do staff across the Age UK network feel the WHHP Fund is a valuable resource or a forced burden?

Which services do people believe have been the most effective?

Are there any examples of best practice which could be shared and replicated throughout the country?

What are the benefits of the WHHP fund?

Are there any changes which could be made to make the WHHP Fund more effective, efficient or wider ranging?

If WHHP funding was stopped, how would this affect winter services provided by local Age UKs?

Would there be any indirect consequences to WHHP funding being stopped?

Do Age UKs feel strongly enough to contribute to Age UK's influencing work on behalf of the WHHP Fund and to initiate dialogue with local councils in order to guarantee the extra funding in the future?

Would the creation of an online forum whereby Age UKs can share ideas and good practice concerning winter services be welcomed and appreciated?

Research methods

In order to generate the necessary data to answer the above questions, a questionnaire was created and also a series of interviews were arranged with Age UK staff around the country. The initial research into the background of the WHHP Fund was done using documents produced by the Department of Health and the Health Protection Agency. The information below gives a detailed account of the research process undertaken in order to complete this report.

Online Questionnaire

The majority of the questionnaire was developed and framed around the report's objectives. It is a short nine question document aimed at eliciting both quantitative and qualitative data. It was tested informally with a number of staff from whom valuable feedback was received with regard to the phrasing of some of the questions. Subsequent changes were made to the wording of these questions to ensure they elicited the best possible responses.

The questionnaire was created on Survey Monkey and uploaded via a link to Age UK's Signpost Express, and a correspondence sent to all Age UK's local partners. Accompanying the link was a small introduction explaining the purpose of the questionnaire and also highlighting the fact that the questionnaire was intended specifically for those 109 Age UKs who were included in a successful WHHP funding bid.

The questionnaire was 'live' for two weeks with one reminder being sent out, again through Signpost Express, after one week. The questionnaire was completed by 14 different Age UKs (a response rate of 13%). Although the response rate was lower than initially hoped, the returned questionnaires generated a large amount of key data. The responses received did paint a clear picture of the general feeling of Age UKs towards the WHHP Fund. Coupled with the information generated through the interviews, there is more than enough to create a sound report.

The Interviews

As mentioned above, this study also included a series of interviews with Age UK staff in the local partner organisations who have been heavily involved with WHHP funding in their respective areas since its inception. Initial contact was made with the named contact that had been put forward by Age UK on the funding application forms. In some cases this was the same person who oversaw the winter campaigns in their region, in other cases it was forwarded to the appropriate member of staff. Seven interviews were conducted in total. The interviews would begin in a structured way, with questions taken from the questionnaire. But more often than not they would become more open and less regimented. All interviews were carried out over the phone and lasted for about 15-20 minutes. The interviews generated an enormous amount of data. During each interview, extensive notes were taken and recorded. The following section discusses the findings from this research process.



THE WARM HOMES
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THE DEPARTMENT
OF HEALTH
TO HELP ACHIEVE
THE AIMS OF ITS
COLD WEATHER PLAN

Analysis and findings

The analysis of the data will be conducted within the framework of the research questions.

Do staff across the Age UK network feel the WHHP Fund is a valuable resource or a forced burden?

The feelings held by Age UK staff towards the WHHP Fund are overwhelmingly positive. All of the responders to the questionnaire believe that the WHHP Fund is an effective and useful resource which adds value to their work. According to Age UK Coventry, it has ‘again proven to be an excellent and highly valued resource in supporting older people over winter’. On the Isle of Wight it ‘has been very welcome’ and has given ‘added value to services they already provide’. These kinds of testimonies are consistent across England.

At Age UK Milton Keynes, they do not believe the WHHP Fund is burdensome at all. They state that the WHHP Fund is ‘filling a much needed gap’ and that the fund is vital as it ‘helps people with no options at all’. This point is reiterated by Age UK Enfield who feel that the WHHP Fund provides a ‘superb opportunity to help, to go the extra mile, to assist people in a difficult time’. Age UK Bedfordshire have witnessed their projects having ‘good success in targeting more vulnerable, frail older people in need in the winter months’. Finally Age UK West Cumbria feel that it is a ‘very valuable resource which helps older people keep safe and warm in their own homes’.

The data clearly shows how much of an asset the WHHP Fund is to not only Age UKs, but to all organisations in the voluntary sector working with vulnerable people during the difficult winter months. Having access to this fund means they can provide more services, to more vulnerable people without any diminishment in the quality of those services.

Which services do people believe have been the most effective?

While all the services provided through the WHHP funding have been seen to have a positive impact, five stand out among Age UK staff as being the most effective.

- **Raising Awareness** – For many Age UKs, raising awareness of the health risks which can develop through living in cold conditions was an integral piece of their winter work. This included hosting events, producing literature, making phone calls and house visits and launching media campaigns in newspapers and on television. ‘The advice and guidance given out though my drop in days was without a doubt significant with regards to some making it through winter’ (Age UK Cornwall and IOS). Age UK West Cumbria also felt it was an extremely worthwhile course of action, for them, ‘awareness is as important as practical help’. On the Isle of Wight, raising awareness about cold-related issues is ‘so important’ to the Age UK there as they feel it is an effective tool for combating cold related issues.

Apart from health issues, Age UKs also made older people aware of the extra benefits they could be entitled to and efficiency measures they could take to both stay warmer and save money on energy. This will be discussed further below.

It is the opinion of Age UK Wigan that older people are becoming more aware of the dangers of winter weather. This is for the most part due to the awareness raising work of Age UKs around the country. As a result, older people are beginning to make more significant demands. It is believed by Age UK Wigan that this could turn out to be the driving force behind a promise for more permanent funding.

- **Home Energy and Safety Assessment** –

This service was provided by the majority of Age UKs and their partnering organisations. Electric blankets were tested in Cambridgeshire and Coventry with failed ones being replaced free of charge. Carbon monoxide detectors were routinely installed around the country. Low energy nightlights were installed on landings in order to aid people's movement throughout the night while keeping electricity bills down. Age UK Oldham made an effort to get people off meters and onto bills. In Gloucestershire, 'advice conducted through home visits proved to be the most effective service'. These home visits included assistance with reducing tariffs, provision of price comparisons and advice on how to make homes more efficient and warm.

- **Implementation of Energy Saving Measures**

– Very much following on from the Home Energy Assessment, the implementation of the measures has been seen to generate very positive results. Age UK Milton Keynes believe that the WHHP Fund is at its most effective when tackling the 'root causes' of health conditions (cold housing conditions, inefficient heating systems and poor insulation). The free implementation of measures such as installing simple draft excluders around letter boxes and radiator panels goes some way to combatting these very problems.

- **Distribution of Winter Packs** – This service is not new. Charities for the elderly have long been distributing these packs to the most vulnerable in their area for a number of years. What the WHHP has enabled however, is a dramatic increase in the range and numbers of packs which can be distributed. In Richmond, Age UK was able to reach 192 extra people due to WHHP funding. While the contents of the packs differ from organisation to organisation, they usually contain a blanket, warm socks, a hot water bottle and importantly some awareness raising literature.

- **Benefits Advice and Assistance** – This is the final part to what many see as a holistic approach to combatting the stresses many older people experience during winter. Along with raising awareness and implementing energy saving measures, assistance with claiming the extra benefits many old people are entitled to is key to making winter a safer time. A few extra pounds in unclaimed benefits could be the difference between the extra degrees in temperature needed to stay healthy.

Age UK Gloucestershire received some overwhelmingly positive feedback from their elderly clients. Age UK staff were 'very helpful and very kind'. The 'ability of the lady who came to help, to interpret and clarify the form' was the best part of the service. 'The help with the phone call to the Dept. of Work and Pensions was brilliant'.

Are there any examples of best practice which could be shared and replicated throughout the country?

There are a number of winter services which Age UKs provided which were not included on the list of the most common outlined in the questionnaire. Below are examples of services which have worked well in a particular area and could be replicated throughout the country next winter:

- Electric blanket testing with free replacements in the event of a blanket failing

Age UK Coventry, Age UK Cambridgeshire

- Proactive phone calls during periods of extreme cold

Age UK Coventry

- Printing and distribution of localised information booklets

Age UK Cornwall & The Isles of Scilly

- Distribution of free carbon monoxide detectors

Age UK Isle of Wight

- Emergency shopping service

Age UK North Staffordshire

- Stock of emergency food parcels for prolonged periods of extreme cold weather

Age UK Bedfordshire

- Cold weather alarms to warn when living temperatures fall below the safe 21°C

Age UK Cheshire

What are the benefits of the WHHP fund?

Aside from the direct benefits to the older community, the WHHP Fund has generated a number of secondary benefits. These secondary benefits could prove to be the foundation upon which further action can develop, action which would result in direct benefits for other members of the community, not just older people.

According to Age UK Cheshire, the WHHP Fund is a 'good catalyst to stimulate cross sector collaboration'. In addition to this, Age UK Cheshire also noted that the fund 'assisted in removing barriers to cross party data sharing'. Age UK Hillingdon are in agreement, as they have witnessed partnerships emerging across a range of public and voluntary sector organisations and that this inter-organisational liaising has 'enabled them to reach a wider number of older people than we could have done working alone'. Evidence generated by the questionnaire also suggests that the WHHP Fund does provide a basis for partnership and collaboration (86% reached the most vulnerable through information sharing processes).

A further benefit of the WHHP Fund is that it allows Age UKs to spend resources on developing their volunteer networks. Many responders have noted that they have experienced 'increased volunteering and participation' (Age UK Cheshire). Age UK Wigan have successfully built up their volunteer base, and they have recruited more each year since the fund was first made available. Age UK Cheshire has also seen evidence that the WHHP Fund has 'helped to increase both individual and community resilience', a funding requirement outlined by the Department of Health.



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The building and strengthening of partnerships between organisations from all sectors can only result in positive developments for the local communities. It makes service provision more effective and efficient as there are fewer instances of duplication and in some circumstances organisations can share costs. Data sharing saves time and also ensures that the most vulnerable are being reached. Once links between organisations are formed as a result of WHHP Funding, it is feasible to believe that further collaboration could happen on other projects in the community. Without the impetus provided by the WHHP Fund, these links could break and it is likely that inter-organisational collaboration would cease. It could also be argued that if there was more of a guarantee with regard to funding or a longer time frame, then it would be more likely that organisations would collaborate throughout the year, not just during the winter months.

The invigoration of the volunteer community was an intended outcome of the government and the Department of Health. The evidence suggests that the WHHP Fund has proved to be a catalyst for generating interest among volunteers and, if funding was stopped, then it could easily put the brakes on this positive trend. One could argue that without an impetus shown at the top with regard to government action and funding, action at the grassroots level would otherwise be hard to stimulate.

Are there any changes which could be made to make the WHHP Fund more effective, efficient or wider ranging?

The majority of people spoken to are satisfied with the present criteria for the awarding of funds. However, a major point of contention is that the money is distributed far too late. For the majority, the late distribution of funds resulted in services not becoming fully operational until well into the winter period. For example, it was late January before Age UK Hillingdon's winter programme got off the ground. In addition to this, a number of other positive outcomes would come from an earlier promise of funds. A more predictable funding framework would allow Age UKs to 'proactively promote' (Age UK Coventry) the services they have available. Age UK Milton Keynes state that if promotional work could start earlier, it would result in 'reaching the most vulnerable with the right support'.

A further positive consequence of a more predictable timescale appears to be that programmes could be planned '*more strategically*', they would be '*better coordinated*' and as a result resources would be used '*more cost-effectively*' (Age UK Hillingdon, Age UK Gloucestershire, Age UK Milton Keynes).

A few final benefits are that organisations would be able to train more staff in preparation for winter. Volunteers would not be required to learn on the job and as a consequence there would not be 'a reduction in the quality and depth of the training' (Age UK Richmond). Age UKs would be able to consult more with clients in order to better establish their individual needs, to produce a more bespoke service (Age UK Enfield). There would be time to 'streamline the information' (Age UK Richmond), to make it more accessible to older people, make it 'less bamboozling'. Literature would be able to be streamlined. Finally, with a longer, more predictable timescale, partnerships and relationships between organisations could be developed more strategically producing a number of further benefits such as reducing the duplication of services and increasing the instances of data sharing (Age UK Cheshire, Richmond).

To receive the biggest impact, much of the work needs to be done in readiness for winter (Age UK Hillingdon). Winter packs must be distributed, insulation fitted and advice and assessments carried out before the onset of cold. With funds being made available earlier, or at least an earlier guarantee of funding, then organisations could 'plan and ensure that services are in place throughout the winter, instead of from January to March' (Age UK Cheshire). This would lead to greater peace of mind and safety for older people.

There is also an argument for the time scale to be extended past the existing 31 March deadline. March 2013 was colder on average than December, January and February (Metoffice.gov.uk). This suggests that instead of winter programmes entering their final stages at this point, they should continue to be in full operational mode well in to April.

If WHHP funding was stopped, how would this affect winter services provided by local Age UKs?

There would be a dramatic reduction in the range and scale of services provided by Age UKs. In some cases, additional winter services would have to cease all together if new avenues of funding were not found. In the majority of cases, the range and scale of services would revert back to pre-WHHP Fund levels. In some cases, even further, due to the worsening economic circumstances in the country. 'The additional measures would simply not be available' was a common reply from a number of the responders. 86% of responders to the questionnaire state that it is critically important they receive WHHP funding in 2013/2014 in order to provide the same level of service during the winter period.

Age UK Isle of Wight stated how it would be the 'energy efficiency audits and implementation of energy saving devices' which would become unavailable. For Age UK Cornwall & The Isles of Scilly it would seriously affect their awareness raising and advice work as their self-produced literature specific to their area would not be printed. Many events hosted by Age UK Cornwall & IOS for the older community would also have to stop.

In Oldham, the scheme which sees emergency radiators loaned out to people when heating systems fail would have to be scrapped, as would the same day 'crisis callout' service. For Age UK Coventry, the absence of WHHP funding would 'inevitably be most keenly felt in their provision of individual, crisis cases during periods of extreme cold'. Age UK Enfield would not be able to cover the additional hours of staff during extreme bad weather which is just the time when extra help is needed. In addition to this, transport services would be 'radically scaled back' and not as many winter packs or safety checks and repairs would be carried out.

As made clear by Age UK Hillingdon, the WHHP Fund 'provides much needed resources not available elsewhere'. The key phrase here being 'not available elsewhere' as the services which are being provided through WHHP funding are not provided very often by any statutory sector.

Would there be any indirect consequences if WHHP funding was stopped?

There would be a number of indirect consequences, most notably the breakdown of partnerships and networks created and sustained as a result of WHHP funding. As mentioned previously, many Age UKs have been involved in and witnessed examples of cross sector and multi-organisation collaboration as a result of the WHHP Fund. If funding was stopped it is reasonable to assume that these networks would also stop. Age UK Cheshire warn that if there was no 2013/2014 winter funding then 'partnerships may dissolve' and the cross sector integrated approach set out as a requirement of funding would suffer from 'fragmentation'.

Furthermore, as documented above, the connections organisations such as Age UK are making with volunteers would also be severed. Age UK Gloucestershire state that if funding was cut or not available next year then they would 'lose a lot of good staff', staff which they have spent resources and time training over the past few years. As it is a policy of the current government to generate grassroots action in the form of volunteers, then it would be counter-productive to put a halt to programmes which invigorate this very interest.

Do Age UKs feel strongly enough to contribute to Age UK's influencing work on behalf of the WHHP Fund, to initiate dialogue with local councils in order to guarantee the extra funding in the future?

There was an overwhelmingly positive response to the prospect of contributing to Age UKs influencing work in the future regarding the WHHP Fund. It is a testament to how valuable and essential Age UKs feel the WHHP Fund is for older people that a large majority would be prepared to contribute to its influencing and campaigning work. As discussed above, the effect on winter services would be catastrophic if funding were not available for 2013/2014 winter. Therefore, many Age UKs are already in contact with their local council, opening the dialogue early in preparation for next winter. Age UK Gloucestershire is one of those organisations already in contact, as is Age UK Milton Keynes and Age UK Cheshire. Despite the massive restraints already placed on their time and available resources, they are still prepared to dedicate resources to securing more winter funding in the future.

Would the creation of an online forum whereby Age UKs can share ideas and good practice concerning winter services be welcomed and appreciated?

An online forum would be welcomed, however many respondents were sceptical about its usefulness if it were not managed properly. The response to this question was generally positive. The overall feeling was that any sharing of ideas and good practice for the benefit of the older community would be a worthwhile endeavour. Common themes were that 'it is always good to pick up ideas' and 'sharing is good'. The positivity towards the prospect of an online forum was however tempered with a little caution and scepticism. Some feel that despite it being a good idea in practice it will only work if it is managed properly and Age UKs remember to use it. There was also the point made that Age UKs will not all be facing the same problems, for example those operating in predominantly rural areas, therefore making their responses irrelevant to many other Age UKs. Heavy demands made upon time and resources were also cited as a reason why some Age UKs may not be as active in posting on a forum as they or others may like.

Despite the notes of caution expressed, the majority still feel this could be a valuable asset to Age UK during the winter months and also throughout the year as planning takes place for the winter months. The forum would need to be actively managed and publicised with the managing team prepared to prod and lead if the various strands and posts began to dry up. If this was done, it seems that it would be both welcomed and appreciated.



Conclusions, implications and recommendations

- The WHHP Fund is an extremely valuable resource. It enables Age UKs around the country to reach and assist many more old people during a very difficult time of the year.
- Without the funding, many of these extra services which are so welcomed by both older people and the Age UK staff would cease. A significantly reduced service would be available to the very vulnerable, but that would still leave many older people isolated and having to cope by themselves during a very stressful and dangerous time of the year.
- To improve the WHHP Fund, one could look at the possibility of providing more of a commitment with regards to the funding. A more predictable timescale would promote benefits such as continuity and innovation which would ultimately improve the effectiveness and efficiency of the fund.
- There are many examples of best practice which could be replicated around the country. This would be helped by the creation of an online forum run by Age UK whereby Age UKs can share ideas, practices and experiences with each other. The idea of a forum is welcomed by the majority of Age UKs.
- A highlight of the WHHP funding criteria is the demand for cooperation across the voluntary sector. Bonds and relationships are being forged between local voluntary groups as a result of being brought together through WHHP funding. At present, while some of these relationships are strong, others fall apart at the end of winter when WHHP funding stops and then reignite the following winter. If there was a more predictable timescale with people working throughout the year on winter services then it is not unrealistic to assume these cooperative bonds would grow, strengthen and flourish, resulting in other programmes, not just winter services.

There is also the danger that if WHHP funding ceased and was not available next winter then these bonds and relationships will break altogether as there would be no more need for cooperation. Competition over limited, local resources would become the norm.

- The WHHP Fund has invigorated the volunteer community across the country. Many Age UKs have experienced a rise in the number of volunteers offering their services during the winter months. The WHHP Fund also enables Age UKs to train these extra staff without diverting resources from other areas.

In 2012, the Fuel Poverty Advisory Group acknowledged the success of the WHHP Fund and called for the Secretary of State for Health to continue to support the Warm Homes Healthy People Fund. The Group recognised that the fund had the ability to ‘deliver a co-ordinated action on cold homes and build on its initial success’ (Tenth Annual Report, 2011-2012).

**A HIGHLIGHT OF
THE WHHP FUNDING
CRITERIA IS THE
DEMAND FOR
COOPERATION
ACROSS THE
VOLUNTARY SECTOR**



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