

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 30 March 2012

Subject: **WINTER INTERVENTION SUPPORT KENT (WISK)**

Classification: Unrestricted

1. Introduction

The Warm Homes Healthy People (WHHP) initiative was announced with the publication of the Cold Weather Plan (CWP) for England published on 1st November 2011. A total of £20 million was available across England to be used to reduce the levels of deaths and morbidity that are due to vulnerable people living in cold housing during the winter. Only local authorities could bid for the fund which was made available for the financial year 2011/ 2012. A successful bid for £429,660 was submitted by Kent County Council in partnership with Age UK and the Home Improvement Agencies (HIAs). The criteria stated that programmes should be delivered in partnership with community and voluntary agencies. The Department of Health also stated that the money needed to be used this winter. Both the bid submission and programme delivery were subject to short timescales. There was less than two weeks to develop the bid and around nine weeks to deliver the programme. This resulted in limitations in the types of interventions that can be proposed and delivered.

Age UK aim to increase the range of life-enhancing services and vital support available to people in later life. There are 28 Age UK organisations across Kent. Each one functions independently.

The function of Home Improvement Agencies is to assist vulnerable homeowners and private sector tenants, particularly older people, to repair, improve, maintain or adapt their homes. There are three organisations delivering the Home Improvement Agency function in Kent. The function is delivered by Canterbury City Council and Swale Borough Council for their respective areas and by In Touch Support for the other 10 districts across Kent.

Aims and objectives

The aim of the programme is to reduce the levels of mortality and morbidity in Kent in vulnerable people aged over 75 with an underlying cardiac or respiratory condition who have the potential to be affected by cold temperatures due to living in cold housing.

A number of objectives were undertaken to achieve the aim. These included;

- Developing of a targeted list of those at highest risk is a priority
- Age UK and the Home Improvement Agencies undertaking home visits with those identified on the list to offer support around improving
- Providing training to domiciliary care organisations
- Establishing a winter warmth support fund to offer emergency support to people receiving a home visit

This report is an overview of the project which will be in operation until March 30th 2012. A detailed final report that will include evaluation measures and recommendations will be produced in April 2012 and presented at the Shadow Health and Wellbeing Board.

2. Relevant priority outcomes

The Kent Public Health Annual report last year featured excess winter deaths. Mortality data analysed over an eight year period highlighted that there were more winter deaths in comparison to the rest of the year in all 12 local authority districts in Kent. <http://www.kmpho.nhs.uk/reports-and-strategies/annual-public-health-report/>

Reducing excess winter deaths is a Kent priority and is included in the Joint Strategic Needs Assessment, which recommends that 'It is important to recognise how agencies can work together to identify those at greatest risk of morbidity and mortality due to cold weather' and that 'There should be work with the voluntary and community sector to explore how they can deliver interventions to those at risk'.

In January 2012, the Department of Health published the Public Health Outcomes Framework. Local authorities, in partnership with health and wellbeing boards, will be required to demonstrate improvements in public health outcomes against indicators that reflect local health needs set out in the Joint Strategic Needs Assessment. One indicator included in the published framework is the reduction of excess winter deaths.

3. Financial Implications

The programme was fully funded by the Department of Health following a successful bid application for £429,660 for the Warm Homes Healthy People fund. Monitoring of the programme shows that there will be an underspend, although the amount will not be known until the completion of the programme at the end of March.

4. Legal Implications

A major barrier to the project was the lack of time in developing an effective proposal and in delivering the programmes.

The programme needed to be as simplistic as possible to plan and deliver effectively given the challenging timescales. A single tender process was utilised with the Age UK and Home Improvement Agency organisations in Kent. Advice was sought from the Chair of the Kent Health and Affordable Warmth Partnership and the Joint Planning Manager of the Kent Joint Policy and Planning Board (Housing). They recommended that Age UK and the Home Improvement Agencies working in partnership with Kent County Council would be the agencies most able to deliver the specified winter intervention support programme to vulnerable older people across the county in the very challenging timescale. The Director of Public Health approved this process and signed documentation outlining the procurement procedure.

A Service Level Agreement was completed for each of the providers outlining the project delivery requirements and payment schedules. The service level agreements were co-signed by the Director of Public Health and a senior representative from each provider.

All people receiving a home visit completed a Kent County Council consent tool. It explained brief details about the project and asked people for permission via their signature for their data to be shared with other partners involved with the project.

5. Main body and purpose of report

The targeted lists were developed using databases of Age UK and the Home Improvement Agencies. The aim was to develop a series of list for each district council area in Kent. The criteria was for those over 75 years old that have either a underlying heart or lung condition and live in private owned or private rented accommodation.

A range of interventions were offered to those on the register. Age UK offered support via their Information and Advice Officer who undertook home visits to assess what support people need and raised awareness raising on the risks of living in a cold environment (including the distribution of Age UK 'Winter wrapped up Booklet'). They also assessed if individuals needed provision from the winter warmth support fund, directed people to other agencies (when appropriate) and identified trip hazards and installed equipment such as grab rails to reduce the risk of falls.

Age UK provided to training across the county to domiciliary care workers around increasing their awareness of the health risks associated with cold temperatures and how and were to sign post people to who could benefit from further support. Domiciliary care organisations were contacted requesting their attendance. Their contact details were obtained from the Kent County Council database for domiciliary care providers. The organisation was remunerated at a rate of £22 per person attending. Training participants completed evaluation sheets. The results will be included in the overall project evaluation report.

The Home Improvement Agencies used case workers to undertake home visits and referred to the handy person to perform home repairs if required. Case workers also offered energy efficiency measures, draught reduction measures, benefit support checks, energy tariff checks, loft insulation level checks, loft clearance to enable insulation, provision of smoke detectors and provision of emergency salt matting to reduce the risk of falls.

A winter warmth support fund was made available for each district in Kent. An amount of £10,000 per district was made available. This was used by Age UK and the Home Improvement Agencies for people identified during home visits. The fund was used to provide emergency warmth for people and included the provision of clothing, energy efficient heaters, CO monitors, blankets and draught reduction measures. The fund was also used for emergency repairs relating to ensuring the home is warm.

An evaluation sheet was designed and given to those who received a home visit. It included information on living environment, attitudes and behaviour, health and social related issues and economic wellbeing. Full details of the evaluation outcomes will be included in the final project report.

Steering group

A steering group has been in operation throughout the duration of the operation of the programme. It met on a fortnightly basis and was chaired by a public health specialist and attended by all provider leads.

What worked well

- The Home Improvement Agencies have delivered the project in all areas and undertook home visits to support those vulnerable to living in a cold living environment. Some of the measures given such as home repairs and benefit advice will have long-term effects and last beyond this winter.
- There has been positive feedback in general from domiciliary care workers attending training and there has been an increase in referrals to Age UK from care organisations since they have been on the training. Further details will be included in the final project report.
- In areas where the local Age UK organisation has embraced the project, there have been a number of people identified and been given support.

Challenges associated with the programme delivery

The extent of the challenges associated with the programme will be fully known after the delivery is complete and the evaluation has been undertaken. A number of challenges have been highlighted via the project monitoring. These include;

- The biggest challenge for the programme was the lack of time to plan and implement the programme.

The Department of Health stated in mid-November that the Warm Homes Healthy People fund would be available to bid for, with successful notification given in mid-December and the money being transferred to Kent County Council at the end of January. This only allowed for around nine weeks of programme delivery.

- A very mild winter has resulted in the level of need being relatively low. For example, it has not been necessary for Age UK to arrange for the delivery of hot meals or to utilise support offered by care worker visits (grocery shopping, transportation to medical appointments).
- Generating lists from Age UK and HIA databases was more resource intensive than initially thought. Many people who were contacted not wanting to go on list because they did not feel that needed support around increasing the temperature of their living environment.
- There has been a lack of capability for certain Age UK organisations to deliver the programme. This was despite support and assurance given from all Age UK organisations in Kent at the start of the project. This will be one of the key reasons for the programme underspend. The programme is still being delivered so the full extent of the underspend is not yet known.
- It has not been possible to use optimal data sources (ie disease registers) to identify people on the district lists due to the time it would take to satisfy information governance arrangements.
- There were inconsistencies in the uptake of domiciliary care workers attending training in different localities. There may have been an excess over provision of training sessions provision. Further details will be provided in the final project report.

6. Consultation and Communication

A press release was compiled and this resulted in media communication relating to the programme. This has included an interview with one of the Age UK chief officers on BBC Radio Kent and a television interview with Meridian Television with an Age UK chief officer.

The final project report will be taken to the Shadow Health and Wellbeing Board.

7. Risk and Business Continuity Management

The programme underspend highlights a risk because it demonstrates that delivery has not been optimal. The full extent of the underspend will not be known until the completion of the programme at the end of March 2012. A request was made to the Department of Health to keep the underspend to utilise as a receipt in advance to implement a planned programme for next winter taking account of what has been learned this year. This has been agreed by the Department of Health on condition that the money is used during the next financial year to target vulnerable at risk of poor health due to living in a cold living environment.

8. Sustainability Implications

The project addressed sustainability implications in that Home Improvement Agencies were providing advice and support on how individuals could make their home more energy efficient. It included measures such as energy efficiency advice, draught reduction measures, benefit support checks, energy tariff checks, loft insulation level checks, loft clearance to enable insulation. The evaluation questionnaire assessed a range of measures around living environment and behaviours/attitudes. The data obtained from the programme evaluation will be of groups such as the Kent Health and Affordable Warmth Group and the Kent Energy Partnership.

Further information outlining the details of sustainable measures undertaken will be included in the final project report.

9. Conclusion and recommendation

- This report gives an overview of the Winter Intervention Support Kent (WISK) programme. It is not possible at this stage to give detailed evaluation as the programme is still in operation.
- A presentation and detailed evaluation report will be made to the Shadow Health and Wellbeing Board outlining recommendations and business case for the feasibility of a programme that could be in place for next winter.
- Cabinet Members are asked to note the report.

Checklist

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Background Documents	<i>List them here</i>
Previous Council/Cabinet/Committee references	NO Name: Date:
Does the report propose a key decision is taken?	NO
If yes, is the decision in the Forward Plan?	YES/NO
Will further decisions be required? If so, please outline the timetable here	NO
Is this report proposing an amendment to the budget and/or policy framework?	NO
Have the financial implications (including any capital spend implications) been cleared by the Director of Finance?	N/A Name: Date:
Has the report been cleared by the relevant Managing Director?	YES/NO Name: Meradin Peachey Date: 15.3.12
Has the relevant Cabinet Member been consulted?	YES Name: Graham Gibbons Date: 15.3.12
Has the relevant Local Member been consulted?	N/A Name: Date:
Has the relevant Policy Overview & Scrutiny Committee been consulted?	N/A – this report will be presented to the Policy Overview & Scrutiny Committee Committee: Date:
Has the report been cleared by Legal Services?	NO Name: Date:
Has the matter been cleared in accordance with the Council's procurement rules (in 'Spending the Council's Money')?	NO
Have any communications issues been cleared by Communications and Media Centre?	N/A Name: Date:
Has a Customer Impact Assessment been carried out in relation to this report?	NO
Are there any community safety implications?	NO
Are there any environmental implications?	NO
Are there any health & safety implications?	NO
Are there any personnel implications?	NO
Are there any human rights implications?	NO

