

Tackling fuel poverty and excess winter deaths The Seasonal Health Interventions NEtwork (SHINE), Islington

1. SUMMARY

Islington Seasonal Health Interventions Network (SHINE) was established to tackle the causes of fuel poverty and excess winter deaths and hospital admissions in a holistic way, with a particular emphasis on interventions appropriate for hard to insulate homes. A run of cold winters in recent years, combined with steadily increasing energy prices, raised concerns amongst elected members and officers about the health impacts of cold homes and associated seasonal risks such as social isolation. This case study details the scope of SHINE and in particular its extensive partnerships across local government, the NHS and the third sector. This case study would be informative for those considering strategies and partnerships to reduce fuel poverty and excess winter deaths and hospital admissions locally.

2. ACTIVITIES

- Data was compiled from the Office of National Statistics on excess winter mortality, from Hospital Episode Statistics for emergency winter hospital admission rates and from the Department of Energy and Climate Change on prevalence of fuel poverty at local level.
- The development of SHINE was informed by the 2010 Seasonal Health & Affordable Warmth Strategy for Islington. Data was analysed and published on the degree and causes of excess winter deaths and hospital admissions in Islington amongst all age groups and also on the prevalence of fuel poverty across the borough.

Partners:

- A broad range of partners were involved, including specific partners engaging with high-risk groups such as the local NHS chronic respiratory service, Age UK Islington, and the falls prevention team as well as housing officers, smaller voluntary sector organisations and other health and social care services.
- SHINE was and is managed and operated by a team within the local authority and the project was developed through a steering group consisting of representatives from sections of the local authority, the NHS and the local voluntary sector. Key council teams and departments were Energy Services, Housing, Residential Environmental Health and Welfare Rights.
- SHINE interventions include energy efficiency improvements, falls assessments, benefit checks, befriending services, fire safety checks and medicine reviews.

Length of time:

- SHINE took approximately six months to develop before being piloted from December 2010 to March 2011. The project was mainstreamed in April 2011.

Funding:

- The need for such a network was identified through the preparation of the borough's first Seasonal Health & Affordable Warmth Strategy and the development of the project was led by the borough's Seasonal Health & Affordable Warmth Steering Group. The development and pilot period for SHINE was co-funded by the then-Primary Care Trust and the council's own Housing department. Since 2010 a variety of funding sources such as the NHS, Department of Health and European Commission have funded the work, with core funding from Islington Council available from 2013 onwards.
- The annual running cost of the SHINE Hub in 2013/14 was around £110,000.

3. OUTCOMES

- As of April 2014 the SHINE Hub has handled over 6,250 referrals leading to 28,500 specific seasonal health interventions. Around 80% of referrals are from the key priority groups of: those aged over 65; people with respiratory or cardiovascular diseases; and low income families with children aged under 5.
- Around 500 referral partners have been recruited to the network across a wide range of agencies, including housing, health, social care and the voluntary sector. Whilst public health impacts are difficult to measure, particularly in the short term, client-reported outcomes are positive and an estimated £600,000 annually is saved by SHINE clients. This figure is based on energy efficiency improvements such as boiler replacements and smaller measures as well as energy bill discounts. SHINE has assisted council service delivery by providing a single point of referral for a wide range of interventions, and bringing together a wide range of previously disparate services across the statutory and voluntary sectors.
- After a pilot phase over the winter of 2010/11, SHINE was mainstreamed in 2011. SHINE has been very successful since then in reaching the most vulnerable residents of Islington and their service providers and the next phase of our development will be to develop a home and budget management mentoring programme and to tackle the health impacts of damp housing. We will also be developing our interventions to tackle overheating.
- 60% of clients report that they would not have accessed the SHINE services otherwise, with 89% reporting that the services were useful. Around three-quarters of referrers and intervention providers report that SHINE adds value to their service.
- Improving resilience amongst vulnerable households and communities to severe weather is vital. SHINE is a successful example of where a considerable range of partners has been brought together and we are now exploring how the learning and partnerships can be applied to overheating.

4. BARRIERS

- Barriers were faced in engaging a large number of services, particularly in health and social care, for whom fuel poverty and cold housing were less of a concern. Effective relationships have been built up steadily to increase numbers of referrals. The prevalence of older, hard to treat housing means that we also have to focus on heating, smaller measures and bill support rather than insulation.

5. GUIDING PRINCIPLES

- ✓ Expect the network to take at least a year to fully develop
- ✓ Negotiate streamlined processes. Dealing with a large number of organisations means an abundance of different pathways and processes and these will need to be simplified.
- ✓ Focus initially on a small number of healthcare providers and bring them on board first.
- ✓ Don't be put off by the challenges in measuring outcomes. The vast majority of public health interventions face the same challenges in evidencing impact.
- ✓ Don't focus on the technical aspects of energy efficiency. Partners want to know what they will do for their clients, i.e. warmer, dryer, more comfortable homes. Use case studies and testimony.
- ✓ Don't neglect third sector partners. Many can reach the people that statutory services cannot.

6. LINKS

www.islington.gov.uk/seasonalhealth

7. CONTACT

John Kolm-Murray
Seasonal Health & Affordable Warmth Co-ordinator
London Borough of Islington
T: 020 7527 3800
E: john.kolm-murray@islington.gov.uk