

Seasonal Health Interventions Network (SHINE)

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Organisation: London Borough of Islington

Country: United Kingdom

Level of government: Local government

Sector: Health, Housing and community amenities, Social protection

Type: Organisational Design, Public Service

Launched in: 2010

Link to the innovation's website

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Description

SHINE is a holistic way of responding to the problem of fuel poverty, excess winter deaths and hospital admissions in the London Borough of Islington. Islington residents are referred to SHINE by frontline workers including health professionals, social workers, other council officers and third sector organisations. One referral to SHINE provides access to over 25 different, largely evidence-based seasonal health interventions, including affordable warmth advice, benefit checks, home energy efficiency visits, falls assessments and smoking cessation support. Such services were previously disparate. SHINE is a referral network connecting pre-existing services and promoting and facilitating integration and partnership working, in addition to developing new services. Referrers know that making a referral to SHINE allows their client to access a wider variety of support services, and takes the pressure off the referrer to source all of the support that the client may require.

Why the innovation was developed

Increasing energy prices in the context of a local authority area with significant and widening health inequalities meant that a systematic means was required to find and assist residents in or at risk of cold, damp and unsafe homes. The causes of winter mortality and morbidity are complex, and SHINE aims to address them all simultaneously and in doing so bring together previously disparate services from the public, private and voluntary sectors.

Objectives

Improve access, Improve effectiveness, Improve service quality, Improve social equity, Improve user satisfaction

- To reduce the number of people in or at risk of fuel poverty.
 - To reduce the number of excess winter deaths and hospital admissions.
 - To provide a single point of referral for partner organisations and clients.
 - To reach the hard-to-reach and hardly-reached in the borough – those most in need of support.
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Main beneficiaries

Elderly people, Government bodies, High-risk populations, Low-income groups, People with disabilities

- Those aged over 75.
- Those with respiratory disease.
- Those with cardiovascular disease.
- Those with dementia or severe mental illness.
- Those with an autoimmune disease.
- Those with haemoglobinopathies.
- Low income families with children aged under 5.
- Partner organisations – referrers to SHINE and intervention providers. Between December 2010 and October 2013 SHINE received 4 150 referrals.

Results

Efficiency

An evaluation reported that 72% of referrers believed that SHINE added value to their service.

Effectiveness

An evaluation indicated that 62% of referrers believed that SHINE helped them to assist their service users.

Service quality

Accessibility:

- An evaluation indicated that 60% of clients said they wouldn't have accessed the service otherwise and 60% weren't aware of many of the SHINE services beforehand.
 - The number of Islington residents receiving support for energy efficiency increased by over 400%.
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User satisfaction

An evaluation indicated that 85% of clients reported that they were satisfied with the services referred for.

Evaluation

We conducted an evaluation of the pilot project in 2011, surveying referrers, interventions providers and clients themselves. A total of 200 referrers, 10 interventions providers and 267 clients were surveyed electronically or by post.

- 62% of referrers agreed that SHINE helped them to assist their service users and 72% agreed that SHINE added value to their service.
- 75% of interventions providers agreed that SHINE added value to their service.
- 60% of clients were unaware of services referred for before being referred, 60% said that it was unlikely they would have accessed the services otherwise, 89% found the service useful.

Following referrer feedback, at this stage additional services such as debt and financial advice referrals, handyperson services and home security checks were added to SHINE.

Development

Design

Frontline staff, policy-planning staff, consulting with users and others – partner organisations (referrers and intervention providers). Partners were initially brought together on a steering group.

Design time: 6 months

Testing

A four-month pilot between December 2010 and April 2011.

Testing time: 4 months

Implementation

Tools used:

Database to record clients and process referrals, action learning cycles.

Resources used:

For most of the lifetime of the project so far, specific costs are difficult to extract and a specific budget has only been allocated from 2013-2014.

Implementation time: ongoing

Diffusion

- A contract to extend SHINE to the London Borough of Hackney was agreed in 2012.
- We have met with a number of other local authorities to discuss and promote the model.
- We have highlighted our model at a number of conferences.
- SHINE has been highlighted in a number of documents such as the Cold Weather Plan for England and the NHS (National Health Service) Sustainable Development Strategy.

Diffusion time: ongoing

Challenges and solutions

Recruiting partner organisations – referrers and service providers; solution was to secure senior and political level support.

Partnerships

Age UK

Civil Society

There was a partnership in the form of advisory roles from partner organisations like Age UK as part of the steering group whilst developing the innovation.

Community groups, charities, public sector bodies

Civil Society

Partnerships with civil society, e.g. community groups and charities, and also with public sector bodies such as the National Health Services (NHS), were formed during the process of recruiting referral partners – informing them of SHINE and how it could help their clients. Without referrers, SHINE would not function, as it requires a constant influx of vulnerable clients.

Intervention providers

Other Public Sector

Intervention providers are essential to complete the cycle of referral as they provide the assistance to clients. When they were recruited, they were informed of how SHINE could help them identify and source clients for their services.

Contractors

Private sector

Partnerships with the private sector was formed in respect of contractors – for the council's Boiler Replacement Programme.

Lessons Learned

Lessons Learned

- It takes time and effort to get the network up and running, especially with regards to recruitment of partner organisations.
 - Getting referrals is not difficult but getting the right referrals is harder – making sure that those who need the most help are reached.
 - A lack of shared goals/vision between partners can slow progress.
 - Professional conservatism can be formidable barrier.
 - Not all partners are fully aware of the links between housing and social conditions and health and wellbeing.
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Conditions for success

- High levels of staff motivation.
 - Leadership and political support.
 - Financial resource.
 - Human resource – staff.
 - Commitment to tackling health inequalities.
 - Commitment to improving housing.
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Other information

Utilising funding received through the European Prize for Innovation in Public Administration, in late 2013 we will be starting a course for younger residents on home management, including financial capability, saving on energy bills, preventing dampness and condensation and running a balanced household budget. Later on we will be recruiting older residents to help deliver this training. We will also be exploring interventions to reduce risk of overheating amongst vulnerable residents.

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